THE EMPOWERMENT MODEL: TURNING BARRIERS INTO POSSIBILITIES

THOMAS E. MORAN
James Madison University

LAUREN MERNIN
James Madison University

DANETTE C. GIBBS
Longwood University

Abstract

There are many barriers that participants with disabilities face when attempting to participate in community-based organized physical activity programs (e.g., sports). In this article, we briefly discuss specific barriers that inhibit one's ability to successfully participate in community-based physical activity programs and present a model to overcome these barriers. The Empowerment Model, based on empowerment theory (Perkins & Zimmerman, 1995; Sadan, 1997; Zimmerman, 1995, 2000), is a training and implementation model designed specifically to address many of the identified barriers. The model is meant to empower four distinct, but interrelated parties: individuals with disabilities; parents; teachers/instructors; and community-based programs. The Demand-Response approach of the article identifies the barriers to successful participation and then discusses how a given element(s) of the Empowerment Model provides potential solutions to assist in turning these barriers into possibilities.

Keywords: *empowerment, community-based programs, barriers to participation, individuals with disabilities, physical activity*

Introduction

All individuals, regardless of ability or disability, deserve the right to be physically active and to engage in community programming. When it comes to physical activity and finding appropriate programs, the opportunities available to individuals with disabilities are limited compared to their peers without disabilities. Even with the support of federal legislation, limitations still exist. The Americans with Disabilities Act (ADA) specifically forbids public programs (including community-based physical activity programs) from excluding individuals solely on the basis of having a disability. Furthermore, exclusion is often unnecessary because most programs can be adapted to accommodate the needs of individuals with disabilities through universal design (Lieberman & Houston-Wilson, 2009) and game modifications (Block, 2007; Kasser & Lytle, 2005; Lieberman & Houston-Wilson, 2009). Therefore, the larger question is how do we empower individuals, organizations, and communities to ensure that all individuals, regardless of ability level, have the opportunity and ability to participate in community-based physical activity programs? In this article, we will discuss the barriers to participation, describe empowerment and empowerment theory, and most importantly, provide practitioners with a model that will systematically address the existing barriers in organized community-based physical activity programs while providing practical solutions to combat those barriers.

Understanding Barriers to Participation

There are four main barriers that prevent individuals with disabilities from successfully participating in community-based physical activity programs: (1) lack of programs/opportunities, (2) fear on the part of the participant, parents, as well as the instructors; (3) lack of training and knowledge on the part of the instructors; and (4) concerns about liability (Moran & Block, 2010; Moran, Taliaferro, & Pate, 2014). There may be other physical/structural (accessibility) barriers that exist for participants with a disability, which are not meant to be ignored, but this article focuses on controllable barriers on the part of the teachers, coaches, and staff who run programming in community settings, hereafter referred to as "instructors."

Lack of opportunities. When it comes to a participant without disabilities playing a sport in which he or she is interested, the options are endless. The contrary is true for participants with disabilities. Finding a team or activity that is a "good fit" is not always a simple task as there is a lack of options in both the schools and community for organized physical activity for individuals with disabilities (Kleinert, Miracle, & Sheppard-Jones, 2007). For instance, some children with disabilities may be able to play for their community Little League® teams, while others may not. For those who are unable to play the "typical" game or by

"typical" rules, they may still be capable of playing baseball/softball if the game is slightly modified; however, few leagues provide such modifications.

Fear. Participants and their parents experience fears of their own when it comes to community-based physical activity programs. Often parents refuse to enroll their child with a disability in community programs due to these fears (Moran & Block, 2010). While every parent is going to be concerned with the safety and emotions of his/her child, Martin (2004) found that parents of children with a disability often had to "fight the urge to overprotect their children." Although they may be trying to protect their son or daughter, instead these parents end up limiting the opportunities available. Parents are afraid their child will fail. Individuals with disabilities have also expressed the fear of being unable to accomplish the same skills as other participants, making them reluctant to even try (Spencer-Cavaliere & Watkinson, 2010). Both parties predict far more failure and frustration than success. As a result, the safe response is not to participate at all (Moran & Block, 2010).

Lack of knowledge/training on accommodation. Many instructors agree that individuals with disabilities deserve "the right to participate" (Beyer, Flores, & Tonsing-Vargas, 2008; Hodge, Davis, Woodard, & Sherrill, 2002; Kozub & Porretta, 1998). However, many instructors lack the knowledge and the training to appropriately meet the needs of participants with disabilities. Most have never received any formal training on disabilities or special education, let alone how to meet the needs of these populations (Moran & Block, 2010). According to Martin (2004), "segregation in sports and recreation activities is born of fear of the unknown, past practices, and uncertainty about 'how' to include people with disabilities into recreational environments."

Liability. Positive effects of participation in sports can be as powerful for individuals with disabilities as it is for individuals without disabilities. Unfortunately, those

with more significant disabilities such as physical, visual, or intellectual disabilities or autism are excluded from participation (Lakowski, 2009). In some cases instructors may be concerned with the liability of having a participant with a disability participate in and perhaps get hurt during a practice or game (Weston, 2005). In other cases, instructors may not want a participant with a disability on their team, because they feel that they lack the training in how to coach players with disabilities (Beyer et al., 2008). Finally, parents may be reluctant to sign up for community-based physical activity programs fearing injury, lack of success, or being teased by peers (Fay & Wolff, 2009).

There is a clear need for a more holistic and systematic approach to intervention and empowerment of individuals with disabilities. Many organizations, instructors, and families are unsure how to address the barriers for participants as well as current gaps in knowledge, training, and experience for the instructors. A model to empower all parties is needed.

What is Empowerment?

Empowerment involves a process of giving power or control over one's own life to an individual or group that has traditionally been marginalized or had control of their own life limited or surrendered (Rappaport, 1981; Sadan, 1997; Zimmerman, 2000). Empowerment involves a strengths-based approach, viewing individuals as having competencies and the right to function autonomously, yet needing opportunities and resources in the external environment to manifest those. It goes beyond simply giving an individual rights, but also provides the needed social structure and resources to live those out, demonstrating one's abilities and exerting control over one's life. When support is provided, it is done from the perspective of collaboration, not professional expertise. This is in contrast to a needs-based approach, which relies on experts to provide a solution or prevent problems for the individual (Rappaport, 1981; Zimmerman & Warschausky, 1998). Empowerment involves circumventing traditional modes of participation and influence that restrict involvement from individuals who do not "fit the mold," to create new standards of participation through more equitable distribution and management of resources and the active involvement of individuals and groups in decision-making about issues that directly affect them.

Empowerment theory (Perkins & Zimmerman, 1995; Sadan, 1997; Zimmerman 1995, 2000) encompasses both processes and outcomes. Relevant processes include those activities, structures, and actions that are empowering to someone or some group by enabling them to develop skills and obtain resources to solve problems affecting them. For example, this might include an individual deciding to participate in a community organization where they can learn new skills and gain control over their own life, an organization modifying its practices to include more democratic leadership, or an entire community working together to bring light to an important issue and demand change. Outcomes include the measurable level of empowerment an individual, organization, or community experiences as a result

of an intervention that was designed to empower. Some potential outcomes might include increased feelings of perceived control, use of newly developed skills, changes to organizational policy in response to identified concerns, or increased accessibility of community resources. Both processes and outcomes operate at multiple ecological levels (i.e., in individuals, organizations, and communities), and may manifest differently in different contexts and with different populations (Zimmerman, 2000).

Empowerment at the individual level has received the most attention in the literature, and includes the specific domains of intrapersonal, interactional, and behavioral empowerment (Zimmerman, 1995; Zimmerman & Warschausky, 1998). Intrapersonal empowerment includes having an internal locus of control regarding one's life, believing in one's ability to achieve his/her own goals in a specific aspect of life (i.e., self-efficacy), and possessing the motivation to pursue those goals. The interactional component refers to how one thinks about and relates to the social environment in pursuit of their goals. The individual develops a critical awareness of the social and political forces (e.g., causal agents, needed resources) that inhibit or aid one's ability to achieve their specified goals, as well as acquires the necessary skills to eliminate barriers and mobilize and manage resources to gain greater personal control. The behavioral component refers to taking actions to remove barriers and accomplish one's goals by collaborating with like-minded others through organized efforts such as community groups, coalitions, and community-related activities. It also involves demonstrating improved coping behaviors. Empowerment may look different depending on the individual and their context, but should ideally include facets of all three of the intrapersonal, interactional, and behavioral domains (Zimmerman, 1995).

Empowerment can also occur at the organizational and community levels. At the organizational level, empowering organizations, or empowering professional practices, create opportunities for members to develop skills, participate in organizational decision-making, and share responsibilities in a supportive atmosphere that contributes to a sense of social identity (Sadan, 1997; Zimmerman, 1995, 2000). Empowering communities give citizens access to resources and the opportunity to influence their community, while respecting the diversity of all community members. An empowered community is one in which leadership is shared by many community members, organizations work together for the benefit of the community, and citizens participate in the activities and direction of their community as well as feel a sense of responsibility and commitment to the community (Zimmerman, 1995, 2000).

Empowerment for individuals with disabilities. Consistent with empowerment theory, recent work with individuals with disabilities has moved away from focusing on individual deficits to focus instead on removing environmental (e.g., physical accessibility) and psychosocial barriers (e.g., lack of inclusive organizational programs and practices, fear) that constrain an individual's ability to function independently (Zimmerman & Warschausky, 1998). Individuals with disabilities often experience very little control over their own lives. In the realm of sports, decisions are made for them simply by the lack of opportunities to engage in sport due to physical and/or social barriers. Thus, in a social context such as community-based physical activity programming, the empowerment process may involve providing opportunities and creating settings for individuals to affirm their athletic abilities and develop those further (Rappaport, 1981), as well as cultivate other important characteristics such as a sense of self-efficacy and independent functioning (Zimmerman & Warschausky, 1998). Additionally, by increasing their participation, individuals with disabilities begin to wield greater influence over their own health and physical activity, as well as over what programs are offered in their community by creating greater demand for more opportunities for involvement. When community groups and organizations work together to respond to this increased demand and better the quality of life of all their citizens, they demonstrate increased empowerment at the community level. Such communities work together to create structured opportunities for individuals with disabilities to participate in physical activity programs like their peers. They ensure all community members have equal access to participation and needed resources (e.g., recreational facilities), as well as provide support for instructors and organizations to attain the skills necessary to promote successful participation by all individuals (Zimmerman, 2000).

Although some individuals with disabilities may not be able to develop a critical understanding of the various social and political factors that aid or interfere with their ability to achieve their goals (e.g., awareness of who controls programming opportunities, how their decision-making is influenced, and what resources are needed), which is characteristic of the interactional component, they can demonstrate both the intrapersonal and behavioral components of empowerment (Zimmerman & Warschausky, 1998). However, for families and instructors of individuals with disabilities, developing an awareness of what their child or participant is capable of given the right supports and environment brings light to the barriers that are currently in place as well as the resources that might be available to aid greater participation. Thus, the interactional component of empowerment is crucial in their ability support the participant with the disability.

Empowerment for instructors and organizations. Organizational empowerment involves the development of processes and structures that improve member participation and aid the organization in effectively accomplishing its goals (Zimmerman, 2000). In order to empower individuals with disabilities, support must also be provided for those who will be working with them in various community contexts, including teachers, instructors, and coaches. Many of these individuals have never been trained to provide the appropriate instructional support and modifications that will enable successful participation. By training and supporting instructors to effectively work with participants with disabilities, organizations become empowered to better serve the needs of their community, improve the health and physical activity of the participants with whom they work, as well as serve as empowering agents for their participants.

The Empowerment Model

This model addresses each of the barriers mentioned previously and then uses the foundation of empowerment theory to demonstrate how one can empower participants with disabilities, instructors, and community organizations to overcome the barriers that inhibit individuals with disabilities' participation in community-based programs.

The Empowerment Model is designed to equip each party with the "tools" (skills, knowledge, and appropriate attitudes) to promote successful participation for all (Moran et al., 2014). As previously described, there are clear gaps in appropriate programming and a lack of knowledge and training among instructors, which leads to fears on the part of families and participants, and liability concerns on the part of organizations. The proposed model has the three unique elements of programming, training, and support (see Figure 1). Even though each element plays an essential role in the success of each participant, our implementation of the model indicates it is the interaction of these elements that facilitates successful participation and true empowerment.

Figure 1. Empowerment model (Moran, Taliaferro, & Pate, 2014).

The first element, Programming, referred to as the "continuum of opportunity," suggests a community should consider providing a selection of options that align with the current ability levels (physical, cognitive, and social) of all individuals. This continuum would allow participants to select a program that allows them to participate successfully. The continuum of opportunities may exist within one organization or throughout multiple organizations in one community. The programming element considers two main factors: setting and group make-up. See Table 1 for programming examples.

Table 1
Continuum of Opportunity

		SETTING	
		Segregated	**Integrated**
GROUP MAKEUP	Specialized	Aquatics program for participants with disabilities in a venue closed to the public during programming	Aquatics program for participants with disabilities at the local wellness center (while other programs occurring)
	Reverse Inclusion	Gross motor sensory program for young children with disabilities (few children without disabilities join as role models) in a university OT clinic closed to the public during programming	Gross motor sensory program for young children with disabilities (few children without disabilities join as role models) in a local daycare (other children/programs present)
	Full Inclusion	Golf program, available for participants with and without disabilities, run at specialized school	Golf program, available for participants with and without disabilities, run at First Tee (open to public)

In terms of setting, programs can range from taking place in closed or controlled settings to taking place in open or uncontrolled settings. In terms of group make up, programs can be specialized (only for participants with disabilities), reverse inclusion (mostly participants with disabilities, but a few peers without disabilities are enrolled as role models and participants), or full inclusion (participants with and without disabilities are enrolled). By providing programs across the continuum, all individuals, regardless of disability or ability, can identify an appropriate program to meet their current needs. The design of the continuum provides opportunities for mastery and advancement (moving to the next level of programming) once skills, knowledge, and appropriate behaviors are attained. The continuum is similar to the youth sports model (implemented by some parks and recreation departments) where leagues are created based on skill levels and desired level of competitiveness (i.e. recreational, developmental, and travel). Each participant in these programs understands the specific goals and objectives associated with each level of programming and chooses the program based off their desired level of challenge and perceived level of success.

The second element of the model is Support, which is referred to as "Helping Hands." This element acknowledges that some level of support may be desired on the part of the participant or requested by the parent/guardian or the instructor/organization. The model considers three main factors as it relates to support: who needs the support, type of support needed, and the level of expertise required.

Support can be provided directly for the participant or the instructor. The type of support needed could be direct or indirect. Direct support means a supporting individual is present during each session. Indirect support can be given in the form of observation or consultation but the supporting individual is not physically present during each session. Finally, the participant may require an individual with disability-specific expertise (trained) or simply a volunteer or peer (untrained) who is instructed to stay with the participant and help keep them on task. The accompanying "helping hand" support person can assist the participant or instructor as needed during the program by breaking down complex tasks into smaller movements, providing relevant cues to keep the participant on task, modifying skills or content to meet the participant's abilities or needs, and/or working directly with the program instructor to ensure the participant can be successful and achieve the desired personal goal from the program. Examples of support within the model are illustrated in Table 2.

Table 2
Examples of Support

	Participant	Instructor
Direct (untrained)	During a soccer program, participant with autism needs a 1:1 assistant to keep him/her on task—no specific training needed	During a gymnastics program, instructor needs support to successfully include participant with down syndrome. Volunteer has gymnastics, but no disability experience
Direct (trained)	During a soccer program, participant with autism needs a 1:1 assistant to minimize meltdowns—PBS and ABA training needed	During a gymnastics program, instructor needs support to modify activities for a participant with spastic hemiplegia. Adapted physical education teacher agrees to co-instruct.
Indirect (untrained)	During aquatics program, participant with spinal bifida does not need support in the water, only needs a volunteer to help with flotations	During fitness program, participant with hearing impairment joins and instructor consults with mentor who has worked with individuals with hearing impairments.
Indirect (trained)	During aquatics program, participant who has seizures does not need a mentor in the water; just someone trained to handle seizures if needed	During fitness program, participant with visual impairment joins and instructor consults with a vision specialist so they can provide the workout schedule in braille.

The third element of the model is Training, referred to as "Strategies of Success" (SOS). The training element provides a series of training modules, many still in development, designed to provide necessary knowledge and essential skills for instructors and/or helping hands, so that they can help all individuals successfully participate in programming. Training modules are currently available to those who become an *I Can Do It, You Can Do It!* (ICDI) Advocate with the President's Council on Fitness, Sports, and Nutrition (http://www.fitness.gov/participate-in-programs/i-can-do-it-you-can-do-it/). Modules address the following topics: disability awareness, nuts and bolts of common disabilities, communication, positive behavior management, goal setting, adaptation/modification, environmental structure/manipulation, and inclusion pedagogy. Organizations can make these modules available to their instructors and/or helping hands and each can self-select whether they need to review each module given their limited knowledge and/or experience working with individuals with disabilities, or whether they identify specific modules to advance their existing knowledge base or skill set.

Each of the elements within the Empowerment Model are implemented in an interrelated fashion, with the ultimate goal of enrollment and successful participation in existing community-based programs for individuals with disabilities. To ensure success, each element of the model must be addressed and utilized. Each participant (and potentially their parent or guardian) must determine if an appropriate program exists within their community, whether additional support is needed for the participant to be successful, and if the instructor and/or accompanying support has adequate knowledge and skills to address the participant's needs. The next segment of the article will illustrate how the Empowerment Model is designed to turn those barriers into possibilities.

Turning Barriers Into Possibilities Through Empowerment

Table 3 illustrates the continuum of the Empowerment model across all three elements. The next section of the article will show how an organization can implement the model in their community to provide empowerment for all – participants, families, and instructors.

Creating opportunities. Unfortunately, specialized programs are not as readily available as those geared towards participants without disabilities. For example, in Harrisonburg, Virginia, like in many communities, there is a very active and growing Little League program. Many children with disabilities have the same desire as their peers to play Little League, but are unable to play because they do not currently possess the "tools" to be successful. Skill level, as it relates to their peers, is lower or the pace of the game is too fast for them to make the appropriate decisions quickly enough to be successful. Each of the identified constraints may contribute to a high degree of failure, frustration, and eventual withdrawal from participation (Fay & Wolff, 2009). This problem is not unique to participants with disabilities – there are some participants without documented disabilities that feel as though they don't have a place to play or belong (Fay & Wolff, 2009). This is where the continuum of opportunities/programming comes into play. The local Little League organization may wish to offer an entire continuum

Table 3
Empowerment Model in Action

Element of Model	Continuum of Opportunity (Programming)	Helping Hands (Support)	Strategies of Success - "SOS" (Training)
↓	Specialized (closed environment)	Direct Support of Participant (trained)	Disability Awareness Understanding Constraints
	Specialized (open environment)	Direct Support of Participant (untrained)	Nuts and Bolts of Disability Communication
	Reverse Inclusion (closed environment)	Indirect support of participant (trained or untrained)	Behavior Management Adaptation/Modification
	Reverse Inclusion (open environment)	Direct Support of Instructor (trained or untrained)	Environmental Manipulation Goal Setting
	Full Inclusion (closed environment)	Indirect Support of Instructor (trained or untrained)	Inclusion Pedagogy
	Full Inclusion (open environment)	No Support Needed	Reflection of Abilities

of programming (i.e., a Challenger Baseball program, a recreational league, a competitive league, and an adult league), or the community may come together with different organizations, each playing a role in creating the continuum of programs for participants with and without disabilities. The local Little League could offer Challenger Baseball and a competitive travel league, while the local parks and recreation department offers a recreational baseball program for those participants who wish to participate for the love of the game or to develop basic skills. Additionally, the local YMCA could run an adult league, including both recreational and elite teams. This structure creates a "continuum of opportunities" for all participants regardless of ability or disability, and provides an opportunity for advancement. A participant may start with Challenger Baseball, but has the ability to advance to the recreational league once they acquire the skills and/or confidence to do so, demonstrating the intrapersonal and behavioral components of empowerment (Zimmerman, 1995, 2000).

Providing support; addressing fears. Once the participant has identified the most appropriate program, he or she along with the parent(s) must look at the next element of the model and begin communicating with the instructor/organization to ensure the participant has adequate support. The participant wants to ensure he/she is going to be successful. The parents want to know that the organization/instructor understands the needs of their child. The instructor and/or organization wants to adequately address the needs of the participant. While choosing an appropriate program is an important first step, being able to overcome the aforementioned fears to do so is dependent upon whether the appropriate type or level of support is available as part of that program (Vargas, Flores, Beyer, Block, & Vella, 2015). The type of support should be dictated by the needs of the participants, the knowledge and skills of the instructor, and the complexity of the setting. Seeking out support for successful participation illustrates the interactional component of empowerment (Zimmerman, 1995, 2000).

As an example, participant one is an 8-year-old boy with spastic hemiplegic cerebral palsy. This young boy is ambulatory without the need of a mobility aid and wants to en-

roll in an inclusive soccer program. He has the ability to perform all the basic soccer skills, but at a slower pace, as he has balance, coordination, and strength issues compared to peers his age. The family and recreational soccer coach may determine there is no need for direct support during the program; however, the instructor seeks guidance from the adapted physical education teacher in the area schools regarding modifications that can be used to help the participant be successful.

Conversely, participant two is a 10-year-old girl with autism, who is nonverbal and has periodic behavior outbursts. The family enrolls her in a local gymnastics program to promote her development with quality movement and sensory experiences. In this case, the family and instructor/organization may decide to find a trained volunteer who can work one-on-one with the child during programming as she may have difficulties with group instruction and the instructor will not be able to provide an adequate amount of individualized attention.

An essential part of the Empowerment Model is utilizing area resources and creating a true sense of community. Thus, each organization should have a list of potential disability contacts and resources who have indicated a willingness to provide support to a participant and/or instructor during programming. This list could include special education teachers, behavior specialists, respite care providers, or even college students seeking hands-on experience with individuals with disabilities.

A third example illustrating the support element is an adolescent girl with Down syndrome who enrolls at the YMCA with her family. The family wants her to work out twice a week. It is determined that she does not need specialized support to be successful but does need someone to keep her focused and to help her identify the appropriate exercise machines. The YMCA contacts the guidance counselor from the local high school who identifies a responsible senior to work out twice a week with the participant. In this example, the fitness instructor from the YMCA has the ability to create an appropriate workout, and therefore can use a high school student with limited disability experience as an appropriate helping hand. The helping hand assists the participant with filling out the recording sheet each workout and moving from machine to machine, while also providing encouragement and appropriate feedback throughout the workout. One can easily see how the choice of program, the needs of the participant, and the skills/knowledge of the instructor dictate the appropriate type and level of support.

Providing knowledge/training on addressing individual needs. Instructors' fears may be attributed to their lack of perceived ability, a lack of knowledge in how to successfully work with a participant with disabilities, or their uncertain attitudes towards the necessity of inclusion. (Moran & Block, 2010). For example, instructors may be inexperienced in working with participants with disabilities and may feel ill-equipped to make appropriate modifications to the game. Unfortunately, proper training is not always readily available to adequately educate instructors. Because of this, they may feel that they are not qualified to assist a participant with a disability effectively. In many cases, only minor changes to rules or the incorporation of a unique piece of equipment may be all that is necessary for an individual to participate; this is where the training element in conjunction with necessary support is key.

As part of implementing the Empowerment Model, the instructor can access and utilize the aforementioned SOS training modules, selecting specific topics which align with his or her needs. Seeking out needed training illustrates the behavioral component of empowerment. For example, instructors who have limited knowledge and experience may need the "Disability Awareness" module or "Nuts and Bolts of Disability" module. Instructors who already have basic knowledge of disability but need advanced knowledge or specific instructional training may benefit from the "Communication," "Behavior Management," or "Environment, Task, and Learner Constraints" modules. Instructors with limited knowledge and training related to physical activity would benefit from the "Adaptation/Modification" and "Environmental Manipulation" modules. Knowing that organizations who are implementing the Empowerment Model are taking advantage of on-going training could also reduce anxiety on the part of the participant and their parent(s), as they know the instructor is attempting to acquire the knowledge and skills necessary address the needs of all participants. The instructional training blended with the potential for constant or intermittent instructional support empowers instructors and community organizations with increased comfort and confidence in their ability to provide appropriate programming for anyone who walks, runs, wheels, or crawls through their doors.

The instructional training also reduces the burden and anxiety of the instructor (Moran & Block, 2010). For example, some instructors are more than willing to have a participant with a disability, but struggle to do so while facilitating instruction to the many other participants. Others may not feel comfortable working with the participant, regardless of enrollment numbers, due to their lack of training and experience. As part of implementing the Empowerment Model, the instructor would not only receive training; the organization would also work diligently to find a helping hand to support the participant and the instructor.

The helping hand can also utilize the SOS modules to acquire simple strategies designed to meet the participant's needs. For example, the helping hand learns he or she can provide their participant, who has developmental coordination disorder, a lighter bat with a larger bat head to help the player hit a pitched ball more easily. The helping hand could also use Velcro balls and mitts when their participant is learning how to field and catch. For a participant who uses a wheelchair, the helping hand could push them around the bases after the player gets a hit. These simple instructional strategies are shared as part of the "Adaptation/Modification" module, and can be implemented by the instructor or the helping hand.

Addressing liability: Providing programming for all. It is extremely important for any organization to obtain as much information as possible regarding all participants, but especially participants with disabilities. The organization needs to know any relevant medical information (e.g., disability, allergies, seizures), any contraindications (e.g., behavior triggers, relevant side effects of medications), as well as any information that will help the instructor or helping hand successfully work with the participant (e.g.,

participant's interests, preferred method of communication, behavior/reward system used at home). Organizations are also encouraged to have all participants, with or without disabilities, to sign an assumption of risk form as well as submit an approval to participate form signed by a healthcare professional. All the information gathering and forms help protect the organization from liability, but also ensure they have done their due diligence (Lakowski, 2009).

The Empowerment Model may be an organization's solution to effectively integrating participants with and without disabilities across their programming. The interaction of the three elements of the model attempts to break down the barriers that exist and provide specific steps to facilitate successful inclusion. Successful inclusion may help eliminate stereotypes and encourage accepting attitudes among peers (Martin, 2004). Once an instructor obtains important knowledge on each participant and identifies their strengths and weaknesses, he or she is ready to provide instruction. By utilizing the support of a helping hand, when deemed appropriate, the instructor/organization can be far more confident they are able to address the needs of any participant who enters their facility. Add the final element of offering a continuum of programming and the organization is now truly able to provide programming for all.

Conclusion

A number of obstacles stand between individuals with disabilities and their successful participation in community-based physical activity programs. However, the Empowerment Model is designed to break down many of the existing barriers to participation and utilize embedded strategies and solutions for potentially dissolving them. The model empowers participants, instructors, organizations, and communities by showing how programming opportunities, helping hand support, and training strategies must be available and co-exist to ensure each participant overcomes their perceived and actual barriers. The model empowers a community to come together and utilize the strengths and resources of many to ensure that all participants have the opportunity to live a healthy, active, and quality life.

References

Beyer, R., Flores, M. M., & Vargas-Tonsing, T. M. (2008). Coaches' attitudes towards youth sport participants with attention deficit hyperactivity disorder. *International Journal of Sports Science & Coaching*, *3*(4), 555–563.

Block, M. E. (2007). *A teacher's guide to including students with disabilities in general physical education*. Baltimore, MD: Paul H. Brookes Publishing Company.

Fay, T., & Wolff, E. (2009). Disability in sport in the twenty-first century: Creating a new sport opportunity spectrum. *Boston University International Law Journal*, *27*, 231–248.

Hodge, S. R., Davis, R., Woodard, R., & Sherrill, C. (2002). Comparison of practicum types in changing preservice teachers' attitudes and perceived competence. *Adapted Physical Activity Quarterly*, *19*(2), 155–171.

Kasser, S. L., & Lytle, R. K. (2005). *Inclusive physical activity*. Champaign, IL: Human Kinetics.

Kleinert, H. L., Miracle, S. S., & Sheppard-Jones, K. (2007). Including students with moderate and severe disabilities in extracurricular and community recreation activities. *TEACHING Exceptional Children, 39*(6), 33–38.

Kozub, F. M. & Porretta, D. L. (1998). Interscholastic coaches' attitudes toward integration of adolescents with disabilities. *Adapted Physical Activity Quarterly*, *15*(4), 328–344.

Lakowski, T. (2009). Athletes with disabilities in school sports: A critical assessment of the state of sports opportunities for students with disabilities. *Boston University International Law Journal*, *27*(2), 283–315.

Lieberman, L. J., & Houston-Wilson, C. (2009). *Strategies for inclusion: A handbook for physical educators*. Champaign, IL: Human Kinetics.

Moran, T. E., & Block, M. E. (2010). Barriers to participation of children with disabilities in youth sports. *TEACHING Exceptional Children Plus, 6*(3), Article 5.

Moran, T., Taliaferro, A., & Pate, J. R. (2014). Confronting physical activity programming barriers for people with disabilities: The Empowerment Model. *Quest, 66*(4)*,* 396–408.

Martin, B. (2004). I know I can do it: Sports are for disabled children, too. *Cure Our Children*. Retrieved from http://www.cureourchildren.org/sports.htm#'I Know I Can Do It'

Perkins, D. D., & Zimmerman, M. A. (1995). Empowerment theory, research, and application. *American Journal of Community Psychology, 23*(5), 569–579.

Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology, 9(1),* 1–25.

Sadan, E. (1997). *Empowerment and community planning: Theory and practice of people-focused social solutions*. Retrieved from http://www.mpow.org/elisheva_sadan_empowerment.pdf

Spencer-Cavaliere, N., & Watkinson, E. J. (2010). Inclusion understood from the perspectives of children with disability. *Adapted Physical Activity Quarterly, 27(4),* 275–293.

Vargas, T. M., Flores, M. M., Beyer, R., Block, M., & Vella, S. (2015). Coaches' perceptions and proposed solutions for challenging behaviors: Implications for athletes with hidden disabilities. *International Journal of Sports Science and Coaching, 10*(5), 783–796.

Weston, M. (2005). The intersection of sports and disability: Analyzing reasonable accommodations for athletes with disabilities. *St. Louis University Law Journal, 50*(137), 137–163.

Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology, 23(5),* 581–599.

Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational, and community levels of analysis. In J. Rappaport & E Seidman (Eds.), *Handbook of community psychology* (pp. 43–63). New York, NY: Kluwer Academic/Plenum.

Zimmerman, M. A., & Warschausky, S. (1998). Empowerment theory for rehabilitation research: Conceptual and methodological issues. *Rehabilitation Psychology, 43(1),* 3–16.

Thomas E. Moran, is an associate professor of kinesiology at James Madison University. He is the executive director of Empowerment3, a center for physical activity and wellness for underserved youth, and project director for Overcoming Barriers, a community-based physical activity program for individuals with disabilities from which the Empowerment Model was developed.

Danette C. Gibbs is an assistant professor of psychology at Longwood University. Her teaching and research interests are in the areas of clinical and community psychology, with particular focuses on suicide prevention and increasing access to services for individuals from underserved populations.

Lauren Mernin completed her undergraduate degree in health sciences at James Madison University. Lauren is currently a medical student at Liberty University College of Osteopathic Medicine.