

One Person, Many Choices: Using Special Education Transition Services to Increase Self-Direction and Decision-Making and Decrease Overbroad or Undue Guardianship

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Abstract: Despite study after study showing self-determination is a, if not the, key to a successful, independent life for people with disabilities, young adults with disabilities too-often have their right to make decisions taken from them “for their own good.” This article argues that appropriate special education transition services, focused on self-determination and independent living skills, can provide students with education, training and abilities that overcome the perceived “need” for overbroad or undue guardianship.

Keywords: Guardianship, Independence, Self-Determination, Special Education, Transition

Introduction

Picture a sixteen year-old.

Like teenagers since time immemorial, she is at wildly inconsistent times distant and demanding, obsequious and overconfident. She and her friends “show disrespect for elders and love chatter in place of exercise . . . contradict their parents . . . and tyrannize their teachers.”

(Patty, W., & Johnson, L. 1953 (quote attributed to Socrates)).

While these behaviors are dreaded by the disrespected and tyrannized, they are also viewed as inevitable, even positive, steps on the path to adulthood: grumble by eye roll, snide

¹ The author acknowledges his family with appreciation and awe - they live what he can only conceptualize.

comment by questionable fashion choice, our adolescent is learning to be independent. As she grows and matures, society will reward her with increased privileges and responsibilities - driving, voting, opportunities for higher education, for a career, property ownership and a family.

Unless she is like Malcolm. Because Malcolm has developmental disabilities. Or mental illness. Or any disability that leads society to believe he cannot make decisions for himself.

When Malcolm turns 18, after his parents spend thousands of dollars and hundreds of hours on doctors, attorneys and court proceedings, a Judge will appoint a guardian to make decisions for him, to “protect him” and “for his own good.” As a result, even though study after study has found that self-determination is a, if not the, key to a successful, independent life for people with disabilities, Malcolm will lose the legal right to make decisions for himself, including basic choices like where to live, what to do and who to see.

This article argues that overbroad or undue guardianship can harm young adults with disabilities, violate their rights and inhibit them from becoming independent and contributing members of society. However, if students with disabilities receive appropriate special education transition services focused on self-determination and independent living skills, they will gain the education, training and abilities they need to make their own decisions and direct their own lives to the maximum of their abilities.

Part 1 of this article will summarize the history of and historical rationale for guardianship. Part 2 will provide clinical and legal arguments against overbroad or undue guardianship. Part 3 will review research indicating that special education transition services focused on self-determination and independent living skills can help people with disabilities lead more successful, independent adult lives. Part 4 will offer recommendations for parents, advocates and teachers to help develop and implement appropriate transition services.

I. The history of and rationale for guardianship.

Historically, guardianship proceedings have been focused on “doing good for those who cannot protect themselves.” (O’Sullivan, J. 2002). For over a thousand years, governments have appointed substitute decision makers for those they believe are “by reason of age or disability . . . incapable of making such decisions for themselves,” (Winick, B., 1995), often leaving a trail of offensive terminology and denied rights in their wake.

Guardianship's roots extend to ancient Rome, where “curators” were appointed for people with disabilities. Depending upon their diagnosis, Romans with disabilities retained some legal rights; for example, people who were “feeble-minded” could enter into contracts even if they had a curator. (Fleming, R., & Robinson, C., 1993).

As Rome decayed and fell, medieval Europe further limited the rights of people with disabilities. The 5th century Visigothic Code stated “all persons who are insane from infancy or in need from any age whatever, and remain so without intermission, cannot testify or enter into a contract and, if they should do so, it would have no validity.” (Buckland. W. 1932).

Feudal England developed the concept of *parens patriae* - that the King is “parent of the country” and responsible for protecting the property of people with disabilities. (Payton, S. 1992). The 1324 statute, De Praerogativa Regis, divided people with disabilities into “idiots” and “lunatics,” (O’Sullivan. J., 2002), and authorized the appointment of “committees” to make decisions for them in the King’s name. (Regan, J., 1972).

The post-revolution United States adopted the *parens patriae* concept and process because states “possesses all the powers in this regard which the sovereign possesses in England.” (*The Late Corporation of the Church of Jesus Christ of the Latter Day Saints v.*

United States, 1890). 136 U.S. 1 (1890). Hence, state courts assumed the power to, and do, appoint guardians for people with disabilities they find incompetent. (O’Sullivan, J., 2002).

From the Roman republic to the American, one constant has been society’s view of substitute decision-makers - whether called curators, committees, or guardians - as “a humanitarian response to the vulnerability of the incompetent.” (Frolik, L., 1998).

Consequently, guardianship proceedings have been viewed as “nonadversarial, conducted for the benefit of the protected person, dealing with incapacity which is presumed to be both permanent and progressive, and focused primarily on the prudent, impartial management of the person and the estate of the incapacitated individual.” (Wright, J., 2004).

II. Clinical and legal arguments against overbroad and overprotective guardianship.

Because guardianship has traditionally been viewed as benevolent, protective and nonadversarial, society has not felt the need to examine whether people with disabilities truly need guardianship or, once guardianship is established, “whether the protected person continued to need or benefit” from it. (Wright, J., 2004). Nevertheless, studies have shown that labeling a person incompetent and imposing an overbroad or undue guardianship “can produce serious adverse consequences.” (Winick, B., 1995). In addition, such guardianships may violate federal law and an emerging international consensus on human rights. (Salzman, L., 2010).

A. Clinical arguments against guardianship

Several studies suggest that overbroad or undue guardianship can make people depressed, decrease their motivation and “set up expectancies of failure . . . that diminish subsequent performance.” (Winick, B., 1995). In other words, finding people with disabilities incompetent and taking away their right to make choices “for their own good,” may actually harm them and worsen the symptoms or behaviors that first led to the guardianship proceedings.

An example of this harm is “learned helplessness,” first identified by Martin Seligman. (Garber J. & Seligman, M. (Eds.), 1980). In Seligman’s studies, people placed in negative situations they could not control began to feel helpless and hopeless. (Garber, J., & Seligman, M., 1980). Worse, they viewed their lack of control as a personal failure - that they could not succeed because of their own innate limitations rather than forces beyond their control. This led them to perform badly in other situations, because they believed success was impossible due to their personal shortcomings. (Peterson C., & Bossio, L. 1989). Lack of control is also a recognized cause of “self-handicapping” behavior: using a perceived inability to do one thing as an excuse to avoid doing other things, for fear of failing. (Jones, E., & Berglass, S., 1978).

It is not difficult to see how overbroad or undue guardianship can cause such harm. To be placed in a guardianship, people must first be found incompetent or incapacitated: they must listen to doctors saying they cannot make decisions and a Judge finding that they cannot “take care of themselves in a manner that society believes is appropriate.” (Kapp, M., 1999). Once told by a Judge – in swirling black robes, sitting on the civil equivalent of an altar - that they cannot take care of themselves, “why . . . should they attempt a task that they have been told they are incompetent to perform?” (Winnick, B., 1995).

Similarly, overbroad or undue guardianship can deprive people with disabilities of self-determination or empowerment, a basic human need. (Deci, E., 1975). Self-determination is “used to describe actions that enhance the possibilities for people to control their lives.” (Wehmeyer, M.L. & Schwartz, M., 1998). Deci found that when people are denied self-determination, their performance across-the-board suffers leading, in extreme cases, to “severe somatic malfunctions and even death.” (Deci, E., 1975). More typically, a person denied self-determination can “feel helpless, hopeless and self-critical, and will not behave because he can

see no use in behaving.” (Deci, E., 1975). Consequently, people facing or in overbroad or undue guardianship can experience “low self-esteem, passivity, and feelings of inadequacy and incompetency,” further decreasing their ability to function. (Winnick, B., 1995).

Losing the right to make decisions can also cause symptoms similar to clinical depression. (Garber, J., & Seligman, M. (Eds.), 1980). “By depriving individuals of control over the decision in question and by explicitly labeling them as unable to exercise self-control, an incompetency adjudication predictably will foster feelings of depression and worthlessness.” (Winnick, B., 1995). This may further reinforce “expectations of poor performance, which in turn dampen motivation, promote rigidity of behavior, and bring about failure and depression.” (Winnick, B., 1995).

B. Legal arguments against overbroad and undue guardianship.

The last 30 years have seen unsuccessful attempts to reform guardianship proceedings to make them fairer, more respectful of individual rights and less likely to result in overbroad or undue guardianship. In addition, developments in federal and international law suggest that such guardianship may violate the legal and human rights of people with disabilities.

1. Attempts at guardianship reform.

After a series of articles and position papers in the 1970s and 1980s showed patterns of abuse in adult guardianship, Congress formed a committee to review guardianship practices and make recommendations. Summarizing the committee's findings, Representative Claude Pepper said, “The typical ward has fewer rights than the typical convicted felon By appointing a guardian, the court entrusts to someone else the power to choose where they will leave, what medical treatment they will get and, in rare cases, when they will die.” (Pepper, Rep. C., 1987).

In the wake of Congress' findings, most states amended their guardianship laws. In general, those statutes “now impose a heightened burden of proof of ‘incapacity,’ require the exploration of less restrictive alternatives to guardianship and provide that the guardianship order be narrowly tailored to meet the individual’s specific needs.” (Salzman, L., 2010).

Unfortunately, courts “continue to hold deeply embedded tendencies toward protection over autonomy, and courts continue to issue guardianship orders that are not necessary and are overly broad in scope” - the very deprivation decried by Representative Pepper. (Salzman, L., 2010). One study showed that limited guardianship was ordered in less than ten percent of proceedings. (Teaster, P., Wood, E., Lawrence, S., & Schmidt, W., 2007). Hence, even after years of reform efforts, “Courts do not [order limited guardianships] because there is little reason or incentive to do so. It seems that as long as the law permits plenary guardianship, courts will prefer to use it.” (Frolik, L., 1998).

2. Overbroad or undue guardianship may violate federal law.

Professor Salzman (2010) argued that overbroad and undue guardianships violate the Americans with Disabilities Act (ADA), which President George H.W. Bush signed triumphantly, if prematurely, saying “Let the shameful wall of exclusion finally come tumbling down.” (Bush, Pres. G.H.W., 1990). The ADA was intended to “provide a clear and comprehensive mandate for the elimination of discrimination against individuals with disabilities.” 42 U.S.C. § 12101(b)(1) (2006). Congress found discrimination against people with disabilities included not only “outright intentional exclusion” but also “the discriminatory policies of . . . overprotective rules and policies.” 42 U.S.C. § 12101(a)(5) (West 2009). With the intent of remedying the long history of such discrimination, a primary goal of the ADA is to

ensure “equality of opportunity, full participation, independent living and economic self-sufficiency” for people with disabilities. 42 U.S.C. § 12101 (a)(7) (West 2009).

To do so, the ADA forbids discrimination against people with disabilities by state and local governments. 42 U.S.C. § 12131, *et. seq.* (2008). Regulations to the ADA require that governments “administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” 28 C.F.R. § 35.130(d) (2008). The “most integrated setting” is one “that enables individuals with disabilities to interact with non-disabled individuals to the fullest extent possible.” 28 C.F.R. pt 35, app. A, subsec. B (2008). State and local governments must also make “reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability.” 28 C.F.R. § 35.130(b)(7).

Professor Salzman (2010) contended that people with disabilities subjected to overbroad or undue guardianships face the same discrimination, in violation of the ADA, as the plaintiffs in the Supreme Court case *Olmstead v. L.C., ex rel. Zimring*. There, two women with intellectual disabilities alleged that Georgia failed to provide them with services in the most integrated setting when it housed them in segregated institutions rather than discharging them to more integrated community placements. The Court agreed, holding “Unjustified isolation . . . is properly regarded as discrimination based on disability.” The Court further held:

Recognition that unjustified institutional isolation of persons with disabilities is a form of discrimination reflects two evident judgments. First, institutional placement of persons who can handle and benefit from community settings **perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life** Second, confinement in an institution severely **diminishes the**

everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.

Professor Salzman (2010) asserted that overbroad or undue guardianship causes the same harm as unjustified institutionalization and, therefore, violates the ADA: “The Court focused on the harms flowing from the individual’s segregation from society - namely the perpetuation of demeaning stereotypes and lost opportunities for engagement in significant aspects of community life. . . . When the state appoints a guardian . . . the individual loses crucial opportunities for interacting with others.” This harm is magnified because the ADA requires governments to make modifications to their policies and practices and “in many cases, if not most, individuals with impairments affecting decision making abilities would be able to participate in the decision making process with appropriate assistance.” (Salzman, L., 2010).

3. Overbroad or undue guardianship may violate international human rights.

Professor Salzman’s views are consistent with an emerging international consensus that people with disabilities should be empowered to make their own decisions rather than subjected to plenary guardianships. The United Nations Secretariat for the Convention on the Rights of Persons with Disabilities (CRPD) recognizes the harmful effects of unwarranted guardianship, stating, “When individuals lack the legal capacity to act, they are not only robbed of their right to equal recognition before the law, they are also robbed of their ability to defend and enjoy other human rights.” (United Nations Enable, n.d.). Building on this principle, the CRPD stresses “the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own decisions.” (U.N. General Assembly, 2006).

Article 12 of the CRPD requires that nations preserve this freedom and “take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.” (U.N. General Assembly 2006). The CRPD’s call for support in exercising capacity is “nothing less than a ‘paradigm shift’ away from well-established but increasingly discredited notions of substituted decision making.” (Dinerstein, R., 2012).

The CRPD moves international human rights even farther from overbroad and undue guardianship in the next section, which calls for all participating countries to:

ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preference of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person’s circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body.

(U.N. General Assembly, 2006).

The CRPD’s call for supported, rather than substituted, decision making and its emphasis on the “rights, will and preferences” show a definitive move away from the historical view that “people with disabilities need protection, not rights” and that “guardianship is the primary mechanism” to provide such protection. (Dinerstein, R., 2012).

III. Special education transition services focused on self-determination and independent living can help students maximize their decision-making skills and obviate the perceived need for overbroad or undue guardianship.

After reviewing the history and rationales both for and against guardianship, we return to Malcolm, our young adult with disabilities. Because Malcolm's disabilities adversely affect his ability to learn, he is eligible for and receives special education services under the Individuals with Disabilities Education Act (IDEA). 20 U.S.C. § 1400, *et. seq.* First enacted in 1975, then called the Education for All Handicapped Children Act, the purpose of IDEA is

to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and **prepare them for further education, employment, and independent living.**

20 U.S.C. § 1400(d)(1)(A) (emphasis added).

IDEA's emphasis on "further education, employment and independent living" is particularly important for Malcolm because, as we have seen, society has traditionally focused on "dependent living" for people with disabilities. To increase Malcolm's chance to live an independent life, IDEA requires that his school provide transition services, "a coordinated set of activities for a child with a disability that -

(A) is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability **to facilitate the child's movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported**

employment), continuing and adult education, adult services, independent living, or community participation;

(B) is based on the individual child's needs, **taking into account the child's strengths, preferences, and interests;** and

(C) includes instruction, related services, community experiences, the development of employment **and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills** and functional vocational evaluation.

20 U.S.C. § 1401(34) (emphasis added).

Malcolm must receive transition services “beginning not later” than the year he turns 16, which will then be reviewed and updated annually and include:

(aa) appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills;

(bb) the transition services (including courses of study) needed to assist the child in reaching those goals

20 U.S.C. § 1414(d)(1)(A)(i)(viii)(aa)-(bb).

Hence, appropriate transition services can provide Malcolm with education, supports, experience and training to help him acquire and develop independent living skills and daily living skills - the very things people with disabilities need to “take care of themselves in a manner that society believes is appropriate.” (Kapp, M., 1999). If Malcolm and the millions like her receive these services and master those skills, they will demonstrate the ability to “take care of themselves” to the maximum of their abilities, overcoming the persistent paradigm that they cannot make decisions for themselves.

- A. Studies showing positive outcomes from transition services focused on self-determination and independent living skills.

Before IDEA, as few as 20% of students with disabilities received any type of education; many schools systematically excluded children with relatively common disabilities like blindness. (Waters, *et. al*, 2010). Consequently, children with disabilities entered adulthood unprepared to live independent adult lives because “important adult outcomes, such as employment, independent living and community integration [were] unattainable.” (Wehmeyer, M.L., & Schalock, R., 2001).

However, research has shown that students with disabilities given access to transition services focused on self-determination and independent living skills are more likely to live independently, be employed and exercise effective choice and decision-making. These students are better at “making [their] needs known, evaluating progress toward meeting goals, adjusting performance and creating unique approaches to solve problems.” (Martin, J., & Marshall, L., 1995). In other words, students with disabilities who are equipped with self-determination and independent living skills are better able to make their own decisions and are therefore much less likely to “need protection, not rights.” (Dinerstein, R., 2012).

1. People with disabilities who exercise self-determination have a better quality of life and are more independent.

Research identifies self-determination as critically important and a major contributor to a person’s quality of life. (Deci, E., 1975). At the same time, studies show that people with disabilities, particularly those with intellectual and developmental disabilities, have significantly less opportunities to exercise self-determination by making and implementing their own choices. (Kishi, G., Teelucksinngh, B., Zollers, N., Park-Lee, S., & Meyer, L., 1988). Wehmeyer and

Meltzer (1995) found that 66% of people with intellectual disabilities did not choose where they lived, 77% did not choose their roommates and 56% did not choose their jobs.

All available research points to one conclusion: for people with disabilities, the amount of self-determination they exercise is directly related to quality of life they lead. (Wehmeyer, M.L., & Schwartz, M., 1998). For example, one study showed that women with intellectual disabilities provided with education and training in self-determination were more likely to identify situations where they could be abused and, therefore, less likely to suffer abuse. (Khemka, I., Hickson, L., & Reynolds, G., 2005). Another found that adults with intellectual disabilities who exercised self-determination showed greater independence, were better problem-solvers, and achieved better outcomes. (Wehmeyer, M.L., Kelchner, K., & Reynolds, S., 1996).

2. Students with disabilities given opportunities for self-determination are more likely to lead successful, independent adult lives.

Building upon the studies correlating increased self-determination with improved quality of life, researchers found that students with disabilities have better adult lives when they are provided with education and training in self-determination. Wehmeyer and Schwartz (1997) examined 80 children with cognitive impairments 1 year after they left high school. They found that students with higher self-determination skills were more likely to want to live independently, manage their money and be employed. Another survey following 94 adults with disabilities 3 years after high school found that those who exercised self-determination were more likely to live independently, have greater financial independence, be employed at higher paying jobs and make greater advances in their employment. (Wehmeyer, M.L., & Palmer, S., 2003).

In the wake of these and other studies, promoting self-determination became a “best practice” in special education. (Wehmeyer, M.L., Agran, M., & Hughes, C., 1998). Schools

were urged to focus on improving students' ability to set goals, solve problems, make decisions and advocate for themselves and, just as importantly, to give students the opportunity to exercise these skills. (Wehmeyer, M.L., & Gragoudas, S., 2004).

Several successful programs were developed to increase students' self-determination. The Youth Transition Project (YTP) focused on improving self-determination and independent living skills like money management, social interaction and problem solving as well as providing vocational education and work experience. (Benz, M., Lindstrom, L., & Yovonoff, P., 2000). YTP uses a team made up of a special education coordinator, transition specialist and vocational rehabilitation counselor to provide transition services emphasizing post-school social, vocational and other independent living skills. Students are also provided with individualized services and supports to help them set and implement their own transition goals. (Benz, M., *et al.*, 2000).

A follow-along study found that 67% of YTP students graduated with a standard high school diploma, a significant increase over the 43% of students with disabilities nationally who do so. Furthermore, 71% of YTP students were employed in a competitive field during the first two years after high school, while only 46% of young adults with disabilities nationwide were so employed. (Wagner, C., 2003).

Another program, the Self-Determined Learning Model of Instruction (SDLMI) "is based on the premise that self-determined people . . . regulate their problem solving to achieve their goals. To live and work in the community, students need to learn to address problems as they occur." (Agran, M., & Wehmeyer, M.L., 2000). SDLMI teaches students a problem-solving process where they set their own transition goals and develop plans to meet them, evaluating their progress and revising their goals and methods if necessary. Students are challenged to identify problems keeping them from their goals; find possible solutions to the problems;

examine the circumstances that could keep them from implementing the solutions; and recognize the consequences of those solutions. (Agran, M., & Wehmeyer, M.L., 2000).

Agran and Wehmeyer (2000) found that 89% of SDLMI students with intellectual or cognitive disabilities met their goals or exceeded their teachers' expectations. Another study found that 80% of SDLMI students made some progress toward their goals and 55% achieved or exceeded them. (Wehmeyer, M.L., Palmer, S., Agran, M., Mithaug, D., & Martin, J., 2000).

Project RENEW focused on students with emotional disturbance, who had a 50% dropout rate nationwide. (Cheney, D., Hagner, D., Malloy, J., Cormier, G., & Bernstein, S., 1998). The program focused on providing students with coordinated transition services including employment planning and training, education in independent living skills and social skills building. With the support of career and education specialists, students set transition goals and identified what they needed to meet them. When their circumstances changed or they met their goals, they would develop new ones or new methods for overcoming any barriers to meeting them. The program's "pursuit of personally selected goals provided opportunities to motivate participants to accept mental health services, consider alternatives to drugs and alcohol, and participate in work and school." (Cheney, D., *et al.* 1998).

During the first year of the program, 15 of the 16 Project RENEW students found employment and 11 maintained employment for more than 6 months; 11 received a high school diploma or equivalent, with 3 others expected to receive diplomas in the next year; and 5 were enrolled in college or other post-secondary education. (Cheney, D., *et al.*, 1998). A subsequent study followed 18 students in the RENEW program. After two years, 94% either completed high school or were involved in a high school program; 75% were enrolled in post-secondary education; and 83% found employment. (Hagner, D., Cheney, D., & Malloy, J., 1998).

IV. Recommendations for developing and implementing transition services focused on self-determination and independent living skills.

These programs, and many others, demonstrate that the self-determination and independent living skills students with disabilities need to maximize their education, employment and quality of life can be developed through special education transition services. Unfortunately, schools too-often fail to provide these supports broadly or creatively enough to ensure successful outcomes. Agran, Snow and Swaner (1999) found that a majority of teachers admitted that none or only some of their students had self-determination goals in their Individualized Education Plans (IEP). Another study found that 60% of teachers were familiar with the concept of self-determination but 33% admitted that their students did not have IEP goals designed to increase self-determination. (Wehmeyer, M.L., Agran, M., & Hughes, C., 2000). A survey of students found that 59% had not had any input into their IEP goals. (Field, S., & Hoffman, A., 1994).

There are a number of steps students, parents, advocates and teachers can take to ensure effective transition services focused on self-determination and independent living skills. The first is to prepare the student, from as young an age as possible, to exercise and expect self-determination. This can include activities teaching children to take responsibility and solve problems, such as offering them choices from a young age, requiring them to do chores to receive increased opportunities and managing their own allowances. (Morrison, B., 2009). As they age, students should seek out and take part in home, school and community activities that relate to their interests and, in so doing, identify and network with people and agencies that can provide information, services and training to help them reach their goals. (Waters, D., Zanghi, M., Ansell, D., Armstrong, E., & Sutter, K., 2010).

Students should be encouraged to attend and take part in their IEP meetings, requesting educational supports, services and programs that relate to their interests and goals. This type of “person centered planning . . . [is] maximally individualized and build[s] on the dreams and wishes of the” student. (Whitney-Thomas, J., & Timmons, J, 1998).

As students approaches transition age, families, advocates and teachers should consider engaging a facilitator, such as a family member, school employee, service provider or other trusted person, to help them prepare for and direct their transition services. (National Center on Secondary Education and Transition, 2004). A facilitator can help students identify and organize their plans and goals, and prepare to present them to the transition planning team. Facilitators can also help students identify services and service providers.

Students should invite service providers, employers and others with whom they've worked to their transition planning meetings. This will give the student a feeling of control over “the size and makeup of the meeting” and “create an atmosphere in which the young person will be comfortable participating” and directing. (Waters, *et al.*, 2010). It will also ensure the team is aware of the student's accomplishments, abilities and needs, which is particularly important because “in person-centered planning, people's needs are either matched to existing services, existing services are adapted or new services are created.” (Noyes, D., & Sax, C., 2004).

Dr. Sharon deFur (2010) identified agencies that should be engaged and invited to help plan and implement the student’s transition services, including:

- The state Vocational Rehabilitation (VR) agency. VR agencies help people with disabilities maximize their employment potential. VR agencies have the authority and ability to coordinate, provide and pay for education, job training, supported employment, housing, transportation and a host of other independent living

supports and services designed to help people with disabilities gain and maintain employment. A list of state VR agencies and their contact information can be found at <http://askjan.org/cgi-win/typequery.exe?902>

- State or local agencies providing services to people with mental illness or developmental disabilities. These agencies have the ability to coordinate, provide and pay for case management, supported employment, housing and therapy services designed to help people with disabilities live in the most integrated setting consistent with their abilities and needs. A list of agencies providing services to people with developmental disabilities is available at: <http://www.nasdds.org/MemberAgencies/index.shtml>. A list of agencies providing services to people with mental illness is available at: <http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/searchResults.jspx>
- Independent Living Centers (ILCs). ILCs have the ability to coordinate and provide education, advocacy training, plans for self-sufficiency, counseling, service coordination and other services designed to help people with disabilities live as independently as possible. A list of ILCs is available at: <http://www.ilru.org/html/publications/directory/index.html>
- Representatives from the Social Security Administration who can provide information, supports and services to help people with disabilities become employed or maintain employment. SSA can also provide information about the effect employment will have on the student's Social Security and Medicaid benefits. Information regarding SSA's programs and information can be found at: <http://www.ssa.gov/pubs/10026.html#a0=3>

However, a well-functioning transition team should include more than just these social service agencies. It can and should include family members and friends who can provide insight and emotional support to the student and “help the team understand how cultural or language issue impact the transition process.” Other possible invitees include adult education providers, guidance counselors, therapists, housing agency representatives and members of the student's religious community. (deFur, S., 2002).

Before the transition planning meeting, the student should assess his or her own strengths, abilities and needs and develop goals for employment, education and independent living. At the meeting, the student should ask the transition planning team to identify services and supports that will help her or her achieve those goals. The team should identify education and training opportunities and other appropriate services and match the student with providers. (Clark, H, & Davis, M., 2000).

For example, students with transition plans emphasizing employment should develop job goals based upon their own interests and experiences. Family, advocates and teachers can help them become aware of jobs and job types matching their interests through conversations, facilitated team meetings, vocational evaluations or job sampling programs. Once a student presents his or her job goal, the team should identify skills and supports the student needs to reach that goal. The team should then identify potential employers, on-the-job training programs, education and other necessary supports and services and coordinate with providers so that the student can access them. Finally, the student and team should set measurable goals and meet regularly to determine how well he or she is progressing. (Walters, *et al.*, 2010).

Of course, effective transition planning is not easy; it “takes time creativity and patience, but the rewards are worth the effort.” (deFur, S., 2002). The student, family, teachers and

service providers must work together to develop and implement the supports and services the student needs to succeed. To increase the likelihood of success, transition services planning teams should develop “interagency agreements that clearly articulate roles, responsibilities, communication strategies and other collaborative actions that enhance . . . program development and service delivery.” (Kohler, P., & Field, S., 2003). A detailed plan will also help the student and team track progress and overcome the “fragmented system of services within high schools and adult services . . . contributing to the failure of special education to prepare youths for the future.” (Katsiyannis, A., deFur, S., & Conderman, G., 1998).

Research has shown that this type of “interagency coordination . . . is the most viable approach to transition policy.” (Snauwert, D., 1992). One successful transition program focused on increasing coordination and collaboration between agencies serving children and adults with disabilities, utilizing “strategies such as early intervention, shared funding and regular interagency committee meetings.” Two years after graduation, 75% of the students taking part in the program found employment and all had made effective contacts and worked with adult service agencies. (Noyes, D., & Sax, C., 2004). Another study found that the effectiveness (or ineffectiveness) of interagency collaboration was directly related to students’ ability or failure to reach their goals. (Devlieger, P., & Trach, J., 1999).

Conclusion

Self-determination is self-sustaining: exercising it leads to greater opportunities and a greater ability to do so, which can lead to more independent lives, higher employment rates at higher salaries, and greater self-control over money, transportation and other independent living skills. (Wehmeyer, M.L., 1996). These are the exact abilities people with disabilities need to avoid overbroad or undue guardianship.

Appropriate special education transition services focused on self-determination and independent living skills will not only help students with disabilities develop these skills, they will help students become “causal agents . . . actors in their lives instead of being acted upon,” realizing and appreciating that “they make things happen in their lives.” (Wehmeyer, M.L., *et al.* 2000). The students will then be poised and prepared to make decisions affecting their own lives to the maximum of their abilities, ensuring that any limitation on their rights is “the least restrictive intervention . . . for the shortest possible time.” (Dinerstein, R. 1999).

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