APTA Academy of Pediatric Physical Therapy

FACT SHEET

Supporting Youth with Disabilities Transitioning to Adult Life: General Considerations for School-Based and Adult-Focused Physical Therapists

INTRODUCTION TO TRANSITION TO ADULT LIFE UNDER THE INDIVIDUALS WITH DISABILITY EDUCATION ACT (IDEA)

School-based physical therapists (PTs) report providing transition-focused services to youth with disabilities less frequently than they believe they should.[1] This indicates that school-based PTs believe they have additional expertise to offer youth with disabilities in their transition to adult life.[1] As youth transition toward adulthood, their needs may change based on the skills needed to access new adult environments. PTs from public schools and adult services should be aware of the legal requirements according to the Individuals with Disability Education Act (IDEA), practice recommendations, and longitudinal study evidence that recognizes the importance of supporting youth at this pivotal time in their lives.[2-4]

THE IDEA[5] STATES THAT:

- Transition planning must begin when youth are 16 years old (some states require planning to begin at 14 years old).
- Individual Educational Programs (IEPs) must include documentation of transition goals and services (including measurable **functional** and **academic** post-secondary goals).
- IEPs must be based on **age-appropriate transition assessments.**
- Planning should include outcome areas of **Post-Secondary Education (PSE), Employment,** and **Independent Living Skills** (when appropriate).
- Evidence of youth involvement in the transition-planning process should be documented.
- Goal progress and transition plan data should be tracked and reported by states.
- Upon leaving school, local education agencies must provide students with a **Summary of Performance** document including academic and functional skills. See the Indicator 13 Checklist[6] for additional information.

THE TRANSITION TEAM

Transition planning should include a variety of individuals representing different disciplines and perspectives (see FIGURE 1). Members of this team may include:

Youth & Families: Youth and families are integral members of the transition team and should be active participants.

School Personnel: Includes teachers, paraprofessionals, work study coordinators, and related service providers: such as PTs, occupational therapists, and speech language pathologists.

Adult Service Provider Agencies: Include community resources requested by the student.[1,2] Agencies may be housed under the Department of Human Services. A few examples include:

Vocational Rehabilitation (VR): This agency, commonly called the Department of Rehabilitation Services (DRS), can begin working with students in high school at the age of 16, but a formal invitation needs to be extended for their participation in an IEP meeting. VR can assist with worksite assessments, placement, and support services for eligible students.

Developmental Disabilities Services (DDS): This agency specifically supports vocational activities for individuals with developmental disabilities with or without vocational rehabilitation services described above.[7]

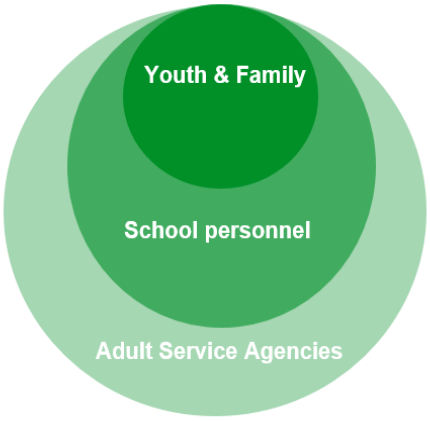


FIGURE 1: Members of the Transition Team

PT INVOLVEMENT DURING TRANSITION TO POST-SECONDARY SCHOOL ENVIRONMENTS

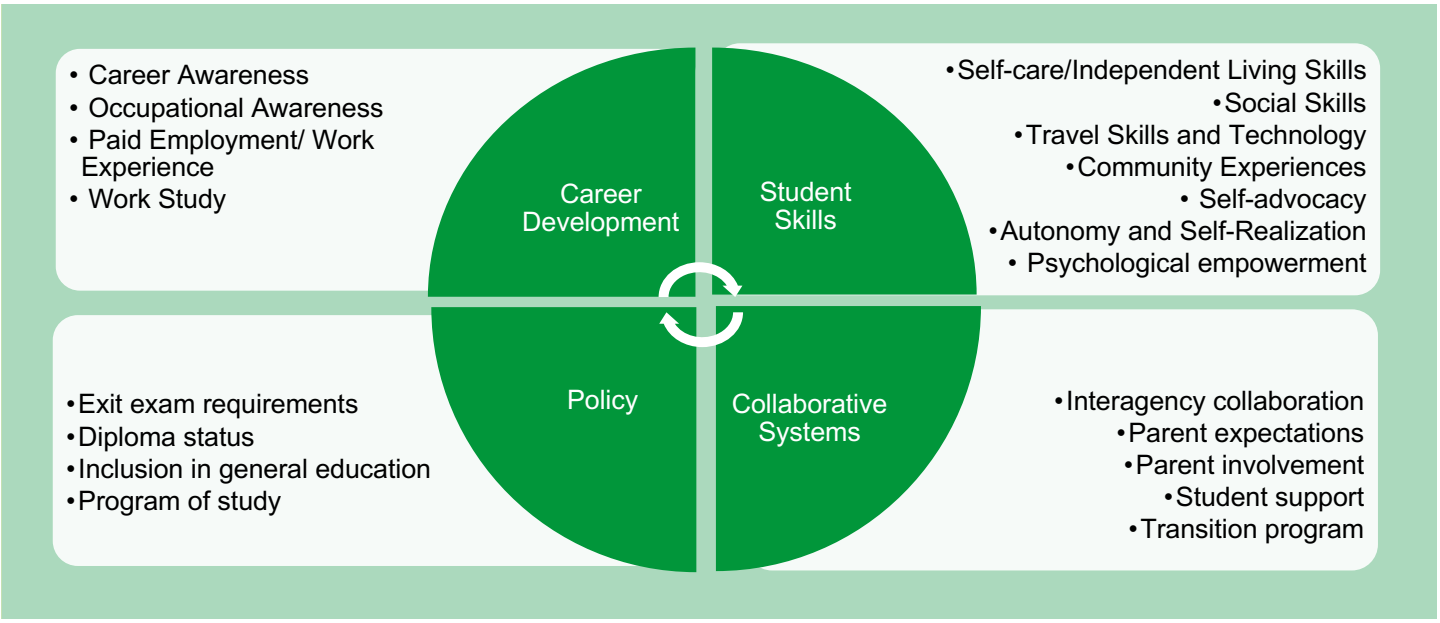
Evidence for the effective involvement of PTs in the transition process can be found in educational literature, PT research, published competencies, and the Guide to PT Practice.

National Longitudinal Studies on Transition (NLTS) and Predictors of Success

Forty years of National Longitudinal Transition Study (NLTS) research from the US Department of Education have been funded to obtain information on post school outcomes of students with disabilities. The most recent data, NTLS 2012 was published in 3 volumes[8-11] (Comparisons with Other Youth,[8] Comparison Across Disability Groups,[9] Comparison Over Time[10]).

In addition, multiple systematic reviews and meta-analyses of special education literature have identified 23 predictors of postsecondary success.[2-4] Four main categorical clusters have been identified (see FIGURE 2), along with the activities in each cluster. More information can be found on the National Technical Assistance Center for Transition Website (NTACT).[12]

FIGURE 2: Predictors of Post-Secondary School Success[2-4]



ESSENTIAL ELEMENTS OF TRANSITION SUPPORT

Student-Focused & Promoting Self-Determination: Transition teams should use approaches that promote active student involvement in interventions, and focus on student strengths, needs, and preferences. To receive appropriate accommodations, students will need to disclose their disabilities to post-secondary educational personnel; therefore, youth should be aware of their areas of need.

Environment Specific & Future-Facing: Transition evaluations and interventions should occur in the environments that are meaningful to the student's future life. Intervention should be aimed at students' ability to succeed in meaningful community environments.[1,2]

Collaborative & Coordinated: Collaboration promotes meaningful active participation from the student, family, and all professionals (within home, school setting, and community agencies). Therapists may be involved in training and providing resources to family, staff, providers, or coworkers directly on the job. With input from transition team members, the transition plan can focus on the youth's post-secondary goals, facilitate parent involvement and positive expectations, and include appropriate adult support options.[1,2] PTs (and occupational therapists) may also provide consultative services during IEP meetings.

Results-Oriented & Evidence-Based: Intervention should support post-secondary school goals using existing evidence-informed frameworks to enable goal attainment.

EVALUATIONS AND INTERVENTIONS

PTs perform a thorough history and systems review, followed by relevant tests and measures, specifically tailored to the needs of the adolescent/young adult, in a variety of settings. See APTA Pediatrics List of Pediatric Assessment Tools Categorized by ICF Model Fact Sheet at APTA Pediatrics Fact Sheets and Resources website[13] [13] for additional details. Outcomes are collaboratively determined by the adolescent with disabilities and PT based on the adolescents' goals for secondary/post-secondary engagement. The University of Oklahoma's Zarrow Institute on Transition & Self-Determination[14] provides a variety of resources and assessment options.

Evaluations should include:

- Incorporating an ecological approach in specific and relevant environments (present and future).
- Identifying functional skill abilities: include self-care, independent living skills, travel skills, technology, community experiences, social aspects of mobility, health/fitness (with and without assistive devices).
- Identifying safety concerns in home/work/post-secondary environments.
- Investigating physical barriers needed to access work, post-secondary education, and leisure/physical activity.
- Identifying assistive technology and devices needed to access work, post-secondary education, and leisure/physical activity.
- Identifying gaps in access and skills to disclose needs to appropriate adult healthcare.

Interventions should include:

- Providing services in future adult environments and specific to the individual youth. These may occur during the times of the day that the student is on the job or at a postsecondary school, or during times of the day when the student is not on a job. Therapists also may provide services at community fitness centers.
- Services must be easily implemented and integrated into the daily routines of the student, teachers, and/or co-workers.

- Keeping the transition timeline and processes, outlined by IDEA, in mind as they provide meaningful intervention for students with disabilities as they enter adulthood.[1]
- Assisting with job development and job placement options through intervention to improve personal management, job supports, and or use of assistive technology to mitigate the effects of impairment on job performance.
- Collaborating and sharing resources with other professionals through the school, as well as other community-based agencies, job support staff, etc., to ensure success of the student after leaving high school.
- Providing input and intervention for mobility, biomechanics (positioning), materials access, public transportation, and assistive technology.
- Considering the need for intervention from a perspective of future inclusive community living and work rather than segregated living and work.
- Educating students about how to identify their own needs (psychological empowerment) and promoting personal goal setting, decision-making, and autonomy.
- Promoting lifelong fitness, optimum health, and prevention of secondary impairments associated with developmental disabilities.
- Promoting personal health care literacy as they move into and begin to access adult systems of medical care and oversight.[15] See the Adolescents and Adults with Developmental Disabilities Health Issues Fact Sheet at APTA Pediatrics Fact Sheets and Resources website[13] for more information.

SUMMARY

Youth with disabilities experience significant challenges in identifying and attaining post-secondary school goals in the areas of employment, post-secondary education, and independent living. PTs can support youth with disabilities in areas that predict better post-secondary school outcomes. As members of the educational team, PTs must develop collaborative relationships within the school setting. As youth move into high school, PTs have a distinct and valuable role through interventions and collaborating with community agencies, accessible job sites, adult health care providers, and assistive technology professionals.

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