

PSYCHOLOGICAL EMPOWERMENT SCALE

FOR FAMILIES OF CHILDREN
WITH DISABILITIES

*Developed by the Beach Center on Disability
University of Kansas
in partnership with families, service providers and researchers*

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Suggested reference in reports utilizing this instrument:

Akey, T.M., Marquis, J.G., Ross, M.E. (2000). Validation of scores on the psychological empowerment scale: A measure of empowerment for parents of children with a disability. *Educational and Psychological Measurement*, 60(3), 419-438.

Beach Center on Disability

Making a Sustainable Difference in Quality of Life

Psychological Empowerment Scale

SURVEY INFORMATION AND INSTRUCTIONS

All the information you give us is confidential. Your name will not be attached to any of the information you give us. It is important that you answer as many questions as you can, but please feel free to skip those questions that make you feel uncomfortable.

Thank you so much for sharing your opinion with us!

By completing this survey, you indicate that you have been informed of the important aspects of this study.

Psychological Empowerment Scale

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I think I make good choices about what my family needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If I don't do something well, I am likely to try harder the next time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I actively keep up with what my family's legal rights are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel isolated from other parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I deal with the service system effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know my rights as a parent of a child with a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel a sense of community with other parents who have a child with a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I believe I have the power to make positive changes for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I spend time with other parents talking about my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I try to act as an emotional support for other families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I feel I make good decisions about what my family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I know whom to talk to when there is a problem with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I serve as a veteran parent of a parent organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Psychological Empowerment Scale (cont.)

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
14. I think my input has an important influence on how decisions are made about providing services to my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I know how to use the resources available to my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Socializing with other families is something my family does often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I think I make good decisions about my family's well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I know where to get information about the resources my family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. There are other families that understand my family's situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I help lead an informal or formal support group for other parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I effectively advocate for my child with professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I share resources with one or more other parents, such as respite care and housework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I participate in a formal or informal support group for parents of children with a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I believe that organizational skills are a strength of mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. There is at least one parent I can go to for emotional support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I am actively involved in a parent organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Psychological Empowerment Scale (cont.)

27. I see myself as someone who usually achieves the goals I set for myself.	<input type="checkbox"/>				
28. I would be likely to speak out about an important policy issue concerning families.	<input type="checkbox"/>				
29. I serve on an advisory board for a parent organization or service program.	<input type="checkbox"/>				
30. I understand how service systems and parent organizations work.	<input type="checkbox"/>				
31. There are other parents I can count on to help my family if I need it.	<input type="checkbox"/>				
32. When I have to get something done, I get right to work on it.					

Thank you! You have finished completing this survey. Please make sure you erase any extra marks and have answered all the questions.

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