Providing Choice Making in Employment Programs: The Beginning or End of Self-Determination?

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Abstract: Choice making represents the central element of self-determination, and efforts are being made across all service programs to promote choice making for consumers with intellectual and developmental disabilities. Although choice making appears to be a relatively simple response for a consumer to perform (selecting one stimulus over another), it is a complex phenomenon involving several different components. This paper provides a selected review of the choice-making research literature, relative to employment service delivery. The paper examines the relationship of choice making to self-determination, how choice making can promote engagement and motivation for employees, and what barriers may exist that thwart meaningful choice making. Recommendations to support personnel and practitioners on practices to promote effective choice making are provided.

Self-determination refers to strategies that enable individuals to regulate their own behavior, independent of external control, and allow them to have control over choices and decisions that impact their lives (e.g., where and how they want to work, where they live). These strategies aim to teach individuals to set appropriate goals for themselves, monitor their performance, identify solutions to present or future problems, verbally direct their own behavior, reinforce themselves, or evaluate their own performance. Self-determined individuals make choices, act on those choices, experience the results, and then make new choices (Martin, Woods, Sylvester, & Gardner, 2006).

Although data on the relationship between self-determination and employment outcomes remain limited, several researchers have suggested that individuals who are more self-determined attain more positive transition outcomes. Wehmeyer and Schwartz (1997) examined adult outcomes of a sample of students with learning or intellectual disabilities one year after they left high school. Those with higher levels of self-determination were more than twice as likely to be employed and earned, on average, $2.00 per hour more than employees with lower self-determination levels. Also, Wehmeyer and Palmer (2003) examined the adult status of 94 individuals with intellectual disabilities 1 and 3 years after graduation. One year after high school, employees with higher levels of self-determination were more likely to have moved from where they were living during high school, and by year 3 were still more likely to live somewhere other than their high school home. Additionally, individuals who scored higher in self-determination made statistically significant advances in obtaining job benefits, including vacation, sick leave, and health insurance, than their peers with lower self-determination levels. Further, Wehmeyer and Schwartz (1997) reported that among 50 adults with intellectual disabilities higher self-determination scores predicted a higher quality of life. Last, Wehmeyer (2003) indicated that consumers served through the vocational rehabilitation system achieve better outcomes when they are actively involved in planning and related decision-making.

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Choice Making and Self-Determination

Choice making is regarded as the central element of self-determination (Wehmeyer et al.,

2007). Choice making initiates the self-determination process and prompts action (Deci & Ryan, 1985; Schloss, Alper, & Jayne, 1993). Opportunities to make choices allows employees to select work tasks and jobs that best match their wishes, interests, and capabilities, and, in doing so, promotes greater engagement and motivation on their part (Mithaug, 2005). To a large extent, self-determination is largely understood in terms of personal choice. For example, when asked what strategies constitute self-determination, 91% of the educators in the sample identified choice making (Agran, Snow, & Swaner, 1999). Promoting choice making has become an important focus of disability services and supports and a basic component in service delivery (Wehmeyer, 2001), and serves as the foundational credo for many educational and human services (Bambara, 2004). It provokes self-determination and self-regulation by allowing individuals with intellectual disabilities to express their preferences, make choices based on those preferences, and, subsequently, act on those choices. Since these actions have been historically denied to these individuals, choice making is thought now as a universal right and entitlement (Brown & Brown, 2009; Mithaug, 1998; Powers, 2005).

That is, there is widespread agreement that people with disabilities have the *right to choose* and, on the basis of government policy, are entitled to this right (Brown & Brown). However, it should be noted that, although both employment and transition programs are directed to maximize active student or consumer involvement, choice making is regarded as a best practice rather than a legally mandated right.

For individuals with intellectual disabilities, choice making is clearly the self-directed learning strategy that has received the most attention in both the research literature and in adult and support services. More than any other skill associated with self-determination, choice making has been a focal point in the self-advocacy and self-determination movement (Agran & Wehmeyer, 2003). As has often been the case, individuals with intellectual disabilities have not been provided opportunities to make choices and decisions based on their own preferences (Stancliffe & Abery, 1997; Wehmeyer & Metzler, 1995). As has Bodgan

(1996) noted, individuals with intellectual disabilities have always been told what to do, where to go, and what to do next so it is not surprising that many individuals do not know how to make choices and need targeted, systematic instruction on this skill. Consequently, much of the choice-making research has involved demonstrations that individuals with intellectual disabilities do have preferences and can be taught to make choices based on these preferences (see Martin et al., 2003; Powers, 2005; Wehmeyer et al., 2007). However, the types of choice-making opportunities provided to consumers and the extent to which their choices are supported warrants further research.

This paper examined the relationship of choice making to self-determination. Specifically, practices to promote choice making, engagement, and motivation were presented. Also, the need to support employees' choices was discussed, as well as barriers to choice making.

Capacity and Opportunity

It is well acknowledged that to ensure choice making is an integral component in work for individuals with intellectual and developmental disabilities, efforts must be made to infuse it into the daily work routine for individuals (Bambara, 2004; Brown & Brown, 2009). In one study that directly asked consumers served by a variety of employment preparation, supported employment, and sheltered employment programs their opinions about choice making, 77% of individuals in the sample indicated that their job coaches wanted them to make choices every day, and 55% indicated that they made choices each day; twenty-two percent (22%) indicated that they didn't, and 23% refrained from responding (Agran, Storey, & Krupp, 2010). Although these figures are specific to the programs included in the sample, integrating choice making into work routines is increasingly being implemented, and we can assume that most employees are being provided frequent choice-making opportunities of one sort or another at work (Bambara, 2004). It is clear that increasing choice-making opportunities will expose individuals to a pool of potentially rich choice options to experience—for exam-

ple, different work tasks and settings—and, thus, provide an experiential basis (familiarity) for them to make informed decisions. However, Bambara noted that "more choices" does not necessarily mean "better choices," and this is a critical issue that warrants consideration.

As indicated previously, choice making is arguably the self-directed learning strategy that has received the most attention in both the research literature and in adult and support services; in effect, choice making and self-determination have become synonymous. More than any other skill associated with self-determination, choice making, and the right of people with disabilities to make choices, has been a focal point in the self-determination movement (Agran & Wehmeyer, 2003). However, associated with this "notoriety" may be the mistaken belief that the act of choosing is sufficient in promoting self-determination; in other words, choice making in and of itself produces self-determination (Agran, Wehmeyer, & Krupp, 2009). Accordingly, service providers may opt to teach the former but refrain from teaching other self-directed strategies. For example, in the Agran et al. study in which consumers were asked to share their opinions about choice making (as well as other self-determination strategies), less than 20% of the respondents indicated that they were taught to self-reinforce (provide their own verbal reinforcement) or self-monitor (count the number of times they performed a desired behavior). In another study that examined the extent to which individuals with intellectual disabilities, who were served in employment and community living programs, were taught different self-determination strategies, approximately half were taught to self-monitor but less than half were taught to self-instruct (verbally remind themselves of what they needed to do) or self-schedule (develop and follow a schedule of daily activities) (Wehmeyer, Agran, & Hughes, 2000). Wehmeyer (1998) commented that choice making is an important component of self-determination but it is only one of several components (e.g., problem solving, goal setting, self-evaluation). As Wehmeyer noted, our intent is not just to teach individuals to choose but to take control over their lives. Expressing preferences and making choices based on these preferences is

a critical first step but it is just that. Choice making has a vital and integral role in promoting self-determination but it does not necessarily ensure it. An employee may choose to perform a certain work task with a preferred co-worker at a preferred time but this will not promote self-determination if other program components (e.g., goal setting, evaluation, level of support) continue to be controlled by the supervisor.

Critical to self-determination is the dynamic relationship between capacity and opportunity (Mithaug, Mithaug, Agran, Martin, & Wehmeyer, 2003). Capacity refers to an individual's skills, interests, and motivations, and opportunity is the existing situation that will allow the individual to either realize his or her wishes (achieve his or her choices) or not fulfill them. When capacity and opportunity are in sync (i.e., the former is sufficient to benefit from the latter), an individual's wishes can potentially be realized. However, life is of course replete with tensions in which capacity and opportunity are not compatible, and the extent to which we derive satisfaction is based on our assessment as to whether we have the capacity to positively respond to and gain from a situation, or if the situation is one that demands skills or resources that we don't have or one that is not worth all the effort that may be required. Optimally, the value of providing individuals with opportunities to make choices is predicated on the belief that the choices individuals make are realistic (they can be fulfilled) and that supports are present so that such fulfillment can be achieved. The mere provision of choice making opportunities is of limited value if it is not accompanied by instruction that allows individuals to assess if their choices are realizable—that is, as Mithaug et al. suggested, there is a "just-right" match between capacity and opportunity. If not, consumer expectations and motivation will decrease and their self-determination thwarted. As Brown and Brown (2009) noted, we cannot expect an individual to make an informed choice if he or she is not familiar with the stimuli available. Thus, broadening an individual's array of choice-making opportunities is potentially of great value in facilitating such access, but providing these opportunities without assurance that the individual is considering capacity and opportunity when

making choices is clearly not in the consumers' best interests. For many individuals with intellectual disabilities who have had few, if any, experience making choices, systematic instruction is necessitated, and the relationship between capacity and opportunity should be incorporated into it.

Promoting Engagement and Motivation

As Mithaug (1993) noted, engagement is a behavioral manifestation of motivation and reflects the observable level to which someone is motivated. The degree to which people are engaged to reach a goal is directly related to the match between capacity and opportunity. When people are provided with choice situations and they feel the decision will enable them to reach their goal, their levels of engagement and motivation will rise commensurately. When consumers believe a circumstance offers a manageable and meaningful opportunity, they regulate their choices and actions to arrive at the results they expect (Mithaug et al., 2003) and experience increased levels of engagement. These beliefs underscore the importance of matching consumers' capacities with manageable opportunities. By repeatedly striving to match capacity and opportunity within a real-life context for the consumer, individuals have multiple opportunities to practice making meaningful choices and responding with engagement and motivation in the way they adjust to the consequences of those choices. Mithaug (1996) contextualized the need for an accurate match between consumers' capacities and manageable opportunities in his assertion that by "optimizing the match between individual capacity and social opportunity [people experience] more frequent expressions of self-determination" (p. 2). That is, individuals can begin to experience a level of personal control that they may not have experienced before.

As suggested previously, because many consumers have not learned to make choices, their sense of self-efficacy will remain low and, as a result, they will continue to be passive in their approaches to completing tasks; that is, others will continue to make decisions for them. Instead of exercising skills in self-regulation, including practicing making meaningful choices, they rely on others to make choices for them and to set goals for them. Rather than being engaged in reaching a goal, consumers take a passive role and fail to control the situation. This results in disengagement and lack of motivation. Individuals in these passive states quickly acquire an approach of learned helplessness, and (a) believe they are helpless to control the direction of their learning, and (b) perceive a limited number of choices available to deal with the situation (Mithaug et al., 2003). Therefore, they may be likely to avoid being engaged in the task. For example, a consumer working in a public library is asked to reorganize a book section for a specific type of book (e.g., science-fiction). The consumer, working independently, would be expected to make choices and adjustments as he or she began to accomplish this task. However, staff at the library (like so many other support personnel) may assume the choice-making role by determining for the consumer which task to do first, when to have it done, how to do it, what to do next, then reinforce the consumer when the job is completed, or direct the consumer to make needed correction (e.g., instructs the consumer in making necessary adjustments). After such experiences, the consumer quickly learns he or she has little say in what is going to happen, what is happening, and what will happen. There are no meaningful choices to make, and, therefore, little or no opportunity to be self-determined. In fact, there is no reason to be engaged or motivated to accomplish the task.

There are ways of breaking this cycle of learned helplessness. Earlier, the point was raised that direct support personnel need to provide opportunities for consumers to practice making meaningful choices by matching consumers' capacities with meaningful opportunities. Mithaug et al. (2003) described the foundation that leads to engagement by stating that:

[when consumers] believe a circumstance offers a valuable and manageable opportunity for gain, they engage it by regulating their expectations, choices, and actions to produce a result that yields a satisfactory change in circumstances—usually a gain toward some end. This in turn produces an experience of control over the circum-

stance that positively affects subsequent beliefs about the opportunities for gain in that situation (p. 19).

As consumers learn to make choices as a result of being provided those opportunities to exercise this control, they more readily and accurately learn to self-regulate and problem solve as a result of making an informed, meaningful choice. Confidence and competence increase engagement, motivation, and persistence (Mithaug, 1993), and it is imperative consumers are provided with opportunities to practice becoming more self-determined in their lives.

Mithaug (2005) suggested "before we can engage in our self-interested pursuits in life we must have an opportunity to do so, or at least believe we do" (p. 163), and that "opportunities [to make meaningful choices] will provoke the regulation of choice making to satisfy a need or interest" (p. 164). The level of engagement demonstrated by consumers is in direct relation to the meaningful experiences they are provided to practice making informed, meaningful choices (Mithaug, 1993; Mithaug et al., 2003). As consumers come to realize what it means to have some control over their ability to achieve a target goal, concurrent with support personnel providing opportunities for them to gain more experience in making meaningful choices, they will demonstrate increased levels of motivation because they are engaged in the process of self-regulating through adjustment, and are more likely to improve their abilities to engage in self-regulated problem solving to reach a goal state and, ultimately, achieve some degree of self-determined behavior.

Choice Making and Job Matching

As Stock, Davies, Secor, and Wehmeyer (2003) indicated, an underlying assumption in service delivery for people with intellectual disabilities is that their career goals and work placements will be based on their preferences and interests. As they noted, the assumption when providing rehabilitation services is that services will be driven with an explicit emphasis on providing individuals with the tools to express preferences and make informed choices. That said, several researchers have

suggested instead that people with intellectual disabilities have not been provided the opportunities to make choices and decisions based on their own preferences (Canella, O'Reilly, & Lancioni, 2005; Wehmeyer et al., 2007) and employment decisions continue to be made by others (Stock et al.; Wehmeyer et al., 1998). The reasons that individuals do not make choices based on individual preferences vary (e.g., lack of choice-making skills, lack of support), but such a lack of choice-making opportunities appears to be universal (Wehmeyer & Metzler, 1995). To contribute to the problem, traditional vocational assessments (e.g., aptitude measurement, work sample, job analyses) have not used individual work setting or job preferences as the basis for placement decisions. As a result, this often resulted in job dissatisfaction or termination for employees. In contrast, placement methods that use individual preferences appear to produce more successful outcomes, including: increased engagement, motivation, job satisfaction, and productivity (Martin, Mithaug, Oliphant, Husch, & Frazier, 2002; Martin et al., 2003).

When assessing job preferences, Martin et al. (2002) recommended that individuals express their preferences regarding setting characteristics (e.g., quiet vs. loud workplace, work alone vs. work with lots of people), as well as job task and activities. Individuals should be provided repeated opportunities to identify what they like, spend time observing specific jobs, evaluate their initial choices, then choose again making any needed adjustments based on what they learned from their visit to the job site. For instance, an employee initially may have chosen a job site with many employees as a characteristic preference, but after spending time at this job site she learned that she preferred a job with fewer employees. She then expressed this preference during the next assessment round. Employees may need to repeat this process until reliable task and characteristics choices emerge.

Prior to job site visits, for example, employees identify job characteristics they "think" they like. Afterward, their results are graphed to show cumulative choices made across time. After visiting several job sites representing many of the chosen characteristics, employees choose again while making any adjustments based on what they learned. The process is

repeated until stable choice patterns emerge. Martin et al. (2002) used this approach with more than 750 individuals with disabilities and found that those who used the self-directed employment assessment process had statistically significant better job results than those who obtained a job selected by a support person.

Interestingly, Martin et al. (2006) compared the vocational choices made by individuals with severe cognitive disabilities with those made by caregivers on their behalf. The choices made by the individuals with disabilities seldom matched those made by their caregivers. These findings regrettably were aligned with those reported by Stancliffe (2000) who reported that consumers who had a proxy respond for them to choice questions experienced fewer choice opportunities than consumers who presented their choices themselves. Similarly, Martin et al. (2002) reported that, although custodial jobs were the least frequently selected job type by consumers, it was the most frequently selected job type by practitioners, and clerical work, although the most frequently selected job by consumers, was the least frequently selected by practitioners. Martin et al. (2003) emphasized the need for sensitive and response procedures be used to ensure that consumer input is secured and employed. Although practitioners and caregivers may be confident that they understand consumers' needs and preferences, such beliefs may be presumptive and unfounded at best. As discussed later in this manuscript, this problem is exacerbated for consumers who are nonverbal and have communication challenges.

Making Meaningful Choices

Shevin and Klein (1984) defined choice as "the act of an individual's selection of a preferred alternative from among several familiar options" (p. 232). The fact that an informed choice requires an element of familiarity is critical to the act of making a valued choice and ties directly into the discussion earlier about the need for support personnel to provide meaningful opportunities matched to consumers' individual capacities. It is suggested that consumers' preferences be solicited and identified, but these preferences need to be informed by experience (Storey, 2005). Experience must be actively provided to consumers whenever possible. Indeed, Martin et al. (2003) suggested a structured method of identifying meaningful choices that includes (a) repeated opportunities to make choices, (b) asking the consumer his or herself about those choices, (c) conducting the inquiries over time, and (d) narrowing preference selections down to a list of preferred and nonpreferred items. By providing opportunities to identify and express preferences, consumers have the opportunities to engage in and gain experience in making meaningful choices. By gaining experience in making meaningful choices informed by experience and not simply expressing preferences, consumers can begin to develop skills that will allow them to engage in a self-regulated problem solving process that is the essence of self-determination (Mithaug, 2005).

Choice Making Leading to Problem Solving

The immediate benefit of providing choice-making opportunities to consumers is that it allows them to select a preferred stimulus or condition to one that is least preferred. Such a manipulation will potentially provide a reinforcing consequence and enhance engagement and motivation. Desirable outcomes that may be achieved include greater productivity, more on task time, greater job satisfaction, and fewer behavioral episodes, among others. These are valuable outcomes but there is an ultimate outcome that hopefully will be achieved—the capacity to engage in self-regulated learning. Choice making is beneficial in that it provides consumers with a means to express a preference, but it is not specifically designed to teach individuals how to evaluate the relative "weight" or value of the choices they make; in other words, which choices allow them to make greater progress in achieving self-selected goals, or which choices provide more benefits (reduces the discrepancy between an actual state {what one has} and a goal state {what one wants}. Mithaug (1993) described this discrepancy between a goal state and an actual state as a motivating factor and that the desire to reduce this discrepancy is a key ingredient to making choices and subsequent problem solving as a self-deter-

mined person. The dissonance created by the goal-state/actual-state discrepancy will hopefully cause the person to engage in reducing the discrepancy. The effort to reduce this discrepancy results in a means-ends chain that allows a person to seek solutions using a self-regulated, problem-solving strategy that allow him or her to reach a goal. Consequently, the "solution searching and solution testing lead to consequences that feed back and alter subsequent discrepancies, expectations, searches, and selections" (p. 12). It is a loop of choosing, acting, evaluating, and adjusting. Consequently, although choice making and problem solving are typically not associated, it is clear that the latter operation (problem solving) can be achieved only after the former operation (choice making) has been fully experienced by consumers.

Agran and Hughes (1997) described problem solving as a process of "determining the most appropriate and efficient response to a given problem" (p. 172). People experience a discrepancy (the problem), consider and implement their solution, evaluate, and adjust as much as necessary to reach the goal state. Unfortunately, as consumers have historically received little exposure to making meaningful choices, and consequently little practice at solving problems, they are not able to regulate their lives as independently as they could. One cannot select an efficient response to a problem (or achieve a goal) unless one has familiarity with the various consequences that may be experienced (e.g., greater productivity leads to more financial compensation, which provides more goods and services). The first step in problem solving is identifying the problem or stating a goal (achieving an outcome). This is similar to choice making—what choice should be made. The next step that follows is determining the relative weight or consequences of choices—if I opt for Choice A, this will happen; if I opt for Choice B, this will happen. With this understanding individuals can determine which actions are in their best interests—in effect, problem solve. It is strongly recommended that consumers are not only taught to choose one stimulus over another but to also learn to evaluate the relative benefits and disadvantages of their choices. For example, if an employee asks to work at a fast-food restaurant, he or she may

find him- or herself in a work environment, which has characteristics he or she doesn't prefer (e.g., many people, work standing up). By understanding the need for consumers to practice choice making and problem solving, support staff can provide opportunities to improve consumers' capacity to successfully perform self-regulated problem solving and begin to take more ownership and control over their lives. Self-determined individuals are aware of their needs and make decisions to meet those needs by setting goals, taking action, and adjusting through ongoing self-evaluation in order to meet those goals. Without opportunities to make meaningful choices and practice the problem-solving process, consumers will continue to be dependent on others, living in an other-determined state.

Barriers to Choice Making

Although well acknowledged as both a best practice and service requirement, choice making represents a potentially disquieting event to service delivery and traditional practice, and may be difficult to provide to consumers in a meaningful way. As discussed previously, the impetus for choice making is to drive and plan vocational and habilitation programs based on consumer input, but there are several barriers that challenge both its purpose and impact on an individual's lifestyle.

No choice making. Agran et al. (2010) investigated the extent to which consumers with intellectual and severe intellectual disabilities were provided choice-making opportunities and the types of choices they were asked to make. For the participants at one agency that provided sheltered employment, they were asked once a year at their Individual Program Plan meetings if they wanted to work elsewhere such as a supported employment placement. However, this agency did not offer supported employment, so, although the consumers were asked to make a choice, in effect there was no "real" choice involved. Also, as Storey (2005) suggested, even though an adult service agency is committed to providing a full continuum of work placements, it is unlikely that consumers will be able to choose any placement option since there may be limitations in the resources available; the agency may not have the capacity (i.e., staff,

transportation, commitment) to provide this full range of services; and consumers may be directed to certain job placements to keep the continuum viable (keep all placement options available). As Storey noted, such a situation provides an "illusion of choice" in which a menu of services is theoretically possible, but might not be achievable due to budgetary or other constraints. In both of these cases choices might have been provided but no real choice making occurred since consumers' preferences and choices were not supported–in short, the action of choice making occurred but no meaningful change occurred due to it. As Agran et al. (2010) noted, this practice is disingenuous and may suggest that choice making is an activity that must be provided to consumers but one that has little or no influence on the nature or quality of their work experiences. As Brown, Bayer, and Brown (1992) indicated, individuals with intellectual disabilities need to believe that change is possible before they engage in self-directed actions to promote such change.

Additionally, Ward (2005) suggested that service providers must be committed to provide a variety of choice options consistent with an individual's interests and preference. Consequently, when given a choice that involves either engaging in an activity or not—"Do you want to go bowling or not?," this really isn't choice making, since no other options are available. Far too enough such dichotomous choice-making opportunities are provided. As Bambara (2004) recommended, individuals should be exposed to option-rich environments in which they will have ample opportunities to identify, evaluate, and experience the consequences of their expressed preferences and choices. Having the choice of taking what is offered or nothing at all has little instructive value and does little to enhance the quality of an individual's lifestyle. This type of choice making is referred to as a "Hobson's Choice" (Brown, 2005) and, regrettably, may represent many of the choice-making situations provided to persons with disabilities. Ward suggested that choice making at a minimum should involve deciding which of two or more options the individual wishes to engage in. Further, the magnitude or scope of the life choices consumers make warrant further study. The available research suggests that

choices involving minor or routine changes (e.g., time for a coffee break) are offered far more frequently than choices that may have a major impact on an individual's life (e.g., change of job) (Burton Smith, Morgan, & Davidson, 2005; Stancliffe & Wehmeyer, 1995). For example, Agran et al. (2010) reported that more consumers in their sample were asked what they wanted for lunch or what they wanted to do after work than if they wanted another job, who they wanted as a support person, or who they wanted to work with it. It would appear that major life decisions continue to be made others and consumers may be restricted to a small set of choice options that will have little or no impact on their quality of life. In this respect personal choice and autonomy are curtailed, and choice making is restricted to a relatively small pool of opportunities. Major work and life decisions continue to be externally controlled and consumers have a seemingly minor role in the direction their lives take. Consequently, the purpose of choice making—providing a means to express and control one's life decisions—is greatly compromised. To correct this situation, it is critical that we not only provide consumers with ample choice-making opportunities but that we endeavor to provide choices that are personally meaningful and important.

Interpreting Choices

Choice making (and other forms of self-determination) is contingent on the assumption that a consumer's expression of a choice or wish is understood by service providers or support personnel. Accordingly, communication competence is synonymous with self-determination (Brown, Gothelf, Guess, & Lehr, 1998). However, as Brown et al. noted, consumers who have severe communication challenges may employ nonsymbolic, idiosyncratic, inconsistent, or self-selected modes of communication to express their choices. Consequently, choice making for these individuals presumes that the communication receivers (e.g., caregivers, support people) can interpret such communication. In this respect, self-determination may be wholly dependent on others and is meaningful only to the extent that the choice is correctly interpreted. Most

importantly, we must be certain that the message received is the message intended. Typically choice making is observed when an individual verbally or physically selects one stimulus (e.g., a specific support person) over another stimulus (e.g., another support person). For consumers who have communication challenges, oftentimes their preferences and choices need to be inferred through such responses as time engaged (e.g., more time more engaged, the more preferred the task), facial expressions (e.g., frown may suggest a non-preferred task), or sound production (e.g., a hum may suggest a preferred task). The responsiveness of partners then becomes a factor critical in choice making and reminds us that choice making is not a single, isolated behavior but one that involves reciprocal exchanges and environmental support (Bambara, 2004).

One method used to facilitate choice making for consumers who have communication challenges is the use of proxies. The assumption here is that a support person who knows a consumer well is in a good position to represent that person and make choices believed to be in that individual's best interests. However, as discussed above, this assumes that the proxy truly knows what the consumer's preferences are. Additional studies have examined this relationship and found great discrepancies between the choices made by consumers and the choices made by support personnel on their behalf (Neeley-Barnes, Marcenko, & Weber, 2008; Stancliffe, 1995). For example, Martin et al. (2006) reported that there was only an 18–36% agreement between consumers and caregivers when asked to indicate their preferred settings (job sites), activities (work tasks), and characteristics (ecological features of the job sites). Neely-Barnes et al. reported that the more proxies, the fewer choices individuals made. Last, Stancliffe indicated that when the agreement between consumers self-reports (choices) was compared to third-party reports the correlation when corrected for chance by kappa was uniformly low. In all, there appears to be a great discrepancy between support staff perceptions of what they believe consumers desire and the opinions of the consumers themselves. Hence, staff perceptions of the self-determination needs of consumers may be markedly different than those expressed by consumers. Brown and Brown (2009) suggested that proxy assessment is both invalid and challenging. For nonverbal individuals such procedures as using computer touch screens and microswitches have been suggested (Wehmeyer et al., 2007). Whatever methods we use it is obvious that we need to secure the opinions of consumers to ensure that programs are indeed driven by their preferences, needs, and interests.

Employment-Related Choices

As noted previously, transition and employment services are predicated on the assumption that consumers' interests and preferences will drive skill development programs (improving consumer capacity) and job placement decisions (Martin et al., 2002). Asking an individual if he or she would like to work in a bowling alley when one does not exist in the community achieves the goal of providing choices but not its purpose—matching jobs to an employee's preferences and interests so that appropriate planning can occur. A second and related assumption is that the choices of consumers will be honored and are compatible with existent work routines. Choice-making opportunities need to be perceived by consumers as natural and integral to work routines if they are to promote autonomy and independence.

Choice-making opportunities are typically thought of as consumers choosing job types or preferred work tasks. With this information support personnel can develop and deliver skills development programs accordingly. However, as West and Parent (1992) suggested, numerous other choice-making opportunities can be incorporated into employment programs. These include: selecting support personnel or service providers, proximity to preferred co-workers, training methods, adaptive devices, changing job responsibilities, or resigning from a current position. Additionally, Martin et al. (2002) suggest that we take the next step and try to understand why consumers prefer certain jobs or work tasks. This is done by asking consumers if they prefer, for example, working alone or with others, or if they prefer to work where speed is important or not. By obtaining input from consumers about preferred work characteristics, a better match between job and employee

can be made. Last, because consumers may not be able to initially select job type, work task, or characteristic preferences, asking consumers to identify preferences and make choices should be conducted several times until there is a consistent pattern in responding (i.e., discernable preferences).

Summary

Choice making represents a critical step in facilitating consumers' attainment of self-determination. It is believed that choice making initiates the self-determination process and provokes greater self-regulation by allowing individuals to make choices, act on these choices, and evaluate the resultant consequences. On the other hand, service providers may think of choice making as essentially another term for self-determination; that is, providing the former will produce the latter. In this respect choice making is thought of as an outcome rather than a means to achieve self-determination. Rather, it was recommended in this paper that choice making initiates a process that involves self-regulated planning to achieve a desired outcome, a means to evaluate this action, and the application of a further adjustment if satisfactory progress is not being made. The outcome of self-determination is achieved when consumers perform self-determined behaviors. As mentioned previously, for self-determination to be achieved we need to enhance an individual's capacity and the opportunities we provide so that choices can match interests and preferences (Mithaug, 2005). It is critical that meaningful choices are naturally integrated into work routines and consumers are taught to perform a repertoire of self-determination strategies. By doing so, we will certainly ensure consumers' autonomy and independence.

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Self-determination is about the competence of young people in engaging in volitional behaviour and their autonomy in making choices and decisions, which are nurtured in supportive social environments. 2.1. Self-Determination from the Human Motivation Perspective. 2.1.1. Theoretical Framework of SDT. Â According to the functional theory of self-determination, people act as causal agents who make things happen. Actions that are self-determined are related to the function they serve. The essential characteristics of self-determined actions include that the person acts autonomously and in a self-realizing manner, the behaviour is self-regulated, and the act is a self-initiated response to events in a psychologically empowered manner [35]. The Self-Determined Career Development Model enables support providers to support job seekers with intellectual disability to use a self-regulated problem-solving process to set and attain job and career goals. This single-case design study examined the impact of the Self-Determined Career Development Model on a component element of self-determination (knowledge of strengths, interests, and needs). Employment outcomes of participants were also tracked. Â Providing choice making in employment programs: the beginning or end of self-determination? Education and Training in Autism and Developmental Disabilities, 46, 565â€"575.Google Scholar. Agran, M., Cavin, M., Wehmeyer, M. L., & Palmer, S. (2006). Self Determination - Free download as PDF File (.pdf), Text File (.txt) or read online for free. Â The paper strongly makes the point that development of increased self-determination skills and vocational goals can facilitate the successful transition from secondary to postsecondary education and then into the workforce. Policy statements and research findings support this contentionSo little currently exists about transition of students into postsecondary education this paper will contribute greatly to the national discussion. Â Career awareness begins during the elementary years and involves develop- ing self-awareness of your potential by learning about roles in family, work, and society and developing work values and positive attitudes. 8 I z z o & L a M b.