

Facilitating Transition from High School and Special Education to Adult Life

Focus on Youth with Learning Disorders, Attention-Deficit/Hyperactivity Disorder, and Speech/Language Impairments



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KEYWORDS

- Postsecondary transition • Learning disorders • ADHD • Communication disorders
- Speech/language disorders • Special education

KEY POINTS

- Comorbidities among learning disorders, speech/language disorders, and attention-deficit/hyperactivity disorder are common throughout the developmental period, resulting in incomplete understanding of the challenges faced by transitional age youth in the absence of thorough evaluation and timely intervention.
- Special education categories and Diagnostic and Statistical Manual of Mental Disorders, 5th Edition diagnoses do not correspond perfectly, causing confusion for transitional age youth, parents, and clinicians.
- Special education law requires schools to follow strict evaluation procedures and timelines before determining eligibility for special education. Parents and clinicians may misinterpret a school's failure to provide services even though a disability has been diagnosed.
- Transition planning procedures during the teen years are required by special education law to help adolescents attain individualized postsecondary goals and increase self-advocacy skills.
- Child and adolescent psychiatrists can play a crucial role in assisting parents and students throughout the postsecondary transition process and into young adult roles.

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INTRODUCTION: THE CHALLENGES OF TRANSITION

The chronologic transition from late teen years into the 20s no longer signals the close of adolescence as a developmental stage. Even well-adjusted teens without disability are challenged during this time with the developmental tasks of identity consolidation, separation from family of origin, the exercise of independent functioning, and the establishment of intimacy. Youth whose developmental journey has been complicated by learning disorders, communication disorders, or attention-deficit/hyperactivity disorder (ADHD) face the additional challenges of managing their disability in order to continue development and, ultimately, function at the leading edge of their abilities. Unfortunately, this transition occurs just at the legal and cultural junction when established resources that previously supported such youth may no longer be available. Adult resources must be located, whether higher education or employment is the goal. Those aware of their rights under special education law (Individuals with Disabilities Education Act of 2004 or IDEA)¹ must now become knowledgeable of their rights and resources under disability law (the Americans with Disabilities Act of 1990 or ADA). Simultaneously, the individual is challenged with the difficult recognition that the vulnerabilities that complicated their education may persist, not only in the realm of higher education but also in many other aspects of adult functioning, including employment. Parents are often conflicted about encouraging their child's self-advocacy, knowing their child may resist acknowledging the impact of their disability and/or may be reluctant to assert their needs. For youth in the foster care and juvenile justice systems, the challenges navigating to functional adulthood are formidable. For those with learning disorders, ADHD, or communication disorders, these challenges are compounded by the deleterious impact of their disorder on the skills necessary for this transition and the toll already taken on esteem and confidence.

Child and adolescent psychiatrists (CAPs) are also challenged to help the adolescents they work with when they arrive at this nodal point. Some clinicians may even work in systems that prohibit continuing services to a teen once they reach the age of 18 or 19, shifting care to adult clinicians less attuned to the developmental challenges these youth face. For those teens fortunate enough to continue working with clinicians who know them from childhood, the transition to adult expectations and demands may still not be an easy one.

Clinical planning for this time should begin many years before a child reaches this age. Consideration of whether teens can manage in a higher education setting and whether they want to pursue further education should be discussed far before the completion of high school. Parents, their teen, and the clinician may have very different understandings of the adolescent's abilities, often complicated by the emotional difficulty of accepting persisting vulnerabilities that the teenager did not "grow out of." The clinician may also be a source of hope, assisting teens and their parents to appreciate what might be possible without aiming too low or too high. For those youth choosing a vocational path, planning is critical so that they are guided into a career that is realistic, is of interest to them, and can serve as a means to independence and esteem. Without such advance planning, young adults may find themselves without structure, direction, or resources, making them all the more vulnerable to discouragement, poor self-esteem, and accompanying psychiatric difficulties.

This contribution is designed to highlight the pitfalls and potentials for youth with learning disorders, communication disorders, and/or ADHD as they transition from adolescence to adulthood. Following a brief overview of these disorders, the legal basis for educational and employment rights and the distinctions between educational and disability law is reviewed, noting which laws apply to whom. Subsequently,

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