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## Best Practices for Transitioning Adolescents with Autism Spectrum Disorder into Adulthood.

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# Best Practices for Transitioning Adolescents with Autism Spectrum Disorder into Adulthood.

**Abstract**

As the numbers of individuals who are diagnosed with Autism Spectrum Disorder grow, education has focused on how to help them learn in classroom settings with peers. But what happens to them when they graduate from high school? How do they translate the skills they learned in school to everyday adult life? To answer this question it is important to examine how children with Autism Spectrum Disorder learn throughout their lives, from early childhood, adolescents, and into adulthood. With this information there are numerous strategies that can be utilized in early adolescences to create an effective transition program that enables individuals with Autism Spectrum Disorder to learn successful adult lives after they graduate from high school.

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Best Practices for Transitioning Adolescents with  
Autism Spectrum Disorder into Adulthood

By

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Supervised by

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## **Introduction**

As the numbers of individuals who are diagnosed with Autism Spectrum Disorder grow, education has focused on how to help them learn in classroom settings with peers. But what happens to them when they graduate from high school? How do they translate the skills they learned in school to everyday adult life? To answer this question it is important to examine how children with Autism Spectrum Disorder learn throughout their lives, from early childhood, adolescents, and into adulthood. With this information there are numerous strategies that can be utilized in early adolescences to create an effective transition program that enables individuals with Autism Spectrum Disorder to learn successful adult lives after they graduate from high school.

## **What is Autism Spectrum Disorder?**

Over the years there has been an increase in the diagnosis of Autism Spectrum Disorder for children across age levels. It is estimated that about 60 per 10,000 children worldwide are diagnosed with Autism (Poon, 2012). As this number continues to increase, there is an even greater need to research successful strategies to help individuals with Autism Spectrum Disorder.

In the past Autism Spectrum Disorder has been categorized under different labels in order to help diagnose and isolate the behaviors and symptoms each child may display. Before it was Autism Spectrum Disorder it was separated into Asperger's disorder, Autism, and PDD-Nos (Pervasive Developmental Disorder – Not Otherwise Specified). Each of these categories shares common behavior characteristics: communication, social skills, restricted, repetitive and stereotyped patterns of activities, interests, and behavior (Schall & McDonough, 2010). With these shared patterns of behavior in all three forms of Autism it was only natural when the DSM-

5 was published these three categories were merged into one now known today as Autism Spectrum Disorder (Vivanti, Hudry, Trembath, Barbaro, Richdale, & Dissanayake, 2013). The understanding of individuals with Autism today is that each person is somewhere on the spectrum where they may display certain behaviors more prevalently than others. They would also have a different combination and pattern of behaviors and the patterns might present themselves at different stages in the individual's life. By renaming it Autism Spectrum Disorder, it is more accurately describing the disorder.

When diagnosing children with Autism Spectrum Disorder, there is a rating scale known as CARS (Childhood Autism Rating Scale), which is a 15 item rating scale of behaviors (McGovern & Sigman, 2005). In order for students to be diagnosed with Autism Spectrum Disorder and attain an Individualized Education Program and appropriate additional services they have to show certain behaviors and meet the behavior criteria. The following table goes into further detail about the behaviors one might observe and encounter.

**Table 1** (Lauritsen, 2013)

Autism Spectrum Disorder

Must meet criteria A, B, C, and D:

- A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all three of the following:
  1. Deficits in social-emotional reciprocity; ranging from abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect and response to total lack of initiation of social interaction,
  2. Deficits in nonverbal communicative behaviors used for social interaction; ranging from poorly integrated-verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures
  3. Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behaviors to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people

- B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:
  1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases)
  2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes)
  3. Highly restricted, fixated interests that are abnormal in intensity or focus; (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests)
  4. Hyper-or-hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects)
- C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities)
- D. Symptoms together limit and impair everyday functioning.

### **Autism In Early Childhood**

One of the unique qualities of Autism Spectrum Disorder is the manifestation of behaviors. By definition, children need to display specific behaviors in early childhood in order to be diagnosed with Autism Spectrum Disorder, but over the course of their development these behaviors will change based on many factors such as early intervention services, where they fall on the spectrum, and their environment. Autism Spectrum Disorder is considered a neurodevelopmental disorder where according to the DSM IV criteria the diagnosis of symptoms occurs before the age of three years old (Lauritsen, 2013). In early childhood children who are diagnosed with Autism Spectrum Disorder will display certain behaviors that educators, parents, and caretakers might observe. For children with Autism Spectrum Disorder they will display various developmental delays, delays in their communicative development, and difficulties in their social development/social functioning (Volkmar, Chawarska & Klin, 2005).

As children learn to interact, play in, and manipulate their surrounding environment in early childhood children with Autism Spectrum Disorder will display various developmental delays that are expressed through different behavior patterns. The developmental delays that one might see are trouble with person-to-person behaviors such as turn taking with peers, eye contact, and anticipatory postures (Volkmar, et al., 2005). Children with Autism Spectrum Disorder will often not engage in play or social interaction with their peers or adults. And because of their lack of social skills their peers might shy away from them and choose to play with other children that will provide that social feedback. When this occurs they lack the natural progression of learning through play where typically developing children learn natural social consequences both positive and negative.

During the early childhood stages of development children naturally develop communication skills with their parents, siblings, and peers. But for children with Autism Spectrum disorder they will have difficulty in acquiring language (Schall & McDonough, 2010). They will communicate less frequently with people and use less conventional gestures and are more likely to use unconventional gestures such as manipulating someone else's hand to obtain objects they want (Volkmar et al., 2005). These odd non-verbal gestures and behaviors are common for children with Autism Spectrum Disorder where typically developing children might ask for help or tap on the shoulder of an adult or peer to gain their attention, therefore increasing a typically developing child's communication skills and language.

As children continue to develop in early childhood, social functioning is an important skill to foster. Between the ages of 3 and 6, children with Autism Spectrum Disorder tend to avoid interacting with others (Schall & McDonough, 2010). During these years children learn how to interact with both peers and adults through the social interaction of playing and

responding to others both verbal and nonverbal communication. When children with Autism Spectrum Disorder avoid participating in these kinds of interactions, they continue to retreat into themselves and do not develop appropriate social skills. They also have unusual gazes, abnormal play behaviors, and lack responsiveness to speech from other individuals (Volkmar et al., 2005). It becomes very difficult for peers and adults to interact with an individual with Autism Spectrum Disorder when they display odd behaviors and do not respond to advancing social interactions. When this occurs, children in early childhood with Autism Spectrum Disorder do not obtain the social skills that are expected of them when they enter kindergarten and grade school, necessary for them to be successful both socially and academically.

### **Autism in Adolescents**

Children with Autism Spectrum Disorder will find themselves changing and growing as they enter into adolescence. Similar to typically developing children at this period of time in their lives, there are a lot of stressors of hormones, transition to adulthood, and change in social interactions with their peers. For children with Autism Spectrum Disorder in early childhood they will display certain stereotyped patterns of behaviors and be delayed in their social skills and will be behind developmentally. Adolescents who are diagnosed with Autism Spectrum Disorder will have similar patterns of behaviors. During this time there are improvements in symptoms, adaptive behavior, and empathy for others (McGovern & Sigman, 2005). These improvements help children start to socially interact with their peers and adults. During high school, being able to form friendships and belong to a social group is an essential part of adolescence.

When it comes to language and communication development, adolescents with Autism Spectrum Disorder show large improvements in use of overall language and ability to

communicate nonverbally (Seltzer, Krauss, Shattuck, Orsmond, Swe, & Lord, 2003). As children enter into middle and high school "...the transition from mid-childhood to adolescence may coincide with emerging social interest for individuals with autism" (McGovern & Sigman, 2005 p. 407). During early childhood social interests and communication are typically limited, but as children with Autism Spectrum Disorder start to enter into their teen years there is an increase in social interactions where they are more socially engaged with their peers without disabilities. By having more exposure to typically developing adolescents, children with Autism Spectrum Disorder are able to gain more adaptive skills (Schall & McDonough, 2010).

With the improvements in social interaction and communication skills, there are also other difficulties that children with Autism Spectrum Disorder face when they hit adolescence. The social interactions among children with Autism Spectrum Disorder and their classmates can be limited, even when they are present in the same classroom setting, cafeteria, or clubs (Gardner, Carter, Gustafson, Hochman, Harvey, Mullins, & Fan, 2014). As children with Autism Spectrum Disorder enter into adolescence social problems typically worsen. They are increasingly more aware of their social status among their peers and those peers are often not as understanding and accepting of those labeled with a disability and in adolescence (Locke et al., 2010). Stereotypically, when children have a diagnosis under Special Education, there is a stigma that goes with that label. Children with Autism Spectrum Disorder already struggle with their social interactions and face an uphill battle of fitting in with their peers socially and being labeled as Special Education students. Other feelings these children might feel at the adolescent level are isolation, loneliness, and possibly feel excluded or bullied by their peers (Gardner et al., 2014). Because their experiences with their typically developing peers may be limited in childhood it may result in their ability to understand the meaning of friendships when they grow

older. As a result they will experience lower friendship quality in terms of companionship, security, trust, and helpfulness as compared to typically developing children (Locke et al., 2010). With the large improvements in communication and the emerging interests in peers and social interaction, there is also an increased awareness that adolescents with Autism Spectrum Disorder have about their social status. Like their peers, they want to be accepted and experience friendships and as well as other relationships but because of their delays in social interactions and the nature of their disorder it makes it difficult for typically developing peers to fully accept those peers with Autism Spectrum Disorder.

During early childhood stages children with Autism Spectrum Disorder experience many difficulties and delays in their communication and social interactions with their peers and adults. As they enter into middle childhood and adolescence their interests start to expand and their communication skills start to improve but their “social difficulties are the single most powerful predictor of diagnosis for older individuals with autism” (Volkmar et al., 2005 p. 325). Their deficits and behaviors are more obvious and less accepted by their peers. As they start to move into adulthood it is important to teach new skills and provide the right supports in order for them to be successful in the working world.

### **Outcomes for Adults with Autism Spectrum Disorder**

As adolescents transition into adulthood there are several life factors they have to consider during this period of time. Similar to their typically developing peers, adolescents with Autism Spectrum Disorder have to consider their options of secondary education, perspective employment, independence from their parents and families, and adult supports they might need. For those adults who are diagnosed with Autism Spectrum Disorder, few of them have been reported to live independently. They continue to experience significant degrees of impairment in

their areas of deficits well into their adulthood. Many times they have support from their parents (Poon, 2012). There is a difference between those individuals with Autism Spectrum Disorder with low intellectual disabilities and individuals with Autism Spectrum Disorder with high IQ scores when it comes to employment and independence (Taylor & Seltzer, 2014). Because they are unemployed or they are poorly paid they, become highly dependent on their families or require some form of residential provision. As adults individuals with Autism Spectrum Disorder continue to experience struggles in their daily lives when it comes to being productive members of their communities. Families are the ones who shoulder the burden of care and behavior management (Howlin, Goode, Hutton, & Rutter, 2004).

One area of topic that is of particular concern is the employment rate of individuals with Autism Spectrum Disorder. When it comes to employment outcomes for these individuals there is a small minority of students with Autism Spectrum Disorder who transition to higher education. Most transition to employment settings and some are not engaged in either setting. Adults with Autism Spectrum Disorder had the lowest rate of employment since exiting high school with exception to their peers with multiple disabilities (Burgess & Cimera, 2014). In the National Longitudinal Transition Study-2 it stated that 50.2% of individuals with Autism Spectrum Disorder reported that they held a type of school sponsored on or off campus work experience, and 14.5% had a paid after school or summer job. About eight years after graduation, only 63.2% of young adults with Autism Spectrum Disorder had worked at any point since graduation. They average about twenty-four hours of work per week and earn about \$9.20 per hour (Lee & Carter, 2012). As these individuals start to transition to adulthood, they are faced with many challenges and obstacles due to their disability. Adulthood is a time of independence

and growth, for young adults with Autism Spectrum Disorder, they struggle with independence and employment.

### **Best practices/strategies during high school**

Part of the Special Education program for students with disabilities is participating in a transition program when they enter high school. All members of an adolescent's Special Education team need to be active participants in creating an appropriate transition plan in order to help adolescents with Autism Spectrum Disorder to learn about themselves and plan for their post-school goals (Dipeolu, Storlie, & Johnson, 2014). As adolescents with Autism Spectrum Disorder enter into their junior and senior years of high school different strategies need to be utilized and put into place to ensure a smooth transition after they graduate. Many of these strategies apply to life skills, employment, and others that apply to adapting to either college life or adult life.

The social delays and stigmas that many individuals with Autism Spectrum Disorder have contribute into the daily struggles of adulthood. While in their secondary school setting there are many different strategies that can be used to enhance social skills. Peer mediated interventions are designed to enhance social connections of adolescents with Autism Spectrum Disorder. High school peers teach their classmates with Autism Spectrum Disorder to use communication books to initiate social interactions during general education classes and at lunch (Gardner et al., 2014). This creates a social atmosphere that provides opportunities to practice social skills in more natural settings with typically developing peers. Also it promotes social interactions between adolescents with Autism Spectrum Disorder and typically developing peers in appropriate ways.

Similarly to peer mediated interventions is social skills group intervention. Under a structured curriculum visuals and verbal teaching aids are used to teach different social skills. This strategy is helpful because it teaches social skills that are being learned in a context similar to the social situations adolescents will encounter out in the world. It builds opportunities for practice, social success in the classroom, and transition topics to discuss (Dipeolu et al., 2014). By building this strategy into the curriculum it provides plenty of opportunities for practicing social skills in the classroom.

Another strategy that utilizes and practices skills in the classroom setting is peer networks. It is designed to create a cohesive social group of peers around a student with Autism Spectrum Disorder in order to promote social skills, communication, and other skills within the classroom and/or across the school day. There are three to six peers that participate, usually with interests or classes in common with the focus adolescent. It is designed to provide an intentional context for students with and without disabilities to meet one another in a group context. It creates opportunities for adolescents with Autism Spectrum Disorder to practice and receive feedback on the use of social communication skills within enjoyable shared activities with their typically developing peers (Gardner et al., 2014).

Other programs that build different skills that are important to utilize during high school that help with transitioning into adulthood are positive career development, early work experience, clinical resources, and individualized and strength-based transition. When preparing adolescents with Autism Spectrum Disorder to be ready for a career it is important to expose them to the work environment through positive career development and early work activities. This involves activities related to career assessment and planning, exploration, instruction, and making connections to the potential employers. As a result this practice provides meaningful

opportunities to improve general employment skills and career readiness (Lee & Carter, 2012). By having early exposure to work experience, adolescents with Autism Spectrum Disorder can get a better picture of what the work environment will be like and what is expected of them.

There are also two different clinical resources one can use to teach certain social skills related to the work environment. These consist of Autism Spectrum Therapies that were developed to target social skills and independence and Applied Behavior Analysis, which teach self-management strategies through assessing behavioral challenges and finding meaningful replacement behaviors. Using clinical resources such as these help track and document certain goals in order to increase positive behaviors in individuals with Autism Spectrum Disorder (Frea, 2010). When developing these programs it is important to keep in mind and utilize an individualized, strength-based transitioning program. This is designed to reflect the unique needs, interests, and preferences of each adolescent. By having the adolescent as an active participant in the transition-planning program during high school it ensures that their wants and needs are being met when developing their specific program (Lee & Carter, 2012).

For those adolescents that are considering moving on to higher education there are many different strategies one can use to bring up various topics of discussion. The topics they need to be aware of are reasonable accommodations that are available to them, new college class expectations, and appropriate classroom conversations (Dipleou et al., 2014). When it comes to preparing adolescents for college life it is important to teach what is expected of them and how college will be different from high school. During high school students with disabilities have Special Education teachers, job coaches, or other school professionals to provide support and help guide their educational needs. When adolescents with Autism Spectrum Disorder enter college they need to be aware of the reasonable accommodations that are available to them and

what the college class expectations will be (Dipleou et al., 2014). If they need certain testing accommodations or other classroom accommodations, adolescents with Autism Spectrum Disorder need to be self-advocates for themselves and learn to ask for help in appropriate ways. Other ways that the college classroom will be different from high school are the less structured environment and class size. They will also be learning and being taught from different sources, attendance requirements are different, group work expectations, and participation expectations will be different in the form of large and small group discussions (Dipleou et al., 2014). By practicing different social situations it promotes independence, self-management, and self-regulatory strategies they can use in the future. These strategies all help with both social skills and coping skills and by having them in place it allows adults with Autism Spectrum Disorder to use them independently (Frea, 2010). Since individuals with Autism Spectrum Disorder tend to be visual learners, using visuals teaches different strategies and topics helps with consistency, predictability, and provides a step-by-step plan to understanding that topic. Another great strategy to use is practice of various activities and skills; it prepares adolescents for potential challenges and situations they might face in the future (Frea, 2010). The other strategies one can use in order to teach these skills include visuals, practice of social skills and expectations. By incorporating these skills into an adolescent's daily curriculum they can learn valuable strategies that will help them be successful after they graduate and move onto higher education.

### **Best practices/strategies post high school**

A major factor that educators need to take into consideration for adolescents with Autism Spectrum Disorder is the quality of life each individual will have after they transition into adulthood. These include independence, family supports, social and employment related skills, and the laws that protect individuals with disabilities. All of these skills and information are

important to obtain in order to be a responsible and functional adult. When establishing the critical goals for transitioning into adulthood the strategies used to develop these skills are used to ensure a good quality of life for adults with Autism Spectrum Disorder.

The goals that need to be created for independence focus around functioning outside of the home and away from parents or main care giver(s). Ways to foster independence and self-determination is to ensure that adults with Autism Spectrum Disorder have the skills, attitudes, and supports, to steer their own life in the ways that enhance their quality of life (Lee & Carter, 2012). In order to succeed outside of the home the individual needs to prioritize activities such shopping, doctor's visits, friends, and all other daily responsibilities. This goal focuses on the basic needs that adults have to fulfill without the support of their parents or other adults and care givers. Also outside of the parents, adults with Autism Spectrum Disorder need to identify appropriate supports and learn how to seek out assistance when needed (Frea, 2010). By getting adults more independent in their everyday lives it gives them a chance at a good quality of life that is away from their childhood home.

For the adolescent that is transitioning into adulthood, a key strategy that helps with the transition is a team approach by teachers, school counselors, psychologists, the family, and any other key adults that have contributed to the adolescents' success. The goal is to discuss the specific strengths and needs of the adolescent and then build a profile of how his or her life has progressed up to that point (Frea, 2010). By incorporating the family into this process a full and detailed description of the adolescent's life as a student and as a teenager outside of school can be established and placed into their transition plan. For those families that are involved in the transition process it is important that they act as supports and set certain expectations. Families can help the adolescent learn about their personal strengths and interests, offer advice on life

choices, and assist with completing applications or locate job openings (Lee & Carter, 2012).

The team approach strategy provides a clear picture of school and home that can also be reflected in adulthood where home and work/school are key components in an adult's life.

Employment is a tremendous concern for both typically developing adolescents and it is a concern for individuals with Autism Spectrum Disorder. When getting adolescents ready for the working world after high school it is important to teach social and employment related skills (Lee & Carter, 2012). During this instruction, the qualities the instructor should focus on demonstrating are personal integrity, honesty in the work place, following instructions, and showing respect for others. Demonstrating and practicing these skills and using them in appropriate context is a strategy that helps teach how to manage anxiety and provide information and examples about potential unacceptable behavior (Dipleou et al., 2014). Another strategy that is important to implement during high school is vocational job placement. It provides work experience where different skills can be developed over time and the individual learns what is expected of them in the work place (Lee & Carter, 2012).

Many times individuals with Autism Spectrum Disorder and their families are not aware of their legal rights after they graduate from secondary school. By providing valuable information regarding accommodations and requirements expected by potential employers and other services, individuals with Autism Spectrum Disorder can request and demand the services they need in order to be successful in the work place and in the community. The Workforce Investment Act of 1998 was passed as a vocational rehabilitation program. It created employment services for individuals with disabilities. There is no age requirement, it provides employment training and other transitional services to meet particular goals of individuals and

they can receive a multitude of service and aid at one center without having to go to multiple providers (Kuangparichat, 2010).

The Title I of the Americans with Disabilities Act of 1990 prevent the individual from being discriminated against through hiring and employment practices. Employers are required to provide reasonable accommodations in order for the individual can successfully complete his or her job function (Kuangparichat, 2010). This enables individuals with Autism Spectrum Disorder to be part of the working environment and ask for various tools that will help them feel successful under the protection of the law and without fear of being fired.

Another issue that weighs on individuals with disabilities is medical coverage for their expenses. The Ticket to Work and Work Incentive Improvement Act of 1999 protects an individual who has obtained regular employment from loosing their Medicare benefits and even helps them maintain Medicare coverage even while employed. Adults with Autism Spectrum Disorder no longer have to weigh medical coverage against earning a steady income. The hope of this act is to keep individuals with disabilities employed with medical coverage regardless of their employment status (Kuangparichat, 2010). By arming adults with Autism Spectrum Disorder with this type of legal knowledge in the work place, then they are able to request certain accommodations and coverage in order to have more positive work experiences and environments and it protect them to being discriminated against.

## **Conclusion**

As more individuals with Autism Spectrum Disorder are being diagnosed every year, it is important to address the topic of adulthood with them in high school. Transition programs are designed specifically for this purpose, to ensure that individuals with disabilities are ready to move on from school and enter into adulthood with all the skills and strategies needed to be

successful adults in today's modern society. Each individual is different in his or her diagnosis, strengths, needs, and wants. By starting the transition process early in high school, all of these aspects can be taken into account and create a program that caters to them as individuals. As we look to the future it is important that more programs dedicated to aiding adults with Autism Spectrum Disorder as well as adults with other disabilities provide the supports and services needed to ensure a long, happy and improved quality of life.

## **Method**

### *Introduction*

After adolescents with disabilities graduate from high school major life decisions they need to make are employment and higher education. When working with students with disabilities there are many different challenges they face when it involves learning and implementing adaptive skills in their everyday lives. These challenges follow them into adulthood. So the question is how do we help prepare them for an independent life after they graduate from high school? And when preparing them for the job market, do their transition plans affect the behaviors such as independence, reliability, and flexibility necessary for successful employment and adaptive skills? The purpose of this study is to determine if the presence of transition plans increase or decrease the behaviors that influence the potential of future employment, and get students with disabilities career ready.

### *Context*

This study is to provide an in depth look at transition plans for students with disabilities, the goals, and how it will meet their needs as students. The setting of this research study will be in an alternative high school for students who have been removed from their home district due to behavioral issues. The school is located in a School District in Upstate New York through the

BOCES program. The classroom settings are an 8:1:1 ratio where there can be more intensive educational supports, where, some students have one to one aids. It will be a combination of a case study and interview research methods in order to get a comprehensive look at transition plans and how successful they are. All students, by law are required to have a transition plan starting at age 13. What does it state as far as what the student plans to do after they graduate from high school, what their personal goals are, and how they plan on accomplishing them. There will also be interviews conducted of various teachers that will focus on what their goals are for the students and if they are prepared for life after high school. Each of these research methods will shed light on key aspects and main purpose of a transition plan for adolescents who are preparing for graduation.

### *Participants*

The particular students that will be the focus of this study are adolescent students with very intense behavioral needs. The two students who are participating in this are in 8<sup>th</sup> grade and 12<sup>th</sup> grade and will be expected to graduate from high school. The setting of the school is in an alternative high school where all of the students have been referred by their home districts due to repeated behavioral problems and need for more mental health support. Also the majority of these students are diagnosed with a learning disability and almost all of these students have a working Functional Behavioral Analysis, a Behavior Intervention Plan, and have troubled backgrounds. These students have intensive social, emotional, and educational needs and the majority of their day is behavior management.

The teachers that will be participating have been working at that school setting for at least 2 years or have experience working with behavior students with learning disabilities. The first participant is a Special Education teacher who has extensive knowledge of the implementation of

an Individualized Education Plan, Functional Behavior Assessment, Behavior Intervention Plan, and transition plans. Their responsibility is to teach a rigorous curriculum that implements the Common Core Standards, New York State Standards, and the specific IEP goals each student has. The second participant is a Transition specialist that is an expert in developing and implementing transition plans for students with disabilities. Their responsibility is to develop appropriate transition plans that is specifically tailored to each student's strengths and future goals. Each participant will provide their different insights and opinions into each student's readiness for transition, post secondary readiness for independence, career, and college.

### *Researcher Stance*

As the researcher in this study I looked into each student's personal profile, which included their personal history, IEP's, FBA's, BIP's, and Transition plan, in order to obtain a full understanding of how each student's behavior has impacted their readiness for adult life. I also will be conducting interviews of the Special Education teacher and Transition specialist that work with these students. As the interviewer I took notes and summarized what each participant had to say and contribute to the questions I developed with concerns to the student's transition plans.

I currently hold a dual certification in general and special education in Childhood Education and Early Childhood Education since 2005. Currently I am working towards obtaining my Master's of Science for Special Education grades 7-12 and a content certification for Social Studies. I am also employed at the school I will be conducting my research as a Student Behavior Assistant for a student as a one to one aid. I also interact with many of the students in each class I am in and I am able to observe first hand the other students in a classroom setting.

### *Method*

The purpose of this study is to take an in-depth look at transition plans, specifically looking at students who struggle both educationally and behaviorally. Also this study is looking at how transition plans support adolescent students after they graduate from high school and what kinds of supports are used in order to achieve this. Throughout a two-month period I researched and read through the existing records of each student's personal history, IEP and Transition plan. Also during this time I did interviews of a Special Education teacher and a Transition specialist in order to understand their thoughts and opinions of each student's readiness for adulthood. The purpose of interviewing the participants was to gain more insight into the student's behaviors, and educational level and how each contributed to the student's transition into adulthood. They also provided important information on the student's future goals, strengths, and weaknesses. By gathering information for a case study and personal interviews, there can be a full and comprehensive look at how and if a transition plan is helpful for students with disabilities.

### *Procedures*

The first half of the research study was to gather information of two different student's educational information, which included personal history, medical history, evidence of FBA's, BIP's, and their transition plans. When this information was gathered then a personal education profile was built that described in detail the student's disability, present behaviors in the classroom, any behavioral plans in place for them, and detailed information about their specific transition plan. Each student will be part of the case study that will look at how each student's transition plan is designed to increase independence in adulthood.

The second half of the research study was to gather information through personal interviews. The two teachers that will be participating are a Transition specialist and a Special

Education teacher. Each participant will be asked the same series of questions that surround the topic of transition plans, independence, and present behaviors of each student that are a part of the case study.

#### *Informed Consent and Protecting the Rights of the Participants*

To protect the rights of all the participants I will be using all pseudonyms for the students and the teachers. All of their information will be given back to the school and kept in a locked cabinet.

#### *Data Collection*

The data collection method that was being implemented was a combination of interviews and field notes. The two interviews conducted during this research study are conducted separately in order to keep their opinions separate from one another. The field notes were researched from the school's record of each student's personal and educational history and their IEP's which contain their transition plans and each are recorded on a self made form.

#### *Data Analysis*

When analyzing the data each student will be looked at in detail in order to get the full picture of which they are as a student, their behaviors, and how each contributes to the development of their transition plan. The case studies will shed light on what how each student's history has brought them to the point where they are now and provide insight into the purpose of the transition plan. The interviews will be analyzed as a supplement to the case studies where two different educational professionals will give their own insight into the transitions plans for these students. They will provide their opinions of the readiness of each student and how independent they are when it comes to transitioning into adulthood.

#### **Research Findings**

*Case Study – Student Profile #1 – John Smith*

John Smith is an 8<sup>th</sup> grade male student who attends an Upstate New York Alternative High School. His primary language is English. Currently he is diagnosed as learning disabled and participates in an 8:1:1 class setting with the support of a 1:1 aid. Along with his IEP, John also has a Functional Behavior Intervention plan and a Behavior Intervention Plan for his classroom behavior. John's current behavior in the classroom consists of not completing or participating in classroom work, insubordination, disobedient behaviors such as leaving the classroom without permission, refusing staff directives, vandalizing school property, and using e-cigarettes on school property.

He has moved back and forth between two separate school districts in two different New York State cities. John currently lives with his mother and his mother's boyfriend with his four other siblings in an Upstate New York town. There was a normal pregnancy and birth but he does have vision problems and may need corrective glasses. He is in good physical condition and displays great athletic skills. Socially he is liked by his peers and displays leadership skills. At times he does have difficulty getting along with classmates and often times will engage in some teasing of others. He has expressed an interest in football in the past and has also expressed an interest in engineering. John's mother is concerned about his eye vision and behaviors in school.

In his IEP, John's transition plan describes his strengths and needs for future employment. Currently he is able to complete basic math problems but will need to work on reading and writing skills in order to complete more complex problems later on. He has expressed an interest in becoming an engineer in the future. He is aware that his career will require a college education. When discussed further, he expressed interest in learning about all opportunities in the car-manufacturing field. John's self-identified strengths are: Math, being a

friendly person, and BMX riding. He has stated that 1:1 attention helps him in the school setting, especially with assigned reading tasks, as he struggles most with this. John feels this is due to his lack of understanding of what he is reading. With writing tasks, John has stated that he is able to come up with good ideas but has difficulty with the mechanics of writing. For this reason, he prefers multiple choice and short answer questions to essays. John has some self-awareness regarding why he is placed in the Alternative High School setting. He shared this is due to his behavior and he is unable to stay focused on his academic tasks. When he is unfocused he struggles with staying in the classroom but in smaller setting and with 1:1 attention is helpful to him staying on task. As for early work experience due to his age, John has not had any formal employment opportunities. He did volunteer in an New York State's city's agency that provided needy families with furniture.

#### *Case Study – Student Profile #2 – Jane Smith*

Jane Smith is a senior who attends an Upstate New York High School in an Alternative High School. Her mom was 18 when she had her and her dad was 14, they never married, and have been separated from each other for 15 years. They have a great relationship and co-parents very well together. Dad was diagnosed with Hodgkin's Lymphoma when Jane was 9 years old and has since been in remission for one year. He is in and out of the hospital due to his diagnosis and poor health. Jane has a significant history of severe anxiety and panic, depression, emotional unregulated, complex grief and trauma, emotional fatigue, racing thoughts and insomnia. Past and current stressors mainly focused around her father dying, which gravely compromises her emotional functioning. She currently receives two hours of tutoring a week and is required to come to school three days a week. Also she has a part time job where she works about twenty hours a week at a local grocery store at the customer service desk. This reflects her ability to find

and keep employment. This year she will be graduating with a Regents Diploma and plans to attend a cosmetology school in the fall.

In her IEP, Jane's transition plan describes her strengths and what she sees for herself in the future. Jane would like to pursue obtaining her cosmetology license when she graduates. She is aware that she will need to enroll in a vocational program in order for this to happen. Her mother is very supportive of this plan for Jane. She shared that eventually she would like to go to college to work in the helping field. She plans on working using her cosmetology license to put her through school. Jane participated in the Certified Nursing Assistant program for a very short period of time in the beginning of the year. Due to her own stress level and the environment of the class, she decided to drop the program. Since, she has been involved in the Work Study program through her school. Jane obtained a job in the community on her own and the Work Study program tracks her hours to earn elective credits to graduate. Jane currently works at a pizza restaurant in an Upstate New York suburb. Despite going through stressful situations at school and home, she has been able to maintain her employment and has stated that she is really enjoying her job. Jane has a driver's license and her own car so driving to and from work is easily accessible. In addition to attending school and having a part-time job, she also cleans her father's home once a week. Her mother reports she also helps with maintaining their home too.

#### *Interview – Transition Specialist*

When creating transition plans for students with disabilities it is designed around the student's strengths and the student's perspective. By doing this the transition plan is designed around and takes into consideration what the students see for themselves and what they perceive their future will entail. The first step in writing a transition plan is to look at what kind of diploma they will receive. In New York State an adolescent with a learning disability can receive

a regents diploma through their course work and with vocational job experience. Throughout the process of creating a transition plan the Transition Specialist will meet with the student and have a discussion about what that student feels their strengths and interests are. With the student's own perceptions of themselves the Transition Specialist then develops a plan that is specific to this student's learning and social needs.

Ideally the Transition Specialist designs a transition plan around the student's strengths and needs based on their disability and mental health status. It should be based on the educational needs of the students' verses pushing them through the program. For this specific Transition Specialist, she encounters many students who will not admit they have a disability. So when developing a transition plan, for those students who will not accept they have a learning disability it is challenging to create a student strength-based plan. Also many students with learning disabilities and behavior issues struggle day to day in their personal lives and with their education, therefore it is difficult for them to perceive their futures and create long-term goals for their adult lives.

Some of the criticisms that the Transition Specialist has had on the Special Education system are how if a student struggles in school and are diagnosed with a learning disability then the system wraps that student in services. So the question that the Transition Specialist had a hard time answering was if these students could be successfully independent after they graduate from high school. If they have all these Special Education services to lean on can they be independent as adults without those supports? In the particular setting that the Transition Specialist works in the classrooms are set up as an 8:1:1 ratio where the students can receive more intensive support. When it comes to independence in the adult world is an 8:1:1 classroom setting realistic? Does this setting successfully prepare students for the real world where they

might not be able to control the amount of people in their work place or college classroom? Also the Transition Specialist had concerns on how the program is mainly focused on getting the students to graduate versus teaching them “failing” outcomes. The students programs are modified to the extent of getting them to pass by any means necessary where as in other schools and districts students are required to take tests, quizzes, and writing essays at a certain level of skill in order to meet the requirements to graduate and prepare for post secondary education and the work place.

*Interview – Special Education Teacher*

As a special education teacher she provides the transition specialist support, for example writing cover letters, applications, resumes, etc, she allows students to work on it in classes and any additional support the transition specialist might need. Her main responsibilities are to provide individualized instruction for students with disabilities, write and maintain their IEP’s, and attend meetings that concern any of their student’s educational updates and outcomes.

When it comes to adult life, students with behavioral problems might be confronted with challenges. This Special Education teacher believes that for these students they all have the potential to find success as adults. However, with many of them, they will continue to struggle with their mental health illness their whole life and find it difficult to find and keep a job. In addition, these students are also ones that may be in and out of jail due to their bad choices in life to make a quick buck or not thinking about their actions. On the other hand there are a handful of students that go to a trade school or college and hold a job for their life.

Many of these students want to live independently and enter adulthood, however, they lack the resources and skills to do so successfully. They need moderate assistance to determine where to find resources to help them avenue adult life. Many are signed up with ACCES-VR

(Adult Career and Continuing Education Services-Vocational Rehabilitation) to help with this. In addition, the Special Education teacher has conversations with the students to address what is needed when they leave high school and how teachers can help them. But in the long run these students cannot be forced and ultimately they choose the path they wish to pursue whether that be college, unemployment, or menial jobs.

The Special Education system provides many supports and programs to help students be successfully both academically and socially. The Special Education teacher feels that teachers and the programs help students greatly in meeting graduation requirements and preparing for life after high school. But she also feels that the program does not help these students with the New York State testing because it does not align with students' and their disabilities. When some students have an IQ of 70 and severe mental health then passing a New York State exam is extremely difficult when they struggle with modified curriculum. In addition, without parent support Special Education teachers can only do so much. For this particular teacher the Special Education program at the Upstate New York Alternative High School setting is designed to be flexible and supportive to all learners, however it does not perform miracles. The system is fractured and needs to look at all types of learners, areas, and needs. It is not a one size fits all, like it is set up now.

As for early work experience the Special Education teacher feels that with this population of students vocational and early job experience is important. All students need to have either a vocational or early job experience because many of these students are not college suitable and struggle with academics, but are hard workers. They need to find some success to help them be motivated to develop skills that are needed in adulthood that they learn in the classroom.

## **Discussion**

For students' who have behavioral issues and learning disabilities there holds promising futures in adulthood as well as many challenges they will have to face. Specifically for students that are placed in alternative school settings, the Special Education program is designed around each student's strengths and is focused on helping those students graduate with a New York State Regents diploma. Due to the nature of the program some professionals feel that an alternative curriculum with additional services might hinder a student's success by providing too many supports. Other professionals believe that an adjusted program with early job experience helps students feel success and motivates them to want to graduate even though they might not move onto college. The ultimate goals of this Special Education program for this population of students is to help them to obtain an education that they can use in their adult lives. For these students college is most likely not the next step in their lives, the next step for them is employment and starting their lives as independent adults. As for the students it is important to find what motivates them to stay in school. Because many times these students come from a difficult upbringing they need to shown the better future they can make for themselves. This particular Special Education program and transition plan is designed to help students with behavior problems and mental illnesses to enter the working world with the knowledge of their own personal strengths, and the education needed to obtain employment. The main criticism of this program by some professionals would be the lack in teaching social skills. The only opportunity these students have to learn new social skills is through the modeling that the educators do in the schools. There is a need for a stronger program for these students to learn appropriate social skills, building appropriate relationships with their peers, and problem solving skills.

## **Conclusion**

In the field of Special Education there are a population of students that need an alternative setting and adapted curriculum in order to assist them in graduating from high school. Many of these students not only have a learning disability but they also have a complicated home life, and mental illnesses that they suffer from. The Special Education program and transition plans help these students enter into adulthood with the best chance at creating a life for themselves. One of the major gaps in this specific research section is the social skill these students need to practice. Many times this population of students deals with their peers and problems in inappropriate ways. The next steps for research with this population are to research the typical social response to peers and adults and different research based interventions that are effective in teaching new skills.

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