

Youth With Disabilities in Foster Care: Developing Self-Determination Within a Context of Struggle and Disempowerment

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This article focuses on the transition experiences of foster youth with disabilities, a group of students with disabilities who have often been neglected by researchers and policy makers. We begin by discussing transition outcomes for youth with disabilities, highlighting the progress that has been achieved in recent years, and noting that much of this progress is related to the effective transition planning practice of promoting self-determination. We then examine the challenging context children in foster care typically face as they move into adulthood, drawing attention to the neglect of policy and practices designed to promote self-determination for foster youth with disabilities. To do this, we describe 4 recent studies by our research group that involve this vulnerable population and stress key elements of self-determination that seem to be lacking in the context in which these youth function. We end by emphasizing the need to continue focusing on this at-risk group of young people, as well as on transition supports that promote their self-determination.

For more than two decades, families, professionals, and self-advocates have directed efforts toward improving the transition outcomes of youth with disabilities, and data collected in 2003 for the National Longitudinal Transition Study 2 (NLTS2) suggest that some important progress is being made (Wagner, Newman, Cameto, & Levine, 2005). For example, in comparison to the NLTS in 1987, the NLTS2 indicates that youth with disabilities have experienced a reduction in their high school dropout rate of 17%, they are more likely to have worked for pay within 2 years after leaving high school (70% vs. 55% in 1987), and their participation in postsecondary education has doubled to 32%. Although there is still a long way to go before the economic, social, community, and educational barriers facing youth and adults with disabilities have been eliminated, the NLTS2 offers hope that society is at least heading in the right direction.

This progress may reflect, at least in part, the impact of amendments made in 1990 to the Individuals With Disabilities Education Act (IDEA; IDEA, 1990), which specified that a statement of needed transition services must be addressed within the individualized education program (IEP) of each student 16 years of age or older, or younger if the IEP team considers it appropriate. In 1997, amendments to IDEA lowered the age at which transition must be addressed within a student's IEP to 14 (IDEA, 1997), although the 2004 reauthorization raised the age back to 16 (IDEA, 2004). Thus, although stipulations around transition planning within IDEA have changed over time (e.g., requirements around age), IDEA has consistently provided a framework for addressing the transition services required by the student to prepare for and achieve successful adulthood.

Modest improvements in the transition outcomes of youth with disabilities may also stem from the advancement, or at least greater recognition, of effective practices in special education. Research and model demonstration efforts have identified important strategies for promoting the transition outcomes for students with disabilities, such as student and family involvement in transition planning, inclusion (student participation in general education), access to postsecondary education, community-based work experience in areas of interest to the student, mentorship, and interagency collaboration (K. Powers et al., 2005). Among these various strategies, self-determination has surfaced as one of the most important practices, and several definitions of the construct have been proposed (e.g., Field & Hoffman, 1994; L. E. Powers et al., 1996; Wehmeyer, 1996). Although variations exist, in general, definitions of self-determination emphasize the individual as a change agent in his or her life; that is, self-determination occurs when a person sets goals and then takes action to achieve those goals. In this article, the definition put forth by L. E. Powers and colleagues is used as a framework and self-determination is described as "self-directed action to achieve personally valued goals" (L. E. Powers et al., 1996, p. 292). With this definition, self-determination is enhanced through (a) skills and information that foster a person's capacities for decision making and self-direction, (b) access to opportunities to express it, and (c) facilitative support from others.

A number of models have been developed to promote student self-determination, and a few studies have systematically evaluated the efficacy of these approaches. Wehmeyer and colleagues implemented the Self-Determined Learning Model of Instruction, which centers on several components of self-determination (e.g., choice making, problem solving, goal setting), with students who experienced developmental, learning, emotional, or behavioral disabilities (Wehmeyer, Palmer, Agran, Mithaug, & Martin, 2000). Field test findings using a single group pre-/posttest design with 40 students who experienced developmental, emotional, behavioral, or learning disabilities revealed that students who participated in the intervention had increased academic goal achievement. Martin and Marshall (1996) created the ChoiceMaker curriculum, which includes components of self-determination such as student involvement in educational planning, goal setting, and student action planning. Sweeney (1997) found that among students participating in the ChoiceMaker intervention, attendance at IEP meetings improved, and they were more able to describe goals listed on their IEPs. L. E. Powers and colleagues developed the TAKE CHARGE model, designed to promote self-determination through skill facilitation, peer support, and parent support. They conducted two randomized field test studies of TAKE CHARGE that involved 63

students with learning, emotional, and other health impairments (L. E. Powers, Turner, Matuszewski, et al., 2001; L. E. Powers, Turner, Phillips, & Matuszewski, 2001). Students who participated in the intervention demonstrated significantly higher engagement in educational and transition planning and enhanced academic goal achievement and empowerment. Algozzine and colleagues conducted a meta-analysis of studies describing interventions to promote self-determination skills (Algozzine, Browder, Karvonen, Test, & Wood, 2001). They identified 22 peer-reviewed studies with an average effect size of 1.38 ($SD = 3.74$) and a standard error of 0.37. The effect size figures reported in most studies represented moderate gains as a result of intervention.

PROGRESS NOT FOR ALL YOUTH: LOST IN FOSTER CARE

Although the NLTS2 suggests that transition outcomes may be slowly improving for youth with disabilities, this progress is not uniform across all groups of students (Wagner et al., 2005). For example, in regards to work, youth in the lowest income group did not experience an increase in their employment rates (current and since leaving high school). Also, youth with mental health challenges did not share in the overall increase in employment that happened for youth with disabilities in general. Furthermore, the wage increase that occurred for White youth did not take place for African American and Hispanic youth. Thus, on a number of important variables, certain groups of students continue to be placed at additional risk for poor transition outcomes.

Children in foster care, in particular, often experience many of the risk factors related to poor postsecondary outcomes. Most live in poverty before entering state custody (Harden, 2004); they are disproportionately children of Color (e.g., 38% are African American; Chipungu & Bent-Goodley, 2004); and children with mental health issues are overrepresented (American Academy of Pediatrics, 1994). The number of youth in foster care has nearly doubled from 276,000 in 1985 to approximately 542,000 currently (National Clearinghouse on Child Abuse and Neglect Information, 2003), and the adult outcomes for these youth are concerning. Every year, approximately 20,000 youth are discharged from the foster care system when they reach the age of majority (typically age 18; Administration for Children and Families, 2003). For many young people, this sudden transition into adulthood occurs with very limited resources, including few connections to community, little or no financial support, and incomplete skills for independent living, all without the safety net of family. Indeed, data from the *National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth* showed that 2.5 to 4 years after youth had aged out of the child welfare system, only 54% had graduated from high school, 50% had used illegal drugs, 25% were involved with the legal system, and only 17% were completely self-supporting (i.e., not receiving public assistance; Westat, 1991).

Estimates of the number of foster youth who experience a disability are few, as this topic has not received much empirical attention, but it is likely that the prevalence of disability in foster youth is substantial. For instance, in the *National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth*, 47% of youth who had been emancipated from foster care had an identified disability (Westat, 1991). In addition,

studies that use special education status as a proxy for disability have consistently shown that 30% to 40% of youth in foster care experience a disability (Advocates for Children of New York, 2000; Courtney, Piliavin, & Grogan-Kaylor, 1995; Edmund S. Muskie School of Public Service, 2000; Geenen & Powers, 2006a; Goerge, Voorhis, Grant, Casey, & Robinson, 1992; Sawyer & Dubowitz, 1994).

Although the poor outcomes for youth in foster care and youth with disabilities have each been documented separately, very little information exists about those who experience both foster care and disability. To date, the one national study (the *National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth*) that specifically examined the transition outcomes of youth with disabilities in foster care found that when compared to their peers in child welfare who do not experience a disability, foster youth with disabilities are significantly less likely to (a) be employed, (b) graduate from high school, (c) have social support, and (d) be self-sufficient (Westat, 1991).

Data documenting the poor adult outcomes of foster youth in general, regardless of disability status, are increasingly becoming available. Two large-scale studies were conducted in the Midwest and Northwest (respectively, the Midwest Evaluation of the Adult Functioning of Former Foster Youth [Courtney et al., 2005] and the Northwest Foster Care Alumni Study [Pecora et al., 2005]), and both revealed that, in comparison to same-age peers in the general population, youth exiting foster care are struggling in a number of important areas. For example, the Midwest Evaluation found that young adults in their study were twice as likely to have at least one child and were significantly more likely to have had a child outside of marriage as their peers in the general population. Consistent with earlier studies, the Midwest Evaluation confirmed that youth exiting care had attained substantially lower levels of education and employment than their peers of the same age in the general population (Courtney et al., 2005). Similarly, the Northwest Alumni Study found that the household income levels of young adults who had recently left foster care were 35% lower than those of the general population and that within the first year of leaving foster care, 20% of alumni had experienced at least one night of homelessness (Pecora et al., 2003).

Legislation has been introduced to address these troubling outcomes for foster youth exiting care. Of note, the 1999 Foster Care Independence Act (FCIA) created the John H. Chafee Foster Care Independence Program doubled the federal money states receive to provide foster youth with independent living services. Typically, these services are delivered through independent living programs (ILPs) and focus on employment, education, and skills related to daily living. The FCIA also allows states to use funds to supplement the room and board of young adults who have aged out of care but who are younger than 21 years of age. In addition, federal law stipulates that youth aged 16 years and older in foster care have a written independent living plan that describes "the programs and services which will help such a child prepare for the transition from foster care to independent living" (42 U.S.C. § 675 [1] [D]), as cited in Pokempner & Rosado, 2003). The Promoting Safe and Stable Families Amendments of 2001 provide federal dollars for Chafee independent living educational and training vouchers that can subsidize the cost of attending a higher education institution (as cited in Massinga & Pecora, 2004).

Although awareness is growing about the challenges facing foster youth in general as they move into adulthood, the transition experiences and outcomes of foster youth with disabilities have often been ignored. Indeed, the Midwest Evaluation excluded “youth with developmental disabilities or severe mental illness, and youth who were incarcerated or in a psychiatric hospital” from participating in the study (Courtney et al., 2005, p. 5), and the Northwest Alumni Study did not include young adults who had a major physical or developmental disability (e.g., an IQ score of less than 70; Pecora et al., 2005). Similarly, although the FCIA of 1999 requires that transition services offered through Chafee funds be coordinated with programs for youth with disabilities (e.g., special education), there are no legislative guidelines or mandates on facilitating this coordination. Furthermore, the FCIA provides limited guidance regarding how states should design and implement ILP services and no mention of how ILP services ought to respond to the significant number of foster youth that experience a disability. The Jim Casey Youth Opportunities Initiative (2002, p. 2) evaluated state plans for providing ILP services and found wide variability and a need to use Chafee funds more “boldly, creatively and effectively—and engage other stakeholders in their mission” if services are to promote better outcomes. As the child welfare field struggles to identify and implement strategies that actually work to promote successful transition, it is unfortunate that more attention has not been focused on the lessons learned within special education. In particular, the self-determination practices identified through model demonstration efforts and well summarized in the literature have unrealized potential to prepare youth for the instant adulthood and independence they will experience when they abruptly age out of foster care.

In the following section, we describe a line of research we conducted that focused on the transition experiences of foster youth with disabilities. We also relate this research to challenges that impact the self-determination of these youth. The key factors that influence self-determination, as described by L. E. Powers et al. (1996; skills, information, opportunities, and support from others), serve as the framework, and research findings or experiences implementing a study are interwoven within each theme. The four studies referenced in this article are:

1. Academic Achievement Study (Geenen & Powers, 2006a). This study examined the academic performance of adolescents who were both in foster care and receiving special education services and compared their achievement to that of their peers (youth in foster care only, youth receiving special education services only, and youth who were neither in foster care nor receiving special education services). Extant school data was collected on 327 students aged 13 through 21 who attended a large urban school district in Oregon. The study also collected information about students’ general foster care experiences.
2. Transition Plan Study (Geenen & Powers, 2006b). This study evaluated the IEP transition plans of 45 students who were both in foster care and receiving special education services and compared them to the plans of 45 students who received special education services only. The plans were reviewed to assess the extent to which they reflected requirements of IDEA or effective practices.

3. Qualitative Transition Study (Geenen & Powers, 2007). This was a qualitative study of the transition experiences and needs of youth with disabilities in foster care. Focus groups were conducted with youth in foster care (with and without disabilities), youth that had recently been emancipated from foster care, foster parents, child welfare professionals, ILP staff, and education professionals.
4. My Life Study (Powers & Geenen, 2007). This study investigates the efficacy of a self-determination enhancement intervention on the transition outcomes of foster youth with disabilities. The impact of the intervention is being evaluated with a two-independent group, repeated measures methodology. Sixty youth with disabilities, aged 17, are being randomly assigned to either a comparison group that receives typical supports offered by the ILP or to a treatment group that participates in ILP services that incorporate exposure to self-direction opportunities and coaching in the application of self-determination skills to achieve personal transition goals. Outcomes, including youth self-determination, engagement in desired career areas, educational participation and achievement, and independent living, are being assessed preintervention (T1), at the conclusion of intervention (T2), and at 12 months post intervention (T3). This study is in the early stage of implementation, and T2, T3, and outcome data are not yet available.

ESSENTIAL ELEMENTS FOR SELF-DETERMINATION PROMOTION

Skills

L. E. Powers and colleagues (1998) described a number of skills that promote self-determination, including future planning, goal setting, problem solving, self-regulation, and managing helping relationships. Unfortunately, youth in foster care often have few opportunities to learn and develop these skills. Many youth were removed from their families of origin because their biological parents did not have the necessary skills or resources to care for them and, for this reason, were probably not strong models of self-determination. Our research suggests that foster parents are often not well prepared to help young people acquire and practice important skills around self-determination, either. Parents participating in the Qualitative Transition Study (Geenen & Powers, 2007) expressed frustration that they had received little or no training on how to provide adolescents in their home with the skills necessary for independent living:

Give teen foster parents a curriculum of “these kids need to know how to do their laundry, they need to know how to cook more than Top Ramen, they need to know what it’s like to make their own appointments and make their own schedules” ... I mean the kids are going to choose whether or not they’re going to learn it, but we can choose whether or not the foster parent teaches it.

Foster parents in the Qualitative Transition Study also emphasized that placement instability made it difficult for them to teach and support the skills youth need for independence and self-determination, as with each new placement, time must first be spent

building rapport with the youth and establishing rules for a safe, stable environment. To quote Ryan, McFadden, Rice, and Warren (1988, p. 568), foster parents are confronted with the paradox of “how to focus on a youth’s departure before the youth is secure in the new environment.” Placement instability may be especially problematic for youth with disabilities; the Academic Achievement Study found that teens with disabilities experienced significantly more foster home placements than did teens without identified disabilities (an average of 4.45 vs. 3.35 placements, respectively; Geenen & Powers, 2006a).

Currently, the focus in foster care on arming youth with the skills needed for independent adult life appears to be centered on agency-based programs and services. As mentioned previously, states receive John H. Chafee Foster Care Independence Program funds to provide foster youth with services to help them prepare for independent living; these services are often delivered through ILPs and focus on skills training related to daily living. In Multnomah County (Oregon), skills training can involve taking classes in various topics such as learning to rent housing or building a résumé and may include one-on-one work with an ILP case manager who can help a young person work on an individualized transition plan. Frequently, however, there is a waiting list for ILP case managers and sometimes even basic ILP services (e.g., classes) because there is not enough funding for Multnomah County’s ILP program to work with all eligible youth. In Multnomah County, youth can apply for ILP services after a referral to the ILP has been initiated by the caseworker. As we have learned through the My Life Study (Powers & Geenen, 2007), caseworkers often fail to refer youth with disabilities because they do not view the young person as capable of ever living independently (and, therefore, see the services as irrelevant for this group of students) or because the ILP does not provide the accommodations needed to make the program accessible to youth with disabilities.

Information

A key element required for enhanced self-determination is access to information youth can use for informed decision making. It is not clear why policy has been established that often makes caseworkers the gatekeepers of ILP programs or why youth cannot refer themselves directly for ILP services. However, the result of this professionally driven approach is that youth, including youth with disabilities, are often unaware that the ILP even exists and that they are eligible to participate in ILP services. Youth are also generally unaware that the ILP can be an important resource for learning about other programs and supports, such as financial assistance for housing after they exit care. Unfortunately, this is just one example from many of how youth do not have direct access to information about opportunities, policies, and decisions within the foster care system that impact their lives. In the My Life Study (Powers & Geenen, 2007) an important activity in working with youth has been to coach them in information-finding strategies to learn about their rights in foster care, the services they are eligible for, options for transitioning out of care, and how to access education and disability supports.

The negative impact of professionally driven services on the level of information youth have about opportunities and decisions that influence their lives is readily apparent in the educational system as well. For example, the Transition Plan Study (Geenen &

Powers, 2006b) revealed that foster youth with disabilities were designated for a modified diploma at more than twice the rate of students with disabilities who were not in foster care. Through discussions with youth in the Qualitative Transition Study (Geenen & Powers, 2007) and the My Life Study, we learned that these students were often slotted for a modified diploma because they were missing credits (sometimes just one or two), typically because the youth had experienced multiple school placements (as a result of living instability) and coursework had not been completed or credits did not transfer. We were also troubled to learn that most youth had not been told which diploma they would be getting until it was too late to make up the credits they were missing, and the ramifications of receiving a modified diploma had not been explained. For example, youth who are still in high school on their 18th birthday may be permitted to stay in foster care until they complete their secondary education. Therefore, staying in school to earn the credits needed for a standard diploma versus exiting school more immediately with a modified diploma has implications for both the student's future education and career options as well as whether she or he remains in foster care.

The limited information that youth in foster care have regarding educational opportunities and rights can be seen in other areas as well. The Academic Achievement Study (Geenen & Powers, 2006a) found that foster youths' IEPs evidenced more restrictive special education placements than those of peers with IEPs who were not in foster care, and that foster youth overall (those both with and without disabilities) were more likely than their peers in the general population to be placed in an alternative education setting. The Transition Plan Study, which found that an educational or parental advocate was present for the IEP Transition Plan meeting less than half the time, suggested that in the absence of biological parents, foster youth often lack strong, consistent adult advocates who can make sure that their educational rights are protected (e.g., being placed in the least restrictive educational setting). As a result, it is particularly critical for youth in foster care who may have no one but themselves to rely on to learn self-determination skills. An important focus of the My Life Study is supporting youth to achieve their goals to obtain a regular education diploma and to move out of an alternative school or segregated special education classroom and into an inclusive educational setting.

Although the FCIA of 1999 requires that transition services offered through Chafee funds be coordinated with programs for youth with disabilities, our experience conducting research in this area indicates that this coordination rarely happens. Rather, systems that impact the lives of youth with disabilities in foster care typically operate in isolation, creating gaps into which these youth fall. For example, through the My Life Study, we have encountered caseworkers that have neglected to refer youth with disabilities to the ILP because they assumed the youth were receiving independent skills training through developmental disability services or special education. When we had conversations with representatives from these education or disability agencies, the assumption was often that ILP was providing services in this area. In the Qualitative Transition Study, one educator described how, despite students' eligibility and entitlement to special education services, she reduces the level of support she provides to students in foster care because she assumes they are receiving similar services elsewhere:

I tell people that have the independent living program—I say I’m not gonna do that much work with this student ... I said I’ll help them in some ways but I’m not gonna spend all my time on these kids. This kid’s got a resource and they’ve got money. They’ve got funds for the independent living program and we don’t. You know, so I’m not gonna spend my energy on that kid particularly that much because I want to spread my skills to a kid that doesn’t have that service.

Opportunities

Having opportunities to make decisions, try new activities, manage obstacles, express ideas and opinions, and make mistakes are key experiences for promoting self-determination. Although they are well intentioned, it is not enough for caring adults to ensure the success of youth by performing key activities on their behalf or planning their futures. Rather, youth must have the opportunity to exercise their own abilities and strengths and achieve goals that are personally meaningful to them. In the Qualitative Transition Study (Geenen & Powers, 2007), foster youth and alumni described a frustrating paradox wherein they had few opportunities to make important choices or be involved in decisions that impacted them while in care but were expected to suddenly be able to control and direct their own lives once they were emancipated. One youth stated:

I think [professionals] compromising is a big one [strategy] or letting you set boundaries for yourself instead of them setting them because they’re not always gonna be there. Giving you more freedom that they think you can have just so you could test it—instead of never giving you any freedom at all and then never knowing what it’s gonna be like. I think a big part of it is compromising.

Through the My Life Study (Powers & Geenen, 2007) we have witnessed this failure to include the input, opinions, and efforts of youth firsthand. For example, on several occasions youth participating in the project have been presented with transition plans for exiting out of care that were created exclusively by professionals (often the caseworker) with little or no input from the youth; as a result, the plan does not reflect the goals and interests of the young person. Thus, although youth are expected to function independently after aging out of care, they often have little say about what that will look like or how they will get there. Similarly, the Transition Plan Study (Geenen & Powers, 2006b) found that youth were not given the opportunity or training necessary to actively participate in school-based transition planning or their IEPs. Although this is likely the case for students not in foster care as well, the lack of student involvement may have a greater impact given that foster youth typically lack a parent advocate who can represent their interests. This may contribute to the study’s finding that compared to youth who received special education services only, youth who interfaced with both foster care and special education were less likely to have goals around postsecondary education and independent living and had fewer goals overall.

Child welfare professionals who participated in the Qualitative Transition Study agreed that the foster care system, which emphasizes the safety and protection of children, does not offer enough opportunities to express self-determination and frequently excludes young people from the decision making that impacts their own lives:

We [caseworkers] are making plans for them. And nobody is saying, "What do you want?" Sometimes kids want things that are not in what we think is their best interest. But we don't empower them to try it and get the experience of failing. We, I think, try to protect them, and shield them from any negative experience.

Simultaneously, these same professionals recognized that the key to successful transition lies in supporting youth to take responsibility and ownership for their lives: "It's not telling them what to do, but helping them figure it out. Those are the things that matter." Another caseworker remarked, "When a teen has a choice, and it makes them feel they are making the decision, they're more likely to have success there."

Foster parents in the Qualitative Transitions Study agreed with youth and professionals that young people in care need more opportunities to direct their own lives: "I feel so strongly that adolescents should be empowered a little more than we tend to let them ... They need to decide what they want for their lives." However, many foster parents reported that foster care policies restrict the amount of risk taking and experimentation they can allow their foster children to experience (all of which is important to learning and practicing self-determination skills) and, ultimately, they are held accountable for any mistakes the young person makes:

I know that if I treated my foster kids like I did my daughter, that that looks completely different when you're standing in front of the judge and they're saying "You let her do what?" And I'm saying "Well you know she's a kid. She needs to be a normal kid and make normal decisions." My ass is grass.

Support From Others

Social support from adults and peers is essential in promoting the self-determination of youth. It can be both instrumental (providing assistance, giving constructive feedback) as well as affective (encouragement, praise). Participants across the various discussion groups in the Qualitative Transition Study (Geenen & Powers, 2007) stressed the importance of youth having a caring, stable relationship with someone as they moved into adulthood who could provide that young person with the information and support they were no longer able to access through the child welfare system. One caseworker reflected:

When they [foster youth] leave care, they need to have a number of sources to go to. And maybe the neighbor down the street understands how to balance checkbooks ... and that may be the person that this kid can go to when he has financial problems. And maybe someone else is going to let him come do the laundry when he hasn't the quarters to do it at the Laundromat. And those are the connections that have to happen—and I think sometimes we forget that.

Although knowing how to reach out to adults and peers who can help them is an important self-determination skill, identifying and finding these natural supports may be a very difficult first step for youth in foster care. Sadly, foster youth and alumni in the Qualitative Transition Study talked mostly about the absence of caring, stable relationships in their lives and the feelings of isolation and disconnection that they experienced as a result:

When I was in foster care, all I thought is “Man, I want to get out of here. I just want to leave,” and I thought it would be that easy, and it’s not easy at all. I mean, I was living on the streets for a long time before I got pregnant, and you’re crashed out and you think “What the hell happened? Where do I go?” And you ask for someone to help you, and there’s really no one there. No one’s there to help you but yourself.

Similarly, one of the primary challenges we are encountering in the My Life Study is the lack of connection youth in foster care have with family, community, and peers due to placement instability, estrangement from or restricted contact with their birth families, and the limited emphasis in foster care on building relationships beyond those with paid providers (caseworkers, foster parents) that tend to end after a young person exits care. The Transition Plan Study (Geenen & Powers, 2006b) also revealed the lack of connection youth in care have with caring adults; on transition plans, 22% of the time, foster youth with disabilities were listed as the sole person responsible for working on a goal.

CONCLUSION

This article highlighted findings from our four research studies investigating the experiences of foster youth with disabilities as they move into adulthood and explored the impact of those experiences on the self-determination of this at-risk group of young people. As a framework, we used the elements of self-determination promotion (skills, information, opportunities, and support) described by L. E. Powers and colleagues (1996) as necessary for promoting self-determination, and we identified important challenges in each area.

Although further research in this area is needed, a picture of the context in which youth must develop self-determination begins to emerge, and it is troubling. Typically, self-determination begins in childhood with family, where supportive parents teach skills and provide opportunities to practice identifying choices and making decisions. This stable relationship with caring adults provides youth with the opportunity to try new experiences, take risks, and gradually exercise greater control over their lives as they move into adulthood, with the support of family. Unfortunately, youth in foster care typically do not have the opportunity to develop self-determination within this context. Rather, it occurs in a professionally driven milieu wherein important decisions about youth are often made without the input of youth, young people are given little information about their rights or opportunities, there is a lack of support and connection to caring adults who can support the self-determination of youth during and after their transition to adulthood, and there is limited opportunity to learn the skills necessary for self-determination in a naturalistic (e.g., the foster home) or agency (e.g., ILP) setting.

In understanding the impact that these contextual challenges have on the self-determination of foster youth with disabilities, it is useful to refer to Whitney-Thomas and Moloney’s research (2001), which examined the intersection between struggle and self-definition. Self-definition was defined as the extent to which students had knowledge about themselves and a vision for their future, whereas struggle was described as the extent to which students had strong support networks and were satisfied with their

lives (Whitney-Thomas & Moloney, 2001). Participants included adolescents with and without disabilities, and the researchers found that the students who emerged as being at the greatest risk were (a) youth with the highest level of struggle and lowest self-definition and (b) youth with the highest level of struggle and highest level of self-definition. Youth in the first group were at risk because they were likely to “experience diminished control over their own lives and fail to fulfill dreams and visions that they have a hard time expressing” (p. 387). Youth in the second group knew themselves and their goals for the future; however, because they were not linked with strong support networks, when they entered the adult world independently, they often did not have the strategies, skills, and connections necessary to achieve their goals in this new phase of life.

Some preliminary results emerging from the analyses of our baseline data for the My Life Study (Powers & Geenen, 2007) participants may be relevant to this discussion. In the My Life Study, when we assessed the self-determination of youth entering the project using the AIR Self-Determination Scale (Wolman, Campeau, DuBois, Mithaug, & Stolarski, 1994), a bimodal distribution was obtained, with most students scoring on the low or high ends of the measure. Similarly, we have observed informally that many youth with disabilities in foster care often fit into the two high-risk categories identified by Whitney-Thomas and Moloney (2001): (a) high definition/high struggle, or youth who have learned over time that the only person they can rely on is themselves and, as such, have clear goals for themselves and their future; or (b) low definition/high struggle, or youth experiencing learned helplessness that leads them to be dependent on others and unclear, angry, or hopeless about their future. In neither instance are youth provided with the optimum context for developing self-determination, which Whitney-Thomas and Moloney (2001) termed *supported independence*, whereby the opportunities for practicing independence and control over one’s life are gradually increased over time, with continuous, stable backup from supportive others during periods of stress and difficulty.

To conclude, we offer the following suggestions. First, greater attention needs to be paid to the experiences of foster youth with disabilities. To this end, our research group is currently investigating the prevalence and incidence of disability with the child welfare population in Oregon; this study will be the first to our knowledge that documents the rate of disability within the foster care population. Second, efforts to increase the transition outcomes for foster youth with disabilities need to be readily available to this population; in particular, we recommend programs like the My Life intervention, which is specifically designed to promote self-determination. We hope that youth with disabilities in foster care with enhanced self-determination will have a fighting chance to reclaim their lives, form allies, and shape their futures.

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