QUALITY OF LIFE OF PEOPLE WITH DISABILITIES:
STORIES OF SUCCESSFUL ADULTS

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Quality of Life of People with Disabilities:

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by

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This study explored the quality of life of employed college graduates with disabilities. A mixed methods approach was utilized. Quantitative elements involved the measurement of self-efficacy and purpose in life perceptions. The results were comparable to the general population. The qualitative elements employed a case study approach. Participants reported strong parent advocates, possessed appropriate interpersonal skills, demonstrated determination, developed helpful social networks, and acquired the ability to become self-advocates. In the educational setting, participants reported benefiting from the principles of universal designs such as differentiated instruction and the incorporation of technology. The results of this study also indicated a need for schools to do more to recognize individual potential and put emphasis on successful transitions for individuals with disabilities.
To my grandmother Violet Lillian Holbrook who encouraged me to succeed,
and to my children Susan, Joshua, and Amy who have been
my source of inspiration.
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CHAPTER I

Introduction

The goal of this research was to conduct an inquiry into the quality of life (QOL) of successful individuals with disabilities. Quality of life is defined as a person's satisfaction or dissatisfaction with the conditions under which he or she lives. The first chapter of the dissertation presents the background of the study, specifies the problem of the study, describes its significance, and presents an overview of the methodology used. The chapter concludes by noting the delimitations of the study and defining some special terms used.

Background of the Study

Individuals with disabilities who obtain college degrees, competitive employment, and satisfying relationships are considered to be successful (Bloemers & Wisch, 2000; Cummings, Maddux, & Casey, 2000; Mallory, 1996; Morningstar, Turnbull, & Turnbull, 1996; Wagner, Newman, Cameto, Levine, & Garza, 2006). Therefore, individuals with disabilities who obtained college degrees and were employed were the focus of this study. How do adults with disabilities and college degrees, who appear to be successful, judge the quality of their life? This study asked such individuals to identify and describe circumstances that influenced their QOL at different stages. All individuals must learn to compensate for weaknesses in their lives, but the challenges a person with a disability faces are more intense.

Research indicated that there were several determinants as to what makes an individual with a disability successful. Among them was the development of a
purpose in life, self-efficacy, transitions from school and family to adult independence, and establishing a supportive network (Bandura, 1997; Cummings et al., 2000, Frankl, 1984; Morningstar et al., 1996; Wagner et al., 2006).

The degree of success one achieves is dependent in part upon self-efficacy. Self-efficacy is the belief in one's capabilities to execute courses of action required to manage prospective situations. Social cognitive theory (Bandura, 1997) postulates that success depends upon individual attributes such as temperament and biological characteristics as well as the manner in which one interacts with the environment. In this situation, individuals are motivated by reinforcements from their environment.

On the other hand, one may consider the existentialist view (Frankl, 1984) that states humans have an innate desire to make meaning out of their lives and strive for purpose in life. Existentialists believe people who have a purpose in life will perceive themselves as being successful.

In society, most people believe the best way to assist young people in becoming well-rounded individuals is to provide them with a good educational foundation. Needless to say, parents depend on the school to fulfill its assigned role. The placement of their child in the educational system is generally governed by what the child is capable of doing when he or she comes into the classroom. For some children with special needs, mainstream education is not where they are going to excel. These children require a program that is structured according to their learning challenges. This is where the child’s needs and educational
programs intersect. Taking the wrong approach at this juncture may result in the child being deprived of the opportunity to achieve an acceptable QOL (Cummings et al., 2000).

Recent research (Cummings et al., 2000) provides additional insight into the challenges experienced by students with disabilities. For example, some students are poorly advised, have not developed appropriate skills through their academic program, and have not practiced work behavior that would lead to long term employment. Cummings, et al. revealed the need to either develop new approaches and/or to improve current delivery of services for students. The development of new approaches and improving current delivery for services is a prerequisite to ensuring that students are able to acquire and maintain employment as adults, and facilitate the attainment of a meaningful QOL.

Other supportive networks give individuals with learning disabilities opportunities to become successful. These opportunities include psychological, emotional, financial and spiritual guidance. Examples of these supports include advocacy for the individual with disability, tutoring for college coursework, on-the-job training, and assistance with developing work related and employment seeking skills (Bandura, 1997; Cummings et al., 2000; Frankl, 1984; Morningstar et al., 1996; Wagner et al., 2006). Organizations that provide such support include the Rehabilitation Services Commission, Ohio Coalition for Learning Disabilities, and faith based organizations.

An individual’s supportive network is more beneficial to him or her when its members (i.e. families, educators and other supporters) collaborate effectively.
Supportive networks that provide the individual with successful experiences reinforce a positive sense of self-efficacy (Bandura, 1997) and ultimately contribute to a more gratifying QOL. Bandura theorized that self-efficacy involved self-determination. The work of Weymeyer (2001) supported Bandura’s theory and provided a link between self-determination and QOL. His research postulated that QOL is obtained through individual self-determination. Wehmeyer discovered that individuals exercise self-determination through developing skills that allow them to make good choices, set appropriate goals, conduct problem solving, and engage in self-instruction and self-advocacy. In this sense self-determination may be considered a necessary attribute for acquiring a rewarding QOL.

Furthermore, supportive networks help individuals with disabilities develop purpose in life that will promote the QOL for the individual (Frankl, 1984; Harrison & Stuifbergen, 2006). According to Frankl (1984) no one can make another person achieve purpose or meaning in life, but supportive networks can facilitate or guide the individual in achieving it. The individual accomplishes this goal through creative, experiential and/or attitudinal experiences. For example, the guidance and support from a teacher may be facilitated through creative writing, discussion or artwork. Parents can facilitate experiential meaning by providing a loving relationship for their children. A counselor may facilitate attitudinal meaning by conjointly developing a list of choices for resolving a conflict and guiding the individual through the problem solving process.
The Problem Statement

The degree to which one feels successful is subjective in nature and can be described in terms of Quality of Life (QOL). Most Americans evaluate the quality of their life in terms of how well they are doing financially, physically, emotionally, socially, and culturally (Ferris, 2000). People want reasonable pay for work that is meaningful, financial security, good health, and access to state of the art healthcare. The opportunity for a good education is a given, consistent with the desire for the availability of facilities and opportunities for open participation in cultural activities. Americans want to live and work in places where there is a minimal amount of crime, where they can get respect from others and be able to develop a sense of self-worth. When a person looks at his or her situation irrespective of physical or mental challenges and sees these conditions are lacking, there is a conscious awareness that the quality of life is diminished.

The goal of this research was to hear how successful people with disabilities described the quality of their life. Through this process, they shared personal life stories and told how they attained a satisfying quality of life. Of particular interest were the individuals’ past experiences such as childhood, education, and other supportive networks they encountered. Therefore, the research questions were as follows: 1. How do successful individuals with disabilities view their quality of life? The sub-questions for this question were:

a.) What do these people say about their quality of life?

b.) What was their score on the General Perceived Self-Efficacy Scale (Schwarzer & Jerusalem, 2000)?
c.) Did they demonstrate a purpose in life based on the Purpose-in-Life Inventory (Crumbaugh & Maholick, 1969)?

2.) From the perspective of the person with a disability, what types of experiences helped him or her to become successful? The sub-questions for this question were:

a.) What childhood and family experiences were both positive and supportive?

b.) What was the home and community like?

c.) What was the level of participation in community?

d.) What were the specific experiences in school?

e.) What problems did they encounter making transitions from high school to college to employment, and how were these problems managed?

Overview of the Methodology

This study was an inquiry into circumstances that influenced the QOL of individuals with disabilities. The research was conducted with graduates of universities in the Midwestern United States and Canada. This qualitative study involved a series of in-depth, narrative interviews (Seidman, 1998).

Individuals with disabilities who graduated from a university were recruited to participate in this study. The participants included eleven individuals. There were five males and six females ranging in age from 23 to 62. The disability type of the participants was varied and involved physical disabilities, learning disabilities and autism spectrum disorder. Participants were recruited
through the classroom services office of universities, by professors, friends, and relatives of the participants. All participants consented voluntarily and were not compensated for their participation. Participants were asked to give their informed consent, following Ashland University’s human subject procedures (See Appendix A). The Purpose-in-Life Inventory (PIL) (Crumbaugh & Maholick, 1969) was administered to ten of the participants as one declined to participate in the measurement. The General Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 2000) was administered to all volunteers (See Appendix B). The participants were then interviewed about their QOL. One 90-minute interview was conducted for each participant. The interviews were taped and subsequently transcribed.

The study’s design used a multiple case study form of qualitative research. The case study approached allowed me to explore the factors that contributed to the participants’ quality of life and gain additional insights into the participants’ sense of purpose in life and general self-efficacy. Connelly and Clandinin (1990) describe the narrative components of qualitative research by stating, “People by nature lead storied lives and tell stories of those lives; whereas narrative researchers describe the lives of individuals, collect and tell stories about people’s lives, and write narratives of individual experiences” (p. 2). In this study interviews were conducted with eleven participants. I collected the information reported by the participants that involved their personal experiences and what meaning these had for them. In addition, results for the PIL and GSE were compared to the individuals without disabilities.
The case study method was chosen because the approach allowed me to gather information from narrative interviews and use the PIL and GSE instruments. In a case study, “The cases are bounded by time and activity, and researchers collect detailed information using a variety of data collection procedures over a sustained period of time” (Stake as cited in Creswell, 2003, p. 15). The personal story aspect of the case study approach allowed the participants to communicate challenges they experienced in their environment and how they resolved conflicts. Through this medium, the participants were given the opportunity to reflect on childhood and educational experiences that contributed to their QOL as adults. They were able to offer information that could assist others with similar experiences to develop ways of compensating for their own disabilities. By sharing their stories, the participants provided insights that will allow educators to assist other students who have similar difficulties.

The resulting information was structured chronologically according to events in the participants’ lives. Hence, elements of a life history form of narrative study were also employed. Creswell (2003) defines a life story as a “narrative story of an individual’s entire life” (p. 523). A case study approach was used to draw out, define, and discuss significant turning points and events in the participants’ lives. These major events challenged the individual to not only create viable solutions, but also to resolve the problems or specific life issues they faced.

According to Creswell (2003), “The theoretical lens in narrative research is a guiding perspective or ideology that provides structure for advocating for
groups or individuals and writing the report” (p 524). In this study, I used this theoretical lens to advocate for individuals with disabilities’ participation in mainstream society. The qualitative design enabled the participants to provide a realistic account of what it was like for them to grow up. The voice of the participants revealed hindrances of which mainstream society is not generally aware.

The process for reporting the collected data involved restorying (Creswell, 2003). First, each individual’s interview was gathered, recorded, and transcribed. Second, key elements were identified and coded. Finally, all of the information was transformed into chronological order. After this process was completed for each participant’s case, common themes were identified and triangulated among all of the participants’ interviews.

The data from the PIL and GSE were used to compare the participants to the general population on which the instruments were normed.

The Professional Significance of the Study

This study is significant because it described the QOL of successful individuals with disabilities, in his or her own voices. The study provides an understanding of the individual’s journey to establishing his or her QOL, and how professional educators and others helped or hindered. There are implications for parents, educators, and other professionals, as well as for public policy. From an educational methods perspective, this study was noteworthy in describing how successful students with disabilities compensated for their disabilities.
Delimitations of the Study

A limitation of this study was the small number of individuals with disabilities that was employed. This was due to the requirements of the objective variables that a participant would have to be both a college graduate and employed. Another limitation of this research was that the participants were all Caucasian. This would not permit generalization of the findings to a diverse population. It should also be kept in mind that there are many successful individuals with disabilities and non-white individuals who have not graduated from a university.

Definitions of Key Terms

Disability – a. the condition of being disabled; b. inability to pursue an occupation because of a physical or mental impairment; c. lack of legal qualifications to do something; a disqualification, restriction, or disadvantage (Merriam-Webster, 2009).

Free appropriate public education – special education and related services that – a. have been provided at public expense, under public supervision and direction, and without charge; b. meet the standards of the State Educational agency; c. include an appropriate preschool, elementary school, or secondary education in the State involved; and d. are provided in conformity with the individualized education program…(U. S. Code Collection, 2009)

Individualized education program; IEP – a written statement for each child with a disability that is developed, reviewed, and revised. . . (U. S. Code Collection, 2009).
Network – a usually informally interconnected group or association of persons such as friends or professional colleagues (Merriam-Webster, 2009)

Perceived Self-Efficacy- People’s beliefs about his or her capabilities to produce effects (Bandura, 1994).

Special education – specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including a. instruction conducted in the classroom, in the home, in hospitals and institutions, and other settings; and b. instruction in physical education (U. S. Code Collection, 2009).

Specific Learning Disability – a. In general - disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. b. Disorders Included – such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. c. Disorders not included – a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage (U. S. Code Collection, 2009).

Success - degree or measure of succeeding; favorable or desired outcome; also the attainment of wealth, favor or eminence; one that succeeds (Merriam-Webster, 2009).

Transition(s) – passage from one state, stage, subject; or place to another: change; a movement, development or evolution from one form, stage, or style to another (Merriam-Webster, 2009).
Transition services – a coordinated set of activities for a child with a disability that – a. is designed to be a results-oriented process, that is focused on improving academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment) continuing and adult education, adult services, independent living, or community participation (U. S. Code Collection, 2009)
CHAPTER II

Quality of life

Quality of life pertains to all humans. Thoreau (1968) stated that it is important for people to live life well and not regret at the end of life that:

. . . I had not lived. I did not wish to live what was not life, living is so dear; nor did I wish to practice resignation, unless it was quite necessary.
I wanted to live deep and suck out all of the marrow of life . . . (p.113)

The QOL is often considered to be the energy behind what makes an economy flourish. Often the economy is directly dependent upon the QOL its consumers expect. In this context, QOL analysis centers on the values and beliefs of the people who make up communities. People of all lifestyles with different values, beliefs, determination, and aspirations make up the greater society.

Through recent history, theorists and philosophers have struggled to capture the essence of what constitutes an adequate QOL while supporting the greater good of the community. Current thinkers who have attacked this problem have included individuals from socialism, capitalism, and democratic forms of government. Taken as a whole their findings can be shown to negatively impact an individual with a disability by limiting his or her opportunity to pursue life, liberty, and happiness. It is difficult to understand QOL without understanding the environment the person is in.

According to The Quality of Life Research Center (2003), an individual’s QOL can be determined by considering subjective and objective attributes. Much of the research recognizes these variables, and applies these concepts according to
the area of focus that is being pursued. *Objective* variables include fulfilling societal and cultural demands for material wealth, work, social status, education, self-determination, and physical well-being. The major *subjective* variables include feeling good, and being satisfied with things in general.

*Economics and the Quality of Life*

Economics is one of the objective measures associated with living a good life. Economically, the QOL and standard of living are essentially one in the same. That is, Lauer (1995) found that many Americans define their QOL objectively as a function of how well they are doing in their life. Consequently, in order to do well in life, most individuals have to earn money as a medium of exchange. Capitalism or free enterprise is an aspect of American culture that affects the QOL that individuals with disabilities enjoy. This economic marketing system has the potential to either inspire or oppress the abilities of individuals with disabilities to achieve successful employment. One approach for increasing the QOL for an individual with a disability is to increase the economic participation of individuals with disabilities by involving them in competitive employment, self-employment, job searching, and sheltered workshops.

Because we live in a democratic society, a degree of social equality is expected. In the United States Declaration of Independence there is a phrase that states, “All men are created equal”. In the extreme political left wing position, if a classless society were possible, everyone should have the same opportunity to obtain an adequate QOL irrespective of the person’s physical or mental challenges. Due to the fact that we live in a society with classes there has to be
some external method to make opportunities possible. One way to facilitate equality for those who cannot achieve it without help is through federal assistance. Overbye (as cited in Saunders, 2005) reviewed a number of models that are presently used to provide assistance to individuals in need. It was his position that the Liberal Model was the most prevalent example employed in America. Unfortunately for the participants in these programs, the well-meaning assistance became iatrogenic in that it further reduced their QOL (Saunders, 2005).

The community can also provide assistance in improving the QOL of its less fortunate members. According to Triano (2003), the civil rights movement for individuals with disabilities has been transformed from a medical model that advocated for social inclusion, to a more progressive movement that strives to improve the QOL through individual self-determination, equal access to work, and community involvement. The extent to which individuals with disabilities participate in his or her communities is often dependent upon the degree to which they are able to exercise their civil rights (Jaeggar & Bowman, 2002; Triano, 2003). Civil rights have been defined as an individual’s right as a citizen to participate freely and equally in politics and public affairs, to influence policy-makers to promote preferred public policy (Johnson, 1994-2005). This process is also viewed as the logical correlate of the goal of democratic government.

In the United States, the system of checks and balances that include civil rights laws has accommodated the needs of individuals with disabilities. Laws that protect the rights of individuals with disabilities are relatively new and are
constantly evolving. Jaeggar and Bowman (2002) reported that discrimination against individuals with disabilities was still widespread, and that many of these acts of discrimination were not arguable in a court of law. However, since enactment of the Americans with Disabilities Act (ADA) (1990) and Individuals with Disabilities Education Act (IDEA) (1997) many individuals with severe emotional and physical disabilities can now participate in mainstream society, and fulfill societal and cultural demands for material wealth, social status, and physical well being. These laws may lead the individual with a disability to a more productive QOL. An early example of this movement is offered in the case of *Timothy W. v. Rochester New Hampshire* (1989). The court ruled that even the most severely disabled person has the right to a public education based on IDEA 120 U.S.C.A. sec 1401 (3)(A). Furthermore, the law requires that students be educated in the regular education classroom to the maximum extent possible.

Employment opportunities are necessary for individuals with disabilities if they are to join others in earning their way in life. QOL is associated with the way individuals with disabilities interact with their environment to achieve success in both the marketplace and workplace. Jolivett, Stichter, Nelson, Scott, and Liaupsin (2000) found that employment indicators such as stability, and time spent at work are critical to an individual’s QOL in the area of work. Thus, if an individual due to his or her challenge is unable to maintain continuous employment, or to complete even a normal workday, success in competitive employment will be very difficult to achieve. Rehabilitation services have been developed to assist in such matters and can be of service to individuals who are
unable to comply with work-time demands. Through these agencies it is common practice for clients to receive various types of support for different work environments. Bond (2004) measured the QOL of individuals integrated from an assisted living environment into a community workforce. Sources of support included job coaches, social skills training, and counseling according to individual need. It is noteworthy that the study revealed that the group with the least support on the job enjoyed the most autonomy.

Psychological Quality of Life

The problems associated with QOL for individuals with mental health issues were first brought to public awareness through the field of psychiatry. This took place in the 1950s when mental health began to de-institutionalize patients with mental challenges, and sought social inclusion for them. Before this time, treatments for these individuals relied heavily upon the medical model that embraced a variety of previously established treatments such as shock treatments and drugs that did not improve his or her QOL.

Debats and Drost (1994) investigated the experiences of meaningfulness and meaningless of young people (average age 22). It was revealed that the participants who did not achieve meaningfulness had received more psychological assistance, were older, and were less happy with their lives than those who had. Individuals who had developed meaning in their lives reported positive relationships with family, strangers, and friends. They were more readily accepted by others and were better able to form and develop long-lasting relationships with others. Moreover, the young people who developed a sense of meaning and
purpose in life were able to cope better with adversarial circumstances such as death of loved one or divorce.

Studies of personal purpose or meaning making (Debats & Drost, 1994; Frankl, 1984) have revealed that the ability to foster and develop a sense of meaning and purpose in one’s life is related to the individual’s success and well-being. Frankl (1984) from an existential perspective hypothesized that the fostering of meaning plays an important role in an individual’s ability to have positive life experiences. Frankl described the inability to establish purpose and meaning in life as an “existential vacuum”. The existential vacuum is characterized by feelings of frustration, emptiness, depression, boredom, and apathy. He claimed purpose in life could be achieved through one’s work or vocation, nature and culture, and by loving another human being. Frankl believed our main source of motivation was to develop purpose or meaning in life. Moreover, it was his position that if purpose and meaning were not achieved, the person would experience frustration and demonstrate these feelings through negative actions such as indulging in risky behavior and drug use. Research based on Frankl’s theory has yielded considerable insight into the motivational attributes of individuals and how they affect work, relationships, and the ability to achieve success.

Current approaches for measuring and trying to improve the QOL of individuals with mental challenges attempt to use a combination of treatments that involve self-report interview techniques, building and coping skills, medicine, counseling, and increasing self-esteem. However, in severe cases of mental
disturbance such as schizophrenia, it is at times necessary for someone else to advocate for the person, as the individual may be unable to comply with self-help requests. Huppert, Weiss, Lim, Pratt, and Smith (2001) found that psychiatric challenges impact an individual’s degree of QOL in an objective sense, in that a lower QOL has been associated with severe depression and anxiety. In another study Schultz (2000) found that one’s QOL is subjective, and on many occasions is dependent upon how the individual perceives everyday interactions with his or her environment. Consequently, for these people perception becomes reality and their insight may not be a true representation of things as they are. That is, in one situation an individual may not be a danger to others, but may feel that eating from a garbage can and living under a bridge or in a doorway is acceptable. In another situation the individual may have a long history of being medicated to deal with a mood or anxiety disorder and aspire to an idiosyncratic QOL. Within the normal population, Schultz defined an individual’s QOL as relating to several areas of daily living, all of which are interrelated and combine both objective and subjective beliefs. These areas include feelings of well-being, satisfaction, happiness, and social-demographic variables. In addition, his or her standard of living, social relations, and importance of life domains contributed to perceived need fulfillment.

**Social Quality of Life**

According to Bloemers and Wisch (2000), the social action approach assumes that the action of humans cannot be interpreted as a function of the individual’s position because people often respond to their environment by the
way they uniquely interpret a given situation. In the area of family studies (Dunst, Trivette, & Deal, 1988), researchers measure one’s QOL according to the degree of dependence on others. Presumably, the more care an individual needs, the poorer his or her QOL must be. Furthermore, in order to minimize the negative impact of a lesser QOL on the person with a disability and his or her family, a system of care is applied. The goal of this approach is to develop and maintain support services and social networks to assist families. This would improve QOL for both caregivers and the individual with a disability. In building systems of care, social workers may work with families, mental health organizations, schools, and employers to increase support. The authors report that ineffective parenting/care-giving negatively affects the QOL for individuals with disabilities. Family inter-relational skills are especially harmful to children when they are exposed to dysfunctional and abusive family environments. The authors advocate for systems that encourage positive relations between family members by providing intra-family resources to the family such as family therapy and parenting skills classes.

As part of the social system perspective, one method to improve an individual’s QOL is to provide early intervention strategies. The QOL of an individual with a disability is improved when all family members’ needs are being met. As cited in Baldwin, Godfrey, & Propper (1994), Baldwin and Gerard found respite care is advantageous to families when a family member is severely disabled. In their opinion, to be successful in improving QOL for children with disabilities, a system that is more family centered is needed. The focus of this
investigation into QOL issues is to identify those factors that enhance QOL for individuals with challenges. The literature review indicates that there is no single criterion to apply to all people’s standard of living across all situations. Researchers have used the economic, psychological, and social frameworks to study QOL. One study (Prince & Prince, 2001) suggested that QOL is dependent upon an individual’s beliefs and values about what he or she needs, and upon the societies in which he or she interacts.

Factors That Influence Individual Success

Success of an individual ultimately relies upon personal attributes such as ability, self-determination, resilience, personality, and locus of control (Bandura, 1997; Campbell-Sills, Cohan, Stein, 2006; Frankl, 1984; White et al., 2008). Adults have the potential to make their situation better based on their needs, wants, and aspirations. This is often a difficult task for those who experience limitations in their physical, mental, and emotional capabilities. The term disability refers to a condition that causes individuals to be limited in how they participate in the environment. In order to become successful, individuals with limitations must identify ways to overcome obstacles that prevent them from achieving desired results. Not only do these individuals have to compete with typical peers for housing, relationships, and financial security, they must also be able to compensate for their disability. The approach the individual uses to fulfill responsibilities varies greatly and depends upon many factors such as what the individual feels is worthwhile, rewards obtained from certain behaviors, and physical and mental abilities (Bandura, 1997; Frankl, 1984). Motivational factors
have been studied in great detail across disciplines, developmental stages, cultures, and disability types. These studies have identified some key factors that influence the success of an individual with a disability and those are: self-efficacy; temperament; behavior; education; meaningful transition; family support; and independence.

**Self-Efficacy**

The ecological approach is one way of thinking about an individual’s environment and how much self-determination one can achieve in a given situation. Ecology is the branch of sociology that is concerned with studying relationships between human groups and his or her physical and social environment (American Heritage Dictionary, 2000). Based on this approach, Bandura (1997) explains social cognitive theory where self-determination is part of self-efficacy and affects motivation through causation. Causation is a function of dependence between events that involve a personal view of self, associated with relationships with others and internal personal factors. Cognitive, affective, and biological events also influence the way an individual perceives and responds to his or her environment.

Self-determination was defined by Deci and Ryan (1985) as engagement in an activity with a full sense of wanting, choosing, and personal endorsement. According to Weymeyer (2004), self-determined people are causal agents in their own lives. In other words, they act with authority to make things happen in their life. One who acts as a causal agent will engage in goal-setting, problem solving and decision making. Additionally, Bandura (1997) explains self-determination
within the context of Self-Efficacy Theory in that, self-determination is an internal force that drives an individual. It is a determinate of how people will make decisions about the way they may respond to and interact with their environment in a given situation. Motivation provides incentives that influence self-determination. Accomplishing goals strengthens belief in one’s ability and enhances self-determination and motivation. Self-determination is the ability to make decisions based on the individual’s needs, and not on what others want. Moreover, it is an element of self-efficacy in that it encompasses the strength of self-worth and self-concept. Self-efficacy is greatly influenced by parents and teachers (Smith, Beyer, Polloway, Smith, & Patton, 2008; Thoma, Pannozzo, Fritton, & Bartholomew, 2008; Wagner, Newman, Cameto, Levine, & Marber, 2007).

It is possible for an individual to overcome less positive challenges in his or her life such as a poor parent or teacher. Research by Werner and Smith (1989) found that individuals, who have higher intelligence quotients, pursue vocational skills, affiliate with churches or community organizations, and who maintain supportive partnerships are more likely to overcome negative experiences. Individuals who possess these qualities tend to have stronger support systems as well as a greater sense of control over their lives. Having a sense of control over one’s life is a key component of a higher degree of self-efficacy that directly affects the amount of motivation one can bring forth.

A study by West, Barcus, Brooke, and Rayfield (1995) discovered that several attributes either promoted or deterred self-determination of individuals.
Participants were adults with disabilities who enjoyed a high degree of success in their careers. The study revealed that individuals who demonstrated self-determination shared the following characteristics: goal oriented, self-motivated, self-advocating, empowered, and continually reevaluating their satisfaction regarding progress toward goals. Moreover, it was discovered that these characteristics were instrumental factors for gaining control over their choice of place to live, education, and marriage.

Participants with physical disabilities and visual impairments believed that lack of transportation placed limitations on how satisfied they were with their living conditions, employment, and recreation (West et al., 1995). It was also found among the group of individuals with severe cognitive delays living in assisted situations, over-decision making by parents and service providers seriously limited the amount of control they had over their own lives. This study revealed that adequate transportation, functional ability, and financial resources promoted independence whereas, discrimination at work, overprotective parents/case managers, absence of role models, limited options and opportunities, and lack of accommodation in the public sector negatively affected independence.

West et al. (1995) concluded that self-determination could be classified as internal and environmental. Internal issues revealed were functional ability, limitations, motivation, self-advocacy, persistence and satisfaction with one’s own situation. Environmental issues included availability of financial resources, transportation, information and support, encouragement in choice making, and control on the part of individuals with disabilities.
Studies indicate that individuals with disabilities that affect their psychological and mental capabilities such as those who have learning disabilities or emotional challenges may have more difficulty achieving a higher degree of self-efficacy, motivation and self-determination (Carter, Lane, Pierson, & Glasser, 2006; Sideridis, Morgan, Botsas, Padeliadu, & Fuch, 2006). Such is the case in studies of motivational force and self-efficacy of individuals with and without learning disabilities (Sideridis et al., 2006). This body of research indicated that motivational force and self-efficacy were good indicators of low achievement at 72% accuracy and high achievement with 76% accuracy. In one of several studies completed by Sideridis et al. (2006) that involved reading ability, it was evident that intrinsic motivation and task orientation correctly predicted learning disabilities of 6th and 7th graders. Moreover, the outcome of the studies identified that highly skilled readers had higher scores in intrinsic motivation, autonomy, task orientation, and self-concept. Students who held these traits and who also had higher task orientation and maintained focus to task were able to answer 75% more grade level mathematics problems correctly.

Schur, Shields, and Schriner (2003) investigated political efficacy levels of individuals with disabilities. Two types of efficacies were used, internal and external. Internal efficacy in this regard was defined as a sense of personal competence to understand and participate in politics, whereas external efficacy was defined as the influence on what the government and public officials actually do. The participants in the study reported significantly lower than average levels of external and internal efficacy and were less likely to perceive equal treatment
from political officials or have equal influence in politics than his or her non-disabled peers. In conclusion, it was found that lower levels of internal and political efficacy and civic skills among people with disabilities are products of their lower levels of education, economic standing, reduced contact with the community and social group. It was also reported that employment appeared to have the most impact on political efficacy. The Schur et al. (2003) findings strongly suggest that if social and economic standing of individuals with disabilities were improved it would also improve their involvement in the community and narrow the gap between political efficacy and political participation between those with disabilities and those that do not have disabilities.

Bouffard, Roy, and Vezeau (2005) report that self-regulatory abilities contribute significantly to the amount of self-efficacy an individual achieves. Adversarial events in a child’s life such as disruptions in schooling and within the family can have negative affects on motivation that results in underachievement. When these events last for long periods of time, children are in danger of developing more severe forms of learning challenges. Self-regulatory abilities are important in that these attributes allow an individual to become resilient in troubled times.

According to Bouffard et al. (2005), self-regulatory resources are one’s capacity to control his or her activity level, pay attention to the teacher and remain focused on a task despite extraneous stimuli, to persist and resist temptations to give up in the face of difficulties, to adapt to change and challenging instructional
demands and activities, and to control negative emotional reactions elicited when encountering frustration and failure.

Zimmerman and Kitsantas (2005) reported that self-regulatory faculties significantly impacted the grade point average of girls from a mixed socioeconomic background in a metropolitan area of the United States. The investigation focused on the organizing, memorizing, concentrating and monitoring process that the girls used when doing three hours of daily assigned homework. It was discovered that of the girls who studied, many turned in higher quality work, usually had a regular time and place to study, were able to estimate the time needed to study accurately, and to set task priorities. The girls perceived themselves as effective learners and were viewed as feeling self-efficacious by the researchers. The results of this study “revealed that the girls’ homework practices were predictive of their self-efficacy beliefs regarding their ability to learn and their perceptions of responsibility for learning” (p. 412).

Temperament

According to Bandura (1997), “resilience is reflected in the ability, not only to withstand adverse circumstances, but to recover from disordered life courses” (p. 172). Bandura (1997) contends an individual’s ability to overcome life challenges may depend on his or her physical attractiveness and social temperamental qualities. His based his position on the belief that nurturing caretakers can be drawn to these personal qualities, and in turn provide the individual with more support than they would get otherwise.
Masi et al. (2003) studied temperament and found that it is a behavioral style that is “evident early in life, stable in time, observable in a variety of situations, and considered an effect of personality development” (p. 256). One point of agreement among conceptual models is that at some level and to some degree, temperament is biologically based. Of the four temperamental traits emotionality, activity, shyness, and sociability, emotionality was the strongest predictor of depression. This study also found that children with behavioral inhibition are irritable as infants, shy and fearful as toddlers, quiet and introverted at school-age (mainly in unfamiliar settings), and vulnerable to depressive and anxiety disorders. It was concluded from this research that emotionality and shyness are temperamental traits that run in families, especially when anxiety occurs with depression.

Individual differences in temperament and personality are also indicators of how much success an individual can achieve. Shiner and Caspi (2003) reviewed numerous longitudinal and cross-sectional studies that investigated the effects of temperament and personality development of individuals with emotional disturbances. Unlike Masi et al. (2003), Shiner and Caspi (2003) discovered that temperament type and personality impacted emotional disturbances. Moreover, children who were highly unmanageable, impulsive, and displayed negative emotionality were likely to develop conduct disorders and antisocial personalities later in life. Shiner and Caspi found that children cannot be separated from his or her environment. Therefore, it is impossible to detect the true debilitating cause of an emotional disturbance.
Behavior

Werner (as cited in Gerber, 2001), conducted a longitudinal study that involved 90% of the children living on the island of Kauai, Hawaii. The results of the study confirmed the theory that social class and the child’s functioning are the strongest indicators of how successful a student will be in school and as an adult. This research is consistent with the notion that children in neglectful environments are destined to develop behavioral disorders. Gerber further contends that children who are part of the dominant culture will have more positive physical and psychological consequences for development.

Early onset of antisocial behavior has been documented through family studies (McEvoy, 2000). Youngsters are taught how to engage in antisocial behaviors indirectly through inappropriate and coercive parenting styles. These parenting behaviors include frequent use of harsh and coercive discipline, inconsistent rule setting, poor monitoring of children, limited family problem solving skills, low levels of expressed family affection, a lack of parent involvement/bonding, few positive reinforcements, parental substance abuse, depression, and marital strife.

Children who come from families that use inappropriate and coercive parenting styles learn to engage in antisocial behavior whenever they are involved in conflict (McEvoy, 2000). This method of coping allows the child to view antisocial behavior as having functional value. Once the pattern of interacting with the environment through antisocial behavior is established, the child can use antisocial tactics across life settings.
Grossman et al. (2003) taking another position, suggested that the underlying cause of severe emotional disturbance might be a combination of genetic make-up and life experiences. They found that an individual’s emotional disturbance is compounded by life experiences. Harmful environmental factors (i.e. toxins, alcohol, and viral infections) coming into contact with the fetus while inutero result in the child developing a severe emotional disturbance. When genes are damaged by environmental factors the brain is forced to repair and reorganize itself. Therefore, after trauma the genes express themselves differently, which often results in a change in the individual’s behavior and emotional abilities. How the genes are expressed depends upon the part of the brain that was damaged. It is the reorganization pattern the brain takes on that determines how the genes will be expressed, and how the individual’s thought processes will adapt. The way the genes are expressed is what others see as the symptoms of the individual’s emotional disturbance.

Machado and Bachevalier (2003) found that some social and emotional disorders in childhood are caused by brain injury prior to birth. Researchers in the field of neurobiology discovered that laboratory monkeys with brain injury displayed behaviors such as defective impulse control, social self-regulation difficulties, distorted learning from experience, and problems with sustaining friendships. Monkeys’ brains are similar to human brains, and the data from these studies suggest that humans with brain lesions may very well experience distorted perception and behaviors.
Bell (2006) reported that autism was first characterized in 1943. Before that time it was thought to be a type of schizophrenia. Now it is recognized as having a biological origin. According to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000), autism is “a markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests (p.70).” Initially individuals with autism were considered to have a behavior disorder. This is probably due to the behavioral challenges experienced by those afflicted with this condition. Individuals with this disorder vary greatly from one another depending on their age and developmental level. Autism is the most common of the severe developmental disabilities (Bell, 2006).

School Influences

Schools are generally the first institution that the young child encounters in his or her early development. Services for people with disabilities from 3 to 21 years of age are typically viewed as more of an enrichment activity than are services for older individuals with similar disabilities. Children with disabilities and their families may have his or her first encounter with public transitional services at age three. The child is separated from his or her parents/or formal care providers to participate in intervention programs in the public school system. This is an emotionally trying time for the child as well as the child’s parents and caregivers. Parents and caregivers must learn to deal with a bureaucratic system that is considerably more aloof than anything they have experienced in the past.
Programs for children three to six and their families are coordinated and protected by public agencies that work with families to develop an Individual Family Services Plan (IFSP). This practice came into being when the U. S. Congress declared, “It is critical that there will be no gap in services when a child turns three and that the services continue to be appropriate and family focused” (Mallory, 1996, p. 217). The federal government allows IFSPs to be used in place of Individual Education Plans (IEPs) that will be developed later for school age children.

Wenger, Kaye, and LaPlante (1995) indicate that approximately 6.1 percent of children ages 0-18 have a disability that affects his or her ability to function independently. Of this group, 5.5 percent of the children have a condition that limits their ability to participate in educational activities. Wenger, et al. reported that 0.6 percent of children are unable to take part in school at all, and that boys are significantly more likely than girls to attend special classes. Furthermore, children of low socioeconomic status are placed in special education twice as often as those of higher socioeconomic status.

A “great debate” took place between Ignacy Goldberg and William Cruickshank in 1958 (Sontag & Haring, 1996) regarding personally held theories involving the education of special needs children. Goldberg argued that the child of school age, developing at one-half to one-third the rate of the normal child, who has the potential for self-care tasks, is socially adjusted in the home community, and has the potential for economic usefulness, should be educated in the public school system. In contrast, Cruickshank believed children with severe
disabilities should not be entitled to a public education because they are not able
to contribute much to society. He felt the best solution was placing students with
severe disabilities into institutions, community daycare centers or in residential
placements.

Before the education of children with severe behavioral disabilities
became the responsibility of public schools, children with severe disabilities were
thought of as uneducable. The work of Fuller in 1949 (as cited in Sontag &
Haring, 1996) suggested that through the application of behavioral analysis
individuals with severe disabilities could be taught. By systematically employing
reinforcement, Fuller found that he could get consistent responses from children
with severe disabilities. By 1950, numerous studies supported behavioral analysis
approaches. In fact these new techniques were so convincing that parents of
children with severe disabilities advocated for securing such services for their
children.

In the earlier years of special education, many educators and policymakers
believed students with disabilities could be taught adequately by
paraprofessionals (Sontag & Haring, 1996). The Bureau for the Education of the
Handicapped (BEH) recognized that this practice was defeating the purpose and
integrity of special education. Therefore, the BEH began to advocate for qualified
teachers. Also, it was reported that there were no model programs for students
who were violently aggressive, self-abusive, medically fragile, or without bowel
and bladder control. In response to this, the BEH established a doctoral study in
the field of special education in 1974. Although programs for students with
behavioral challenges have improved, many of the problems that impacted special needs programs in 1974 still exist today (Carlson, Brauen, Klein, Schroll, & Willig, 2002; Miller, Brownell, & Smith, 1999; Nelson, 2001).

Interventions that hold promise for assisting children with social behavior challenges to become successful young adults, involve assisting them in acquiring effective communication skills through reading, writing, and counseling (Andreon & Durocher, 2007; Carlson et al., 2002; Gerhardt, 2007; McEvoy, 2000; Miller et al., 1999). Studies of programs that implement such interventions indicate that students who develop an emotional vocabulary are more apt to identify and talk about troublesome feelings. Programs that incorporate writing across the curriculum also seem to assist students who engage in nonproductive behavior. Recent studies (Carlson et al., 2002) indicate best practices in teaching students with behavioral difficulties involve teaching reading, facilitating inclusion, and managing behavior. The research indicates that instruction of students with behavioral challenges should also focus on enhancing self-control and academic self-efficacy (Alderman, 1997; Carlson et al., 2002; McEvoy, 2000; Sutherland, 2001; Wood, 1996).

Currently, the less popular position for educating students with disabilities is out of the realm of mainstream education. Actually some studies indicate that schools that employed specialized instructional methods would be a better approach for the education of all students. Goldberg (as cited in Sontag & Haring, 1996) argued that children with severe disabilities should not be educated in public schools. He based his opinion on Dewey’s theory that requires students
to be able to generalize, solve problems, make judgments, conceptualize in abstract form, and utilize language concepts. Goldberg’s position stressed the belief that these skills were not obtainable by those who had severe disabilities. Consequently, he advocated placement of these individuals into institutions rather than educating them in public schools.

Today, school districts must provide a free and appropriate education to students with disabilities ages 3 to 21. In order to receive federal funds districts must be in compliance with the Individuals with Disabilities Act (IDEA) (1997). When differences about a student’s Individual Education Plan arise, members of the IEP team can start due process procedures. Due process procedures may result in the school administration being in non-compliance with IDEA. Mistakes made by school administration can be expensive if they are challenged through a due process hearing (Etschedidt, 2003). Federal mandates encourage parental involvement that enables parents to have considerable influence over their child’s education. Etschedidt (2003) analyzed lawsuits that involved parents requesting independent evaluations of their children’s abilities. The study revealed that decisions made in administrative hearings and court decisions were based on adequacy to meet IDEA requirements, sufficient scope of evaluation (must address the disability area), and the utility of the evaluation to develop individualized education programs.

Hartwig and Ruesch (2000) discussed Congress’s position on issues such as short-term and long-term disciplinary measures, Functional Behavior Assessment, and Behavior Intervention Plans. The IDEA addresses the
importance of teachers’ and districts’ obligations to employ a variety of interventions and continuum of services for students with severe disabilities. Students with disabilities can be suspended for up to ten days without infringing upon their right to a free appropriate public education (FAPE). Ten days is considered a short-term disciplinary measure. Suspensions that last longer than ten accumulative days are considered to be a long-term disciplinary measure. In the case of long-term disciplinary measures, the school district is obligated to provide the student with educational services in an alternative setting. Long-term alternative placements of disruptive and dangerous students require the Individual Education Plan team to conduct a Functional Behavioral Assessment (FBA) in order to develop a plan of action.

Decisions made by Congress heavily influence districts to use a Functional Behavioral Plan (FBP) and develop a positive behavior plan for dealing with students who have severe emotional disabilities, and who engage in inappropriate behavior while at school. The FBP is a tool used to describe and analyze the relationship between behavior, antecedents, and consequent events. The FBP should address disciplinary measures, positive behavioral supports, and supplemental aides and services that have been found to be viable solutions when the student has engaged in inappropriate behavior.

A more recent component of IDEA mandates inclusion of services to be provided to pre-school children ages 3-5. Parents have the option of sending their child with a disability to a private, public, or Head Start Program. Odom, Parrish & Hikido (2003) found that funding for special education services comes from
multiple sources. The cost of pre-school programs is dependent upon who pays the bill. Parents who sent their child to private pre-school paid more than parents who sent his or her child to a public preschool or Head Start Program public programs because public programs were often offered free of charge.

The cost of educating a student with a disability is dependent upon the type of disability, IEP recommendations, and the type of services provided by the school system. Odom’s et al. (2003) study of inclusive pre-schools indicated that the most expensive programs are those designed for children with visual and hearing impairments. The federal and state support paid for programs varies. In some states only a portion of the total expense is paid and the remaining balance becomes the responsibility of the parent or other agencies.

The way schools are designed may contribute to the success of a student with a disability. School practices such as pull-out programs for the gifted and talented and ability grouping hinder the academic success of students by sending the message that low expectations are for those who are not included (McEvoy, 2000). Some aspects of the education programs for students with disabilities are problematic as well. Often these programs tend to be plagued with teacher shortages, and a chronic lack of understanding of the disability these students and his or her families’ experience. (Kauffman, 1999; Kidder-Ashley, Deni, Azar, & Anderton, 1998; Kutash & Duchnowski, 1994; Miller et al., 1999). Parents who advocate for inclusion programs believe that this practice assists their child in achieving a higher sense of belonging. The families who benefit from the justice
and the practice of inclusion emphasize the importance of parental choice (Hunt & Goetz, 1997).

In order for collaborative efforts between parents, students, and other service providers to play an effective role in the school program, time must be allotted to make certain that plans address the needs of all students. Time is a vital resource in the success of an inclusion program, and time is equated with money. To maximize learning for all students the administrator must make important decisions about the vehicle through which the services are to be delivered. There are several models of service delivery that satisfy a continuum of services. According to Pruslow (2001) federal incentives are not enough to encourage school districts to improve special education programs by implementing different models of inclusion.

Pruslow (2001) compared the cost of three models of special education delivery: Full Inclusion Model, Conservation Model, and Conciliatory Model. The Full Inclusion Model integrated all students into the general classroom. This model creates a heterogeneous grouping. Other characteristics involve staff commitment and collaboration. The basic unit of instruction is the Adaptive Instruction Team that includes at least one general education teacher and a special education teacher or teacher assistant. The Conservationist Model applies a continuum of services that are required by state and federal policy and is based on the needs of the student. The Conciliatory Model is a modified inclusionary approach. A general education teacher with special education teacher
collaboration characterizes it. Also, it includes resource rooms to support student learning outside the general education classroom.

York-Barr, Doyle, Kronberg, and Crossetee (as cited in Hunt & Goetz, 1997) interviewed school administrators, teachers, and parents who participated in implementing a more inclusive program in his or her school. Researchers were able to identify several themes from studying the process of moving students from a self-contained classroom to general education. These themes included threats of due process, a moral commitment to children and broader social outcomes, collaborative leadership, strategic planning and allocation of resources to facilitate systems change, creating new roles and responsibilities, and mentorship by the special education coordinator to facilitate a support system for inclusive education in home schools. Hunt and Goetz (1997) concluded that the outcome of these studies suggested implications for including students with severe disabilities in the general education classroom. Administrators should be informed about the different views of including students with disabilities in general classrooms before implementing a full-blown program.

Studies indicate that special education teachers experience a considerable amount of stress (Miller et. al., 1999; Nelson, 2001). According to Carlson et al. (2002), special education teachers are more affected by school climate than general education teachers. Moreover, teacher certification, paperwork, and serving students with four or more different primary disabilities were associated negatively with school climate.
Nelson (2001) investigated stress levels of 415 teachers who taught students with disabilities. The teachers in the study were required to complete and return self-inventories. Nelson measured stress levels of teachers by analyzing demographic characteristics, working relationships, and teachers’ perceived ability to work with students exhibiting externalizing and internalizing, thought disordered behaviors. The findings of this study suggest that teachers need a certain skill or personality style to work successfully with students who have disabilities involving emotional and behavioral disorders.

Miller et al. (1999) found that teachers who left or transferred from the special education classroom did so because of insufficient certification, perceptions of high stress, and perceptions of poor school climate. Needless to say, this can have a serious impact on the successful education of students in their charge. In order to combat teachers leaving the discipline prematurely, districts must provide professional development opportunities for them. These opportunities should include the support of the district, and cover a broad range of topics including stress management and collaborative problem solving techniques (Carlson et al., 2002; Miller et al., 1999; Nelson, 2001). Moreover, districts can improve the availability of qualified teachers through supporting the efforts of local and state school districts that employ strategic policies for hiring certified teachers (Miller et al., 1999).

Alderman (1997) stressed that even teachers with good classroom management techniques can fall back on poor management practices at times. It is suggested that teachers apply systematic and consistent interventions when
dealing with unruly student behavior. In order to develop skill in applying successful interventions, teachers must be reflective. They must be able to identify poor management strategies and replace them with more positive ones. Self-reflection may be accomplished through tape recordings, which should allow the identification of negative comments with positive ones, video recording to find weak strategies, or by simply not making negative comments.

Alderman (1997) contended that when teachers are aware of the management weaknesses, they recognize them soon and are better able to manage behaviors of all of their students. When teachers are accomplished at self-reflection, they are more ready to learn how to apply interventions that are recognized as best practices. Best practices for dealing with challenging student behavior may include pointing to class rules posted in the classroom, making more positive comments, and being specific about what students are to do. The same study by Alderman found that effective teacher praise is positively correlated with the success of students with emotional and behavioral disorders.

Sutherland (2001) found similar results when he studied twenty teachers and their students in an urban school district. All students received most of their instruction in self-contained classrooms and were in grades K-8. Teachers were taught to identify effective praise. Initially, the teachers were asked to predict how often they used praise in a 15-minute interval. Through modeling and peer assistance, Sutherland (2001) and his associates taught the teachers how to identify and give proper praise to students. To fully implement the study, the use of praise was broken down into three levels; “treatment”, “no treatment,” and
“maintenance”. Teachers used micro-cassette recorders to reflect on their use of praise in the classroom. It was discovered that when teachers increased the amount of praise the students responded more positively. Results of this study suggest that teachers who engage in peer coaching, self-evaluation, and self-regulatory interventions show promise for improving programs for students with disabilities.

Wood (1996) described how students’ behavioral difficulties are related to their mental representation of events. It is stressed that when teachers and counselors listen to students’ life stories they can devise more appropriate strategies to help students improve behavior, and increase more positive outcomes for the students. Wood (1996) used a qualitative study format to explain this process. Several conversations between students and practitioners revealed that students would most often use a defense mechanism such as rationalization or denial to justify poor behavior. The research identified the following student response themes: teachers are not fair to the student, feelings of worthlessness, and the importance of the group. In some cases the problem is further confused by immaturity, developmental disability, or communication disorders (Wood, 1996).

Wood (1996) recommended that the practitioner listen to the student’s “life story” and understand that it is fundamental to the sense of personal self. In order to change the behavior one must help the student draw new interpretations that will be given top priority in his or her individual life story. This may be accomplished through adding new material and information that contradicts
previous interpretations. The student must make a choice to change independently. Wood encourages practitioners to redirect student behavior by reminding the student of important personal goals, and how specific types of behavior will make it difficult or impossible to achieve the goals. Wood also suggests that practitioners should encourage verbalization, journaling, and not rush to make judgments, or punish sarcasms.

Teachers and peers often find it difficult to accept children who engage in antisocial behavior in the academic setting. Rejection and academic failure make it impossible for the student engaging in antisocial behavior to achieve any type of positive reinforcement in the educational setting. Consequently, the student may have no other choice than seek out other children who are problematic. These individuals then reinforce each other’s negative behavior. McEvoy (2000) contends that antisocial behavior and academic failure reinforce one another within the context of ineffective school practices, and ineffective parenting strategies. It is difficult for a failing student to achieve positive reinforcement in the school environment. In these situations, the student takes on adverse traits that will increase the likelihood of escape, rebellion and other forms of uncooperativeness.

Often students engaging in antisocial behavior are reprimanded through suspension. Exclusion from school as a means for control does not address the underlying reasons for the child’s behavior. McEvoy (2000) argued that a therapeutic approach would be more effective in alleviating the student’s antisocial tendencies over time.
Students with severe emotional disturbances and behavior disorders can be the most challenging of all students with disabilities as well as the most expensive for districts to serve. Often students with severe emotional disturbance and behavior disorders are sent to residential programs that could cost the district $86,000 or more per year (MacMillian, 1999). Another option for educating these students is to put them in homebound instruction programs. Unfortunately, this provides the student with little opportunity to work on important social skills that will be needed to succeed in life. Although both of these alternatives (residential care and homebound instruction) are included on the continuum of services for students with disabilities, many states are finding these programs are too costly. Moreover, it may be evident that placing students with severe disabilities and behavior disorders in private educational programs may not serve the purpose of effectively educating students in the least restrictive environment (MacMillian, 1999).

**Social Systems**

Over the past few years there has been a change in the way service providers view the family dynamic of children and adolescents with disabilities. The most recent approach used by service providers builds on the strength of the family unit. Interventions that can be used in the home are preferable to interventions administered in a residential setting. Other approaches involve a variety of services provided by numerous professionals. This requires collaboration of service providers and a delivery of services that is tailored to the individual’s needs.
An investigation by the National Institute of Mental Health (as cited in Kutash & Duchnowski, 1994) found that the nation was not doing enough to treat and prevent disabilities in children. In response to this, numerous studies revealed a need to demonstrate more projects based on theory. In one such study, Pandiani (2001) focused on the impact of collaboration of services between service providers, known as “system of care.” The results of this indicated that the system of care theory could be used to predict how well young persons served in more integrated systems of care will make progress. It was found that the individuals who participated in programs that used the system of care approach experienced less out of the home placement and more positive outcomes. Also, the data supported the theory that integrated systems of care resulted in few referrals to intensive residential treatment. Moreover, and most importantly, there are findings that suggest an early-intervention could reduce longer term and more serious criminal involvement.

Romano and White (1997) reported that poor social skills of individuals with disabilities are one of the most defeating traits in the workplace. They also found that educational programs for this group should be work related, and provide hands on paid work experience for the students while they are in school. Noteworthy, programs in which students are generating the most success are those in which the remedial approaches have been replaced by more career oriented community based curriculum. Romano and White advocated for teachers to acquire skills that will enhance their ability to collaborate more effectively with students, community, employers and other service providers such as the
Rehabilitation Services Commission. It appears that the system of care approach would hold some promise in assisting individuals with disabilities to lead more productive lives, and become less of a burden to society.

Transitions

Parents have aspirations for their children to grow up and live independently. In society, most people believe the best way to assist young people in becoming well-rounded individuals is to provide them with good educational experiences. Most parents depend on the school to do its part. The quality of their child’s education is measured by what the child is capable of doing. However, for some children with special needs the mainstream classroom is not where they are going to achieve their fullest potential. They need a program that is structured according to their learning needs. This is where the child’s needs and transition programs intersect. Taking the wrong approach can set the child up for a lifetime of failure. Many strategies are available to schools that will help them assist students in acquiring skills for successful transitions. School programs are as individual as the school itself. Two schools may never be able to implement identical programs, but many exemplary programs can be modified to meet the needs of students in different school settings.

The School-To-Work (STW) concept has its roots in the school reform actions that occurred around 1983 (Stull, Sanders, & Stull, 2000). Every level of the American school system has been influenced by research generated during this era. These reports include A Nation at Risk and The Forgotten Half: Pathways to Success for Youth and Young Families. During the 80s and 90s
schools began developing STW programs. The federal government awarded schools grants to assist educators with their program. Legislators hoped that educational programs that integrated academics and vocational education would provide students with skills that could be generalized to the workplace. This approach was reaffirmed in 1994 when Goals 2000: Education America Act was enacted. The benefits of “hands-on” instruction were revisited and the use of it is strongly encouraged by this legislation. The hands-on approach has also been proven to enhance the learning competencies of students with special needs.

LaPlante, Kennedy, Kaye, and Wenger (1996) identified chronic diseases, disorders, and impairments that are associated with disabilities as being the main diagnosis for students with disabilities. Disorders including vision, speech, and hearing impairments, learning disabilities, Down’s syndrome, and orthopedic impairments constitute 58.4% of disabilities, and diseases of the digestive system, and musculoskeletal system and mental disorders constitute 41.6 percent. Increased identification has resulted in the number of school-aged children receiving Social Security to grow by almost 50% from 1982 to 1995. In terms of vocational success, young adults with mental retardation have higher rates of employment than other individuals with different disabilities. This is partly due to the power of the support group they belong to. Many individuals with disabilities do not complete high school, and of the few who do only very small percentages obtain college degrees.

Students are least likely to succeed when they make unrealistic transition choices. Choices vary to some degree among different populations of disabilities.
Most students diagnosed with a specific learning disability have more traditional transitional options available to them than others who are challenged, because as a group they are more readily accepted. Moreover, they have had more success, and they have enjoyed more structure in his or her academic program, which is self-enhancing. Determining vocational and educational goals at an early age is beneficial to all students with disabilities (Cummings et al., 2000). This tends to be a recurrent theme throughout the literature.

More recent research (e.g., Cummings et al., 2000) provides more insight into the transitional difficulties experienced by students with mental retardation and physical limitations. Review of the literature reveals the need to develop new approaches and/or to improve current transitional services for students. This is necessary to ensure that students are able to both acquire and maintain employment as adults.

Primary Education

The goal of providing career awareness to younger children with disabilities is to familiarize them with various careers and to use their personal characteristics to positively affect vocational and educational goals (Cummings et al., 2000). This may involve analyzing the student’s strengths, weaknesses and preferences. Students with learning disabilities often have difficulty internalizing an identity. Therefore, they should not decide on specific educational or vocational goals in the early years of their education. Rather, they should be exposed to a number of broad careers as early as possible.
Assessments that take place during the intermediate school years should also measure the student’s vocational interests, vocational aptitude, work habits, and career maturity (Cummings et al., 2000). Analyzing these areas may be facilitated through interviews, observations, and standardized norm referenced tests. Students with learning disabilities should be provided with opportunities that allow them to practice career related skills such as following a procedure to complete task, dependability, and punctuality.

A study completed by Marchand and Skinner (2007) suggested that children demonstrate the ability to self-regulate and self-advocate through help-seeking behaviors in grades 3 to 6. It was revealed that help-seeking behaviors were positively related to engagement in the learning process whereas concealment caused less engagement in the learning process. The children who sought help gained more support from their teacher whereas the children who concealed their difficulties received less support from teachers. Furthermore, it was conceptualized that the way children perceive their ability to succeed in the classroom will promote or hinder his or her help-seeking behaviors.

Secondary Education

During adolescence and early adulthood, people with disabilities are making the transition from a school environment (where accommodations are employed) into a work setting that is often less accommodating. Students who are 16 years of age benefit greatly from strategies that involve vocational assessments and training, special education programming, community-based work
experiences, counseling to adjust to adult-life and personal management skills. These issues are typically addressed through the student’s IEP.

The National Longitudinal Transition Study (Wagner, Newman, Cameto, Levine, & Garza, 2006) reported students with emotional disabilities were more likely to drop out of high school. Students with learning disabilities were more likely to drop out of high school than students with visual or hearing impairments, autism, and orthopedic impairments. The most popular reasons given for dropping out of high school were a general dislike of school and poor relationships with peers and teachers. Individuals with visual impairments were more likely than others with disabilities to continue their education at a four-year college.

Wagner et al. (2007) confirmed that self-determination is an important element of the success of individuals with disabilities. Data collected through the NLTS-2 indicates that successful youth with disabilities share certain attributes, which are an understanding of one’s own strengths and limitations, and the belief in oneself as capable, and effective in interacting with peers and adults to meet those needs. These abilities “. . . enable individuals to engage in goal-directed, self-regulated, autonomous behavior (p. 28).” In Carter et al. (2006), the differences in self-determination between students with emotional disabilities and those with learning disabilities were studied. Through perceptions of the student, parents and school special educators, it was determined that youth with emotional disturbances had lower self-determination than the students with learning
disabilities. Carter et al. (2006) findings correspond with the results of the NLTS-2.

Students having one or more of a combination of special needs affecting mobility, coordination, communication, self-care and/or cognition, which significantly interfere with making a successful transition from the school to the adult world of work, benefit from a more comprehensive approach. Successful programs for students with physical impairments include a montage of services from various practitioners. Many individuals with mobility, coordination, communication, and self-care and/or cognition challenges receive occupational therapy. The goal of occupational therapists in the secondary programs is to facilitate the student’s potential to competently engage in productive occupations such as paid work, and daily living skills (Sherman & Osborn, 1989). Involvement with students includes assessing student skills, providing individual programs in self-care and home management tasks, and work related skills and behaviors. Occupational therapists also consult with teachers, students, and parents to create modifications that benefit the student at school and in the workplace. Occupational therapists instruct students in the use of technology. In addition, they work closely with parents to assist students in integrating new skills into the home. This may assist students with independently managing and performing daily health care procedures. The Rehabilitation Services Commission can also provide the student with funding for additional training or sophisticated augmentative devices.
Students with learning disabilities who have identified a career goal by high school tend to have the most success in the world of work. Students in high school are advised to become more reflective about various careers. Assessment should be based on experience, work appraisal, and situational reviews. Transitions for students with learning disabilities should emphasize the importance of fine-tuning their skills, vocational self-awareness, and support from vocational educators, career counselors, and human resource professionals.

The Individuals with Disabilities Education Act requires schools to start developing transition plans for students with disabilities at age 14 (ODE, 2008). Research conducted by Milson and Hartley (2005) emphasized the importance of the school guidance counselor in assisting student with disabilities transitioning from school to college. Guidance counselors have specialized training in career and life span development that can benefit all students. However, Hitchings et al. (2001) found that only 68% of guidance counselors are involved in transition planning for high school students. Jangia and Costenbader (2002) suggested that sometimes when guidance counselors are involved they may give misinformation about a child’s abilities and advise the student to pursue vocational options. To further complicate the problem, parents who are not educated about the child’s disability may take the advice of guidance counselor and discourage their child from pursuing a college degree.

Students with disabilities who are preparing to make the transition from school to work may benefit from services offered by a variety of public and private agencies outside of the public school setting. One such agency is their
state’s Rehabilitation Services Commission (RSC). The RSC is a government agency that assists students with special needs bridge the gap from school to post-school activities. The RSC defines transition services as a “coordinated set of activities from a student, designed within an outcome-oriented process that promotes movement from school to post-secondary activities” (Ohio Rehabilitation Services Commission, 2002). Students may gain assistance through referrals made by the local school district, a student, a family member, or other educational or community agencies. Services should be requested no later than two years before the student graduates from high school. When services are requested, a counselor from the RSC will meet with the student’s current IEP team to devise employment goals, objectives, and services. Also, the RSC counselor will develop the Individualized Plan for Employment (IPE). Student services may include assistance with post-school activities such as post-secondary education, vocational training, integrated and/or supported employment, continuing adult education, independent living services, and community participation. Services provided by the RSC are based on student needs, abilities, and preferences.

Post-Secondary Options

According to the 2007 Annual Disabilities Status Report (Erikson & Lee, 2008), 12.5% of individuals with disabilities will receive a bachelor’s degree or higher, compared to individuals without disabilities at 30.8%. In this report, sensory disabilities were described as individuals who are blind, deaf, or who have severe vision or hearing challenges. A mental disability
was described as anyone who has a physical, mental, or emotional condition that lasts more than six months and affects his or her learning, remembering or concentrating. A physical disability was described as a long lasting condition that substantially limits one or more of physical activities such as walking, climbing stairs, reaching, lifting, or carrying. Erikson and Lee reported that individuals with sensory disabilities made up more than 14.1% of individuals with disabilities earning a bachelor’s degree. Individuals with physical disabilities made up 11.7%, and individuals with mental disabilities made up 9.5 percent. The HEATH Resource Center (2009) reported one-third of all college freshmen with a disability identified themselves as having a learning disability.

The educational rights of individuals with disabilities change when they leave high school to pursue a secondary degree. In adulthood, individuals with disabilities may benefit from vocational supports provided by government agencies. The Individuals with Disabilities Act is mainly concerned with transition policies of school-aged children with disabilities. Most laws that protect adults stem from the Mental Retardation Facilities Construction Act of 1963, the American Disabilities Act, and the American Civil Liberties Union.

The rights of adults with disabilities attending college programs are protected by the Americans with Disabilities Act (1990) and Section 504 of the Rehabilitation Act of 1973. Under these provisions in the law, colleges must remove barriers that prevent students with disabilities from achieving. Professors are not required to alter content standards to satisfy the needs of a student. Individuals desiring a college degree need to be able to make decision
independently, communicate affectively, and be self-determined. It is advised that the individual explore post-secondary options and visit different colleges to find a setting that is compatible with his or her needs.

Once attending a college, students are required to inform the college of their disability status in order to receive accommodations. Non-disclosure of a disability can lead to academic failure. Self-determination and self-advocacy is an important attribute of successful individuals with disabilities (Kissel, 2006; Skinner & Linsrom, 2003; Thoma et al., 2008). Disclosure of a disability is the first step in self-advocacy, asking for help is the second step. Tranin and Swanson (2005) studied grade point, achievement, and help seeking activities of college students with and without disabilities. The results indicated that help seeking activities were necessary for individuals with disabilities to achieve but not for individuals without disabilities.

Living at home or on campus needs to be considered carefully. Andreon and Durcher (2007) maintain that individuals who need supervision in the area of independent living (getting dressed, understanding campus rules and procedures, and transportation) will be more successful living off campus. Individuals who choose to live on campus need to be proficient at communication devices such as telephones and e-mails, and manage money and budget. It is equally important they possess executive functioning (goal setting, initiation, organization, inhibition, working memory, and the ability to ask for assistance with long term projects). Andreon and Durcher also suggest that individuals with autism spectrum disorders consider paying a peer to escort them to class, help with
homework, and assist in understanding lectures and social situations. Other suggestions included taking reduced class loads, taking summer courses, and becoming familiar with the campus and where classes are held before the first day of classes.

Several characteristics distinguished successful college students from other individuals with disabilities (Cummings et al., 2000; Wagner et al., 2007). Wagner et al. (2007), report that “self-evaluations of self-advocacy skills are an important element of self-determination” (p. 28). According to Cummings et al. (2000), students who participate in college programs usually have only mild disabilities and are intellectually and academically competent. In order to prepare for college, these students tend to participate in a rigorous program of academic instruction. They also join clubs and athletic teams which helps them to develop social skills. Research reveals that college students who have had coaching in how to access services, take appropriate notes, and use technology, tend to be more successful in reaching their personal goals. Additionally, Wagner et al. (2006) postulated, “a better educated head-of-household outweighs income in helping explain the variation in the likelihood that youth with disabilities will enroll in a 2-year or 4-year college after leaving high school” (p. 15).

**Independence**

Individuals living in the United States are more independent and employable now than ever before. Data from the National Longitudinal Study-2 (2007) suggested that the number of young adults with disabilities living more independently had increased over two years. It was discovered that the number of
participants living independently, voting, managing money, acquiring charge
accounts, and obtaining driver’s license increased.

Although some individuals are making great strides toward independence,
many are still struggling. Easter Seals (2008) reported that in July 2008 only 24%
of adolescents with autism compared to 77% of adolescents without disabilities
had sought employment. According to Erickson and Lee (2008), in 2007
individuals with disabilities working full time all year was 21.2% compared to
56.7% of individuals working full time all year without disabilities. The annual
median earnings for working individuals 21 to 64 with disabilities was $34,200
with a total household income of $38,400, compared to an annual income of
$38,400 and a household income of $61,000 for people without disabilities.
Individuals with sensory impairments were the highest wage earners in the
disabilities categories.

Unfortunately, many students with learning disabilities are not making a
successful transition from school to work. This is evident through reports of high
unemployment rates, job dissatisfaction, and social and emotional maladjustments
(Cummings et al., 2000). The authors contend that this is due to the
misconception that learning disabilities are a mild disturbance that will disappear
in adulthood.

Transition planning for students with serious emotional disturbances has
yielded the least success for any of the special education groups. This is partly
due to the fact that members of the Emotionally Disturbed (ED) group have the
highest drop out rate from high school where most of the vocational training takes
place (Bateman, 1996). Common characteristics of this group include an inability to establish and maintain a relationship with others, a general pervasive mood of unhappiness or depression, and a tendency to develop physical symptoms or fears associated with school problems. The students’ emerging delinquent behaviors and sometimes anti-social behaviors make their disabilities clearly visible to others. Such students often gain work experience in low skill positions that have a high rate of turnover. Bateman found that only 20% of students with serious emotional disturbances earned more than minimum wage, and collectively they had a lower level of employment than either, students of the cognitively delayed or orthopedically handicapped groups (p. 214).

*Family Involvement*

It has been found that family values such as work ethics play an important role in the success of the individual’s transition. Family involvement in the transition process is identified as a major component in the success of programs for students with disabilities. This is also true in the success of transitional planning. However, “in practice parents and professionals experience difficulty in achieving a collaborative working relationship” (Morningstar et al., 1996, p. 249). This may due to the different focuses that exist between educators and parents.

Since 1975, Public Law 94-142 has required parents with students who have disabilities to participate in the planning of their child’s educational plan. It also encouraged the student to be an active participant in the planning process. However, these requirements are not found to be consistent in current practices. That is, IEPs are often done prior to the IEP meeting without parent input in order
to save time. The plans tend to be vague in construction and the parent agrees to the IEP without forethought or support. Needless to say, students who do not have the opportunity to plan their future often leave school without the necessary skills to achieve positive outcomes in the adult world. Moreover, such students typically leave school without acquiring age-appropriate self-determination.

Morningstar, Turnbull, and Turnbull (1996) conducted focus groups with students that held a wide range of abilities. The purpose of the study was to understand the role parents played in his or her child’s transitional success. Most students in the study had a positive outlook on his or her future. They demonstrated interest in attending college after graduation from high school, finding a job, and getting married. Morningstar et al. indicated that the students were strongly influenced by their families’ aspirations for his or her future career and living arrangements. Many of the students’ career choices were similar to family member careers. Family members also influenced the student’s choice of postsecondary education options. Some students reported that their parents were actively involved in their transitional planning. Students indicated several ways parents could help them achieve his or her transitional goals: make sure they stay in school, plan and help them pay for college, help them find a job, and help them move out on their own.

Morningstar, Turnbull, and Turnbull (1996) found that extended family members were also identified as having a positive influence on students’ transitional goals. Findings from the focus groups indicated that emphasizing family careers was one way to motivate students to develop meaningful career
plans. Students envisioned maintaining a close supportive relationship with immediate and extended family members as adults. A few interviewees felt they may have benefited from enlisting services from outside service systems.

Summary

Quality of life pertains to all individuals. Although more difficult, individuals with disabilities have the same rights as individuals without disabilities to pursue life, liberty, and happiness. The major governing laws that protect this right are the Americans with Disabilities Act (1990) and Individuals with Disabilities Education Act (1997). Research indicates that QOL is dependent upon an individual’s belief and values about what they need and upon the societies in which they interact (Prince & Prince 2001; Schultz, 2000). Individual QOL can be measured through subjective and objective means and is dependent upon how one perceives his or her situation in the environment. Objective variables appear to be readily observed by others and include housing, education, income, and employment. Subjective indicators are intrinsic and include the way one perceives his or her QOL and how well they are doing culturally, socially, emotionally and socially.

The amount of independence one can achieve greatly influences the quality of life. Individuals with disabilities who have achieved high levels of independence have demonstrated specific characteristics that involve self-efficacy, temperament, good mental health, support networks, education, and transition. Positive attributes of self-efficacy were found to include high levels of resiliency, self-concept, regulatory abilities, motivation and determination
Successful individuals with disabilities will display elevated degrees of self-efficacy and purpose in life. Temperament was also found to be an important attribute of successful individuals with disabilities. Masi, Mucci, Favilla, Brovedani, Millepiedi and Perugi (2003) defined temperament as individual attributes that people are born with and are stable over time. Personality traits are part of temperament and were found to be indicators of how much success one can achieve. Psychological attributes of successful individuals include meaningfulness, positive relationships with others, achieving long-lasting relationships and developing coping strategies (Debats & Drost, 1994; Frankl, 1984).

Family support is an important indicator of how much success an individual with a disability can achieve (Bandua, 1997; Dunst et al., 1988; Morningstar et al., 1996; Wagner, 2007). Family advocacy and educational levels were found to be strong indicators of the amount of education individuals with a disability will pursue. Individuals with disabilities living in the United States were once denied a public education and were hidden away in institutions, community day care centers, and residential placement, thereby limiting opportunities to work toward independence. Recently family advocacy laws were created that mandate children with disabilities are to be educated in the regular classroom to the maximum extent possible. This mandate encourages individuals with disabilities to become less dependent on others and acquire more opportunity to achieve a suitable QOL.
Currently, most children with disabilities attend public schools and some go on to college. However, the amount of time a child with a disability spends in mainstream education is dependent upon the way a school is organized. Children with disabilities achieve more success in the educational setting when they are provided with a structured environment, differentiated instruction, technology, and taught appropriate interpersonal and self-advocacy skills. Actions of teachers and other school staff can affect a child’s progress toward educational goals. Although inclusion of individuals with disabilities has come a long way, there are still many barriers for individuals with disabilities on the path to independence.

Transitional planning is a vital component of the success of an individual with a disability. In primary school, children should be familiarized with different kinds of occupations. They should work on developing basic abilities and learn self-help skills such as how to ask for help. During secondary school students need to set occupational goals and decide if they want to join the world of work, pursue vocational options, or attend a two or four college. Individuals who had the ability to communicate effectively, self-advocate, and regulate were found to have the most college success. Individuals with disabilities who achieve higher educational levels obtain employment, benefits, and salaries that are more competitive with the general workforce than individuals with disabilities that have minimal educational levels.

Successful individuals with disabilities will effectively interact with the environment to acquire competitive full-time employment that provides stability over time (Jolivette et al., 2000). Studies indicated that disability type affects the
extent to which an individual will become successful. Individuals with disabilities involving the senses such as blindness and hearing impairments are achieving the most success, whereas individuals with emotional disabilities are achieving the least success and need others to advocate for them. Individuals who are identified as autistic are now one of the fastest growing disabilities groups.

This investigation into the literature concerning the quality of life of society’s most challenged members has attempted to reveal the characteristics of successful individuals with disabilities. Through this investigation it was discovered that successful individuals learn to compensate for disabilities using a variety of responses. These responses required a degree of creativity and help-seeking behaviors to eliminate or get around obstacles created by the immediate environment. These obstacles are a derivative of environments that have been imposed upon them by others who may not have insight into his or her specific challenges. The approach one takes to overcome obstacles in his or her environment was impacted greatly by disability type, support networks, and aspirations of the individuals.

Most of the literature reviewed involved quantifiable reports about experiences that are seemingly of a personal nature. Many of the accounts lacked a personal element that may conclude some logical reasoning for the phenomenon. For example, the varying in individual preferences made it difficult to understand the struggles and sacrifices individuals with disabilities make on a daily basis. Much of the literature does not answer questions about how individuals perceive life events and how their perceptions motivate them to make
certain choices. The reviewed literature does not fully answer the question of what sets successful individuals apart from individuals with the same disability in seemingly similar circumstances. What do we as a responsible society need to do to improve the quality of life for everyone by assisting individuals with disabilities?

Locating successful individuals with disabilities to interview for qualitative study is an extremely sensitive task. Laws that protect the identities of these individuals create obstacles for researchers in this area. In an effort to gain access the information I needed, I had to define the attributes of successful individuals with disabilities. A common theme throughout the literature indicated that successful individuals with disabilities are those who acquire a satisfying quality of life. This definition created challenges in that the term “satisfying” requires a personal opinion from the individual. In an effort to deal with this conflict, I looked to objective indicators of QOL that other researchers have used to conclude an individual has achieved success in obtaining QOL. Independence was the most cited indicator of success with full-time employment being a measurable predictor of an independent lifestyle. Education was cited as the best indicator of employment for individuals with disabilities. Therefore, it was concluded that university programs providing services to individuals with disabilities and the professors who taught them were good sources for recruiting participants. It was also found that individuals with disabilities often knew others with disabilities that would be willing to participate in such a study. These
avenues were viable solutions to the problem of finding successful individuals with disabilities willing to be interviewed.

Being a family member, friend, teacher, neighbor, and co-worker of individuals with disabilities has increased my awareness and knowledge of the challenges experienced by individuals with disabilities. I am more aware of the barriers they encounter integrating into mainstream society and have come to the realization that many of these barriers can be removed or lessened with the incorporation of universal design principles. Incorporating these principles into mainstream society would require the re-design of buildings, educational programs, and the way members of society view the abilities of others. It is my position that individuals with disabilities should be viewed with the premise that they can achieve. Moreover, each individual should be given every opportunity to work toward his or her full potential. Every member of society has his or her own set of values, skills and talents to offer. My experiences have enforced the belief that all of us have a responsibility for increasing the QOL of others. I hope that through this research I can fulfill some of the responsibility I feel for society.
CHAPTER III

Methodology

For most people the process of leaving school and then one’s home to enter the world of work is difficult and unsettling. Those individuals who have the added burden of a disability are routinely confronted with additional obstacles that are often below the awareness of the helping professionals who support them. Consequently, persons with disabilities experience an additional level of interference with the task of striking out on their own and developing an independent lifestyle. Although efforts in improving this process have shown some change for the better in the past 20 years there are still many individuals with special needs who are not realizing a successful transition. The goal of this research was to conduct an inquiry into the personal success of individuals with special needs. The participants were individuals from the Midwestern United States and Ontario who had earned at least a four-year college degree. This qualitative study investigated the individual's perspective about situations and characteristics that contributed to or challenged the individual's transition from school and home into the world of work and a more independent lifestyle.

This study sought to determine those factors that contributed positively to the individual’s quality of life from his or her own perspective. It investigated the type of impact the family, community, and educational experience had on the participants. The degree of self-efficacy each individual demonstrated was measured by the use of the General Self-Efficacy Scale (See Appendix B). To establish the presence of a purpose in their life, the Purpose-in-Life Inventory
(See Appendix B) was used. Because these two instruments have been normed on the general population, participants’ scores were an indication of their purpose in life and self-efficacy, as compared to people with or without disabilities.

The two main research questions of this study were as follows: 1.) How do successful individuals with disabilities view their quality of life? The sub-questions for this question were:

a) What do these people say about their quality of their life?

b) What was their score on the General Self-Efficacy Scale?

c) Did they demonstrate a purpose in life based on the Purpose-in-Life Inventory?

2.) From the perspective of the person with a disability, what types of experiences helped them to become successful? The sub-questions for this question were:

a) What childhood and family experiences were both positive and supportive?

b) What was the home and community like?

c) What was the level of participation in the community?

d) What were the specific experiences in school?

e) What problems did they encounter making transitions from high school to college to employment, and how were these problems solved or managed?

Qualitative Approach

I used a qualitative research approach to obtain a deep understanding of the perspectives of the participants (Seidman, 1998). Interviews are a productive
method for capturing elements that were unique to the individual participants. By closely documenting the stories of individuals with disabilities, I gained insight as to how significant life experiences impacted the quality of their lives. Interviews made otherwise obscure details available, allowing me to become more aware of how the life experiences of the individual promoted positive interactions with his or her environment. Through the qualitative research approach and interviews I probed for the nodal characteristics that were the greatest influence in the success of the individual.

The stories told by the participants illustrated how they became successful. Stories best portray the success of an individual because it is from his or her perspective that others can acquire knowledge of the challenges individuals with disabilities experience. The literature indicates that in order for an individual to achieve success they must first realize his or her quality of life (Bloemers & Wisch, 2000). Because quality of life is subjective to the individual’s own perceptions, it is reasonable to conclude the most informative method for studying the success of individuals is through qualitative measures.

According to Bandura (1997) individual behavior is the product of the individual’s experiences and his or her environment. Therefore, it is reasonable to conclude that by delving into the participants’ past experiences and how these experiences affected their current decisions; individual case studies were the most fruitful means to develop the emerging themes in the lives of successful individuals with disabilities. Case studies provided a tool to gain more meaningful understanding of the individuals’ ideas, feelings, and motives.
Finally, the qualitative methods were sensitive to the individual’s environment and his or her perspectives about the past experiences that influenced his or her behavior (Creswell, 2003).

According to Bloemers and Wisch (2000) details of the participants’ lives allow for a greater understanding into the challenges of the individual, as well as how positive experiences promote successful interactions with their environment. The qualitative, case study approach allowed the study of the participants in their natural environment. In order to promote a more natural environment it was necessary to establish good rapport, a non-intrusive demeanor, and credibility with the participants. This was accomplished through a guided and self-reported history provided by the participant through the person-to-person encountered interview as described by Merriam (2001).

Participants

Individuals with disabilities who graduated from a university were recruited to participate in this study. The participants included eleven individuals. There were five males and six females ranging in age from 23 to 62. The disability type of the participants was varied and involved three individuals with blindness, one individual with a physical disability, six individuals with learning disabilities, and one individual with autism spectrum disorder. Participants were recruited through the classroom services office of the universities, by professors, friends, and relatives of the participants. All participants consented voluntarily and were not compensated for their participation.

The criteria for selection of successful candidates included:
(a) graduate of a four-year college program, and
(b) employed in their field of study or related field for at least one year.
(c) all of the participants had been identified as having a disability before or while attending the university program.

Individuals for the study were approached by the university staff or professors, friends, or relatives and asked if they would be willing to participate in the study. The participants then contacted me either by telephone or e-mail. Participants granted their informed consent, according to Ashland University’s Human Subject procedures (See Appendix A).

Data Collection Methods

Several methods were used to collect data for this study. One-on-one audio recorded interviews, telephone interviews, and e-mails were mediums used to store and reflect on gathered data. Other documents such as school records were used. A brief non-timed attitude scale was administered in order to establish the subject's perceived purpose in life, and an inventory that measured individual traits such as self-efficacy was also administered.

Interviews were conducted with each participant. Each interview was approximately 60 to 90 minutes long. The interviews were structured and tape-recorded. One-on-one interviews, telephone conversations, and e-mails were used to contact the participants, collect data and conduct the interviews. Questions asked of the participants encouraged conversations about their childhood, educational experiences, community involvement, and personal background and
experiences (See Appendix C). All of the interviews were in person except for JJ’s, which was conducted by telephone. Identities were disguised to ensure confidentiality. The interviews were audio taped and stored in my closet for seven years. At the end of seven years, the documents will be shredded and thrown away.

Instrumentation

The two instruments that were chosen to establish self-efficacy and purpose in life included the Purpose-in-Life Inventory (PIL) and The General Self-Efficacy Scale (GSE). These choices were based on the review of literature that established that both self-efficacy and purpose are major factors in success. The attitude scale was designed by Crumbaugh and Maholick (1969) and is the Purpose-in-Life Inventory. This scale reflects the viewpoint of Frankl (2006) in that it is an extension of his concept of an “existential vacuum,” a state of emptiness that is experienced by an individual who fails to find meaning and purpose in life. Odd-even reliability is reported as .92, and the PIL correlates with both the Srole Anomie Scale and the MMPI Depression Scale. An additional instrument employed in this research was developed by Schwarzer and Jerusalem (2000). The General Self-Efficacy Scale (GSE) a measure of the degree of personal competence to deal efficiently with stressful situations. On average, this scale has been found to correlate positively with self-esteem and optimism, and negatively with anxiety, depression and physical symptoms. In terms of reliability, the authors report Cronbach’s alphas ranged from .76 to .90. Results from these tools were compared with interview themes to identify traits.
Data Analysis

Cresswell (2003), Merriam (2001) and Seidman (1998) agreed that data analysis should be done in conjunction with data collection. Each participant’s story was treated as a case study. The case studies provided detailed descriptions of individuals and settings and were followed by a detailed analysis of the data to identify themes. A generic six-step process recommended by Creswell (2003) was tailored to fit this study. This procedure involved the following steps.

a) Organize and prepare the data…
b) Read through the data…
c) Apply a coding process…
d) Use the coding process to generate a description of the setting, people or themes…
e) Advance how the descriptions and themes will be represented in the qualitative narrative…
f) Make an interpretation or meaning of the data. (p. 192-195)

According to Seidman (1998), one goal of managing collected data is to be able to trace it back to its original interview. Organization is the key to the success of managing data. Therefore, it is of great importance to develop a system for recording and storing data efficiently. In this study, my method of organizing the data was accomplished through taped interviews. The taped interviews served several purposes. They recorded the participant’s words precisely, provided me with permanence, and reassured the participant that his or her stories and words would be treated with the necessary respect. The taped interviews were typed and saved using a word processor. The tapes and typed documents were referenced numerous times throughout the analytical process.
Moreover, the tapes and transcriptions allowed me to concentrate on the verbatim dialogue of the participants’ experience.

In addition to the interviews, I used journals and memorandums to make note of pertinent information that took place during the interview process. The journals also provided further reflection of the interview itself. Glaser and Strauss (1967) advocated the use of these documents, concluding that they offer the researcher a means to acquire more clarity and denote important aspects about the participants’ stories.

Emergent themes were generated using a more traditional approach that required me to organize vignettes into categories. I looked for connecting threads and possible patterns among the excerpts within the categories for connections that I would term themes. Through this process I was able to identify patterns and make connections that emerged as themes within and between the interviews. First, I used vignettes of the participants’ interviews for analysis and interpretation and second, I chose excerpts based on the compelling features they provided. Subsequent categories were abstractions derived from the data (Merriam, 2001). Several of these reflected the participants’ perceived successes and quality of life. The categories gave examples of strategies, events, circumstances, and opportunities that contributed to the success of the individual participants.

Data from the PIL and efficacy scale provided insight into the attitude of the participant, and the percentile ranks permitted comparisons to the general population. The results of these measures in addition to the other data were
compiled and analyzed using a two-stage analysis. The two-stage analysis is defined by Merriam (2001) as a process of first analyzing the within-case and then the cross-case. In other words, each case was analyzed individually (with-in analysis). Then, the individual cases were compared for similarities and differences (cross-case analysis). The cross-case analysis identified processes and outcomes that occurred over many of the cases. After analysis of the data and results were reported in the narrative case studies, a member check was conducted. That is, the data were taken back to the participant from whom they were derived and asked if the results were plausible. This process was recommended by Merriam (2001) to enhance the internal validity of the case study.

Researcher Bias

I attended a small university in the Midwestern United States and completed a four-year degree in Education of the Handicapped. Professionally, I taught high school students with disabilities in several different capacities. My personal interest in this area was based on a brother and daughter who both had learning disabilities. As they became older and attempted to find his or her way into the world of work, it became clear that without some form of professional help they would not have found his or her way. Then others I knew, who had similar disabilities, seemed to have found success with little outside help. I became curious as to how this could happen, and if the experiences of successful people could be taught to others less able.
It was important for me to be aware of my own biases based in both my family and professional life, and to make sure that information that is offered by a participant was not misconstrued by the effects of personal beliefs. In order to minimize the interference of my own personal biases, I worked to establish good rapport with the participants and conducted the interviews in a standardized fashion as recommended by Seidman, (1998). According to Merriam (2001), “In contrast to quantitative research, which takes apart a phenomenon to examine component parts, qualitative research can reveal how all of the parts work together to form a whole” (p.6). In addition Merriam, goes on to say that validity and reliability have to be considered beforehand in experimentally designed studies. However, robustness in qualitative research “derives from the researcher’s presence, the nature of the interaction between researcher and participants, the triangulation of data, the interpretation of perceptions, and rich, thick description” (p.151). The use of triangulation in this study involved the usage of multiple sources of data that were collected through the one-on-one interviews, and the Purpose-in-Life Inventory and the General Perceived Self-Efficacy Scale instruments. Also, I sought comments from colleagues on the study findings as they emerged. According to Merriam, this multiple method approach confirmed the findings of this study.

Summary

The goal of this research was to conduct an inquiry into the personal success of individuals with special needs. This was accomplished by determining those factors that contributed positively to the participants’ quality of life from
their own perspective. A case study type of qualitative research was used because it captured elements that emphasized the experience of the participants; it concentrated on the concreteness of the experiences; and it allowed reflection on the participants’ experiences. In an effort to minimize bias, triangulation (administration of the PIL, GSE, one-on-one interviews) and peer review by my dissertation advisor strategies were employed. The data were analyzed and themes were identified using a six-step process recommended by Creswell (2003). The final product involved several categories that reflected the participants’ perceived successes and quality of life.
CHAPTER IV

Presentation of the Results

In Chapter IV I focused on the analysis and interpretation of data collected from interviews, a self-efficacy scale, and the purpose in life measurement tool. The intent of the questions used in the interviews was to elicit information from individuals about their personal backgrounds. In addition, I sought information about perceptions they had regarding their current quality of life. The degree to which an individual feels successful is subjective in nature and can be described in terms of quality of life. Research in the area of QOL of individuals with disabilities indicates that there are many different perspectives about what constitutes an adequate QOL. For example most Americans evaluate his or her QOL in terms of how they are doing financially, physically, emotionally, socially and culturally (Ferris, 2000). The literature review indicated that a preponderance of individuals with disabilities are not acquiring the QOL most Americans would consider adequate because many have not received an education. But those who do acquire an adequate education tend to enjoy a more satisfying QOL. Many factors influence the success of individuals with disabilities. The review of literature presented earlier in this study identified several factors that influence the success of individuals with disabilities and ultimately affect their QOL positively.

Earlier in this study I described a successful individual with a disability as someone who has learned to compensate for a challenging condition in ways that
allowed him or her to enjoy a lifestyle similar and/or equal to the quality of life of mainstream America. I also presented research regarding individual attributes and life experiences that have affected the participants’ successes as adults. For this study, I defined success as graduating from college. This study tells the stories of how these individuals achieved success in spite of their personal challenges.

Five males and six females were recruited to participate in this study. All of the participants had received a bachelor’s degree or higher and obtained employment in his or her field of study. Each of them had identified themselves as having a disability. The ages of the participants ranged from 23 to 62 (See Table 1).
<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Disability Type</th>
<th>Occupation</th>
<th>Self-Efficacy</th>
<th>Purpose In Life</th>
</tr>
</thead>
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<td>physical</td>
<td>Advisor U</td>
<td>36</td>
<td>93</td>
</tr>
<tr>
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<td>37</td>
<td>reading/writing</td>
<td>Teacher E</td>
<td>38</td>
<td>91</td>
</tr>
<tr>
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<td>blind</td>
<td>Prof. U</td>
<td>38</td>
<td>90</td>
</tr>
<tr>
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<td>blind</td>
<td>HR</td>
<td>38</td>
<td>-</td>
</tr>
<tr>
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<td>Realtor</td>
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<td>70</td>
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<td>Mortician</td>
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<tr>
<td>Pierce</td>
<td>23</td>
<td>autistic</td>
<td>Artist</td>
<td>28</td>
<td>14</td>
</tr>
</tbody>
</table>

*Kimber declined to complete the PIL. ADD = Attention Deficit Disorder, E = Elementary, UG = Ungraded, U = University, HR = Human Resources, Supt = School Superintendent, P = Prof.*
In order to compare participants’ perceptions of their efficacy and quality of life to those of the general population, I administered the General Self-Efficacy Scale (GSE) and the Purpose-in-Life Inventory (PIL). The GSE is designed for the general adult population, including adolescents. According to the authors, Schwarzer and Jerusalem (2000), it is suitable as an indicator of quality of life. It has a mean of 29.46 and a standard deviation of 5.33. Four of the participants reported an average level of self-efficacy (DeAnn, Tessa, Ellen, and Pierce). Seven of the respondents generated scores greater than one standard deviation above the mean.

On the PIL, raw scores between 82 and 112 define the average range. This device has a standard deviation of 10. A raw score of 82 would correspond to the 29th percentile, and a raw score of 112 to the 71st percentile. Results in this area are considered to be in the indecisive range. That is, these individuals had not developed a crystallized sense of purpose in life. Scores above the 71st percentile indicated the presence of a definite purpose and meaning in life; while scores below the 29th percentile indicated a lack of clear purpose. These scores were considered to be medium, high, and low respectively. The participants that generated a medium score (JJ, Tessa, Ben, and Ellen) had not developed a crystallized sense of purpose in life. Five participants (Caroline, Kinsey, Doc, Rob and DeAnn) were considered to be high; whereas one participant (Pierce) scored low and was considered not to have a clear purpose in life. Three of the participants were found to be elevated to the same degree on the PIL and GSE.
(Caroline, Kinsey, Doc and Rob). One participant (Kimber) elected not to complete the PIL.

The data I received from the interviews answered two of the research questions; how do successful individuals with disabilities view their quality of life, and from what perspective, what types of experiences help people become successful?

Participants’ Perceptions of Quality of Life

How do successful people with disabilities view their quality of life? This question was answered using the data retrieved from one-on-one interviews with the participants. Also, the results from the GSE and the PIL assisted in answering this question. All of the participants rated themselves using both instruments, except Kimber, who declined to complete the PIL.

Independence was a major portion of the participants’ perception of their quality of life. Their perception of independence differed from one another. Several comments made by older participants indicated that their quality of life improved with experience and age. The degree of control the participants believed they had over their independence impacted their beliefs about QOL. That is, the participants believed that his or her quality of life improved as they became more independent. Participants described independence as acquiring employment, choosing where they wanted to live, and becoming more independent in his or her personal mobility.
Ben was a special education teacher employed in an inner city school system. His diagnosed disability was a specific learning disability. Ben’s GSE score was 35, which is one standard deviation above the mean. His PIL raw score was 109, and corresponded to the 64th percentile, which was in the average range.

Ben felt that he could usually handle most situations that came his way, “being the oldest in the household I kind of had to step it up. There were a lot of pressures…it was kind of tough… and it builds character and kind of shapes you.”

With respect to sticking to his aims and being goal directed he commented, “I think I have a pretty good work ethic. Having grown up on a farm and working on some days I didn’t want to work, I had to work through it.” Thus, he felt that he had learned to delay gratification and this helped in the development of his self-efficacy.

With respect to his PIL results, the 64th percentile suggested that Ben had not developed a crystallized sense of purpose in life. However, Ben was satisfied with his quality of life, “I am pretty pleased with it.” He equated his quality of life with the friendships he had developed over the years. Although he acknowledged he had not achieved all of the relationship goals he had set for himself, such as finding a significant other, he believed he had established many relationships with individuals who had similar interests as he, “I have colleagues from the past that I do things with. I got my friends from back home and just different people I meet at church. I get involved in different things.” He was happy with his relationships and in turn satisfied with his quality of life.
Pierce

Pierce recently graduated from college, was self-employed, and was the youngest member of this research study. His diagnosed disability was autism, which is a much more involved certification than is a learning disability. Pierce’s GSE was 28, which was average and his percentile rank on the PIL was 14. This was the lowest PIL score of all the participants being more than one standard deviation below average.

Pierce saw himself in transition. That is, “I think of myself as, what I am going to do today. What am I going to do now is work toward several goals. My parents have instilled in me that you can’t have one particular goal, because what if it falls through. So I get up every morning and decide what I am going to do in relation to three or four different goals, and then do something every day that leads toward them.” With respect to his development of self-efficacy, Pierce said, “I think that humility is an important aspect because…they (others have) defined humility as actually a great knowledge of one’s self. You need to have humility to find ways of escaping. I don’t want to say overcoming, but at least finding ways of placing yourself, finding a niche.” Pierce seemed to be actively looking for his place.

The result from his PIL was a score at the 14 percentile, which was well below the mean. This suggests that Pierce had not yet developed meaningful values and purposeful goals in life, which was not surprising because he was only 23 years-old. Additional support for this finding was taken from his narrative in which he stated that; “I will continue to work until someone finds a use for me.”
Pierce looked forward to the day when he would become more independent. He shared his goals of how becoming more independent would improve his quality of life. “I’ve got a professional audition coming up…I decided I would just focus on money, but I also couldn’t resist, so I did these two community theatre productions.” He believed that he needed to widen his social networks in order to achieve his goal of becoming an actor. “I am working on ways to get out of this state and pursue it in venues because there are no real agents here.” It was his opinion that independent living would increase his quality of life. “I am still living with my parents. I look at it as a jumping off place. After I get a job some place else then I will immediately move.”

*Tessa*

Tessa was the business manager for her family’s funeral home and was licensed as a mortician. Her diagnosed disability was a specific learning disability and ADHD, Combined Type. Tessa’s self-efficacy scale was 31, and her PIL percentile rank was 67. Both of these scores are in the average range.

Tessa felt that if someone opposed her, she could find both the means and ways to achieve her goals. “I made it through school, which I was told I would never do. My high school counselor told me, ‘don't bother going to college go to beauty school. Go do something. You're not going to make it through college, and probably won't even get accepted.’" When she shared this information with her mother, she told her "Don't listen to him.” Then her mother “took me to a private University, and then to a state University.” Tessa felt that this was where she started her education. It was noteworthy in Tessa’s interview the elevated
level of determination she was able to gather to accomplish a goal. This was apparent in a comment that she made about a chemistry instructor she had in high school. "She would single me out in class, just single me out like, ‘Tessa come up (to the board) and balance this equation’ in front of everybody, because she knew I couldn't do it." Tessa withdrew from this chemistry class, but later passed with another instructor. In college she successfully completed three chemistry requirements. "I was determined to do the best I can do at whatever, and become part of my family's business. I was very determined."

With respect to Tessa’s PIL results, her percentile score was 67. This suggested that Tessa is indecisive and had not developed a crystallized sense of purposeful in life. Additional support for this finding was taken from her narrative in which she said that, “my goal is to be (both) a wonderful mother and continue a successful family business.”

Tessa stated that she had a “good quality of life. She based this on her satisfaction of living in a great community and having a husband and a baby. Tessa’s community was important to her and she was pleased that she is able to serve those who live in it. She viewed her success as a way she could give back to the community. “I have been through a lot, and now look at what I do, and what I do for the community.”

**Kinsey**

Kinsey earned a bachelor of science in education, and was an elementary teacher in a large inner-city school system. Her diagnosed disability was a
specific learning disability in reading and written language. Kinsey's self-efficacy scale was a 38, and her PIL percentile 91. These scores were both elevated.

What stood out in Kinsey's responses was her fortitude. When asked if it had been easy for her to stick to her aims and accomplish her goals, she answered in terms of working with her students, "I don't give up on them, like some people gave up on me." In high school, she recalled little support for her vocational aspiration of becoming a teacher. "I had a counselor tell me 'don't even bother filling out an application for college entrance, because you're not going to go. You're not going to be accepted.'" In an earlier insult to her self worth Kinsey’s eighth grade math teacher stated that her whole class would end up being "garbage men and women." Kinsey exuded confidence in dealing effectively with unexpected events. She said, "I don't mind failure. You learn from your mistakes, and I know that I have had plenty [of them].” In another response, she stated, "The more you tell me [I] can't do it, the more I'm going to do it [so long] as it is legal."

Reviewing Kinsey's PIL results, her percentile rank of 91 was significantly above the mean. This suggested that she had developed meaningful values and purposeful goals in her life. Noteworthy, support for this finding was taken from her narrative in which she stated, "I have always been taught to go for whatever you want, no matter how hard it might be. No goal is unreachable. You might have to work very hard to get there, but no matter what stay focused and get there."
Kinsey described her quality of life as an “absolutely good quality of life.”

She based her response on intrinsic satisfaction, “I am not a materialistic person. I have a lovely house. I could drive fancier cars, live in a bigger house and (but) be further in debt.”

JJ

JJ was the owner of a real estate company. He had earned a degree in Business Administration and had a commercial pilot’s license. He was diagnosed with a specific learning disability involving the ability to read. JJ’s GSE was 35 and his PIL percentile rank was 70. The GSE score was in the high average range whereas the PIL score was within the average range.

With regard to the self-efficacy scale, JJ scored higher on questions that involved resourcefulness. JJ prided himself on being a resourceful individual. His ability to use his assets to compensate for his disability was evident in his “can do” attitude. When discussing the challenges he experienced as a result of his disability, JJ said, “They (his parents) realized I was 95% deaf in both ears from allergies. Nobody at school picked up on it…they didn’t realize I was reading lips.” He also added, “I guess you can say I faked it all the way through school because no one noticed I had a problem until my first year of college.” He also responded confidently about questions that involved the ability to solve problems when discussing his disability, “I, myself, worked hard on it and I figured out how to overcome it.” He demonstrated his ability to reach his goals when he left a lucrative business administrative position to become a pilot. “One
of my goals was to fly so we [he and wife] sold everything we had, quit our jobs in Nashville and came to Florida, and I went to flight school.”

JJ scored at the 70th percentile on the PIL, which was in the higher end of the average range. According to this ranking, JJ had meaningful values and purposeful goals in life. Statements from the narrative that reflected this were; “My last year of flying I was held hostage eight times and at gun point twice. I have a little girl at home now and I would like to continue to see her.” He also discussed his desire to help children. In one discussion he spoke with enthusiasm about an elderly man who was giving him an airplane so he could do charity work. He would use his skills as a commercial pilot to help children in need. “I will use it [airplane] for ‘Angel Flight’ and that is for children with cancer or some type of medical condition that don’t have the means to get the right treatment so people volunteer his or her time and money.” JJ also revealed his sense of purpose when discussing the meaning of success. “I don’t necessarily gauge success in the amount of money that I make but there are other factors like how much can I help other people too.”

JJ based his quality of life on his accomplishments, independence, and opportunity he had to give to others. He believed one of his biggest accomplishments was finishing flight school at the top of his class. He still had some difficulty reading technical material, but did not hesitate to ask knowledgeable people about what he read to confirm his understanding of the material. The following statement illustrates how much JJ valued his independence: “I can hop on an airplane and go anywhere I want.”
Caroline was a disability advisor for a large university. She was afflicted with multi core myopathy, a neuromuscular condition. This condition made it difficult for her to ambulate. Her score on the self-efficacy scale was 36, which was one standard deviation above the mean. Caroline scored the highest of all the participants on the PIL at the 93rd percentile, which was in the clear purpose range. She believed transportation issues to be the largest constraint on her independence.

Caroline felt that the major purpose in her life was to experience every day and learn from it fully. She said, “that more than anything, I want wisdom and I hope I can find meaning and achieve all of my goal happy when she was finding new experiences in her life. She seemed to feel most happy when she was finding new experiences in her life.

Caroline recounted the process of gaining independence as a young girl with a physical disability. It seemed especially difficult for her since there were many occasions when she required assistance with life issues. “Because there was a certain element of my life that had to be controlled, right, because of the physical dependence and those types of things.” She recalled how she struggled with gaining control over the aspects of her life she could control. She explained her experiences as follows: “I had to be mindful and pay attention to the voices of others and when I had to be clear and make my own choices and my own decisions.” She said that she made huge strides toward her independence during her years at the college, “that [college] is, a real time of self-discovery and the
development of self-efficacy and sort of detaching from the parents and making your own choices. It is really starting the process of building a life.”

Caroline discussed how her disability made her life more complicated during a time when she wanted to become as independent as possible. Her comments illustrated how she sacrificed her independence earlier in life to become more independent later in life. “. . . there was a part of me at that age, I wanted to move and I wanted to leave home, but financially it didn’t make sense for a lot of different reasons, geographically so I stayed put.” Caroline discussed how she needed to rely on family for transportation and how it limited her independence. “My parents drive me because to modify a van costs a lot of money. It is like $60,000 to modify a van [for a transfer from wheelchair to driver’s seat]. So for someone in a wheelchair to get in it and drive [using a wheelchair as a seat] it’s almost a $100,000.” She was planning on purchasing a modified van when she saved enough money.

Academically, Caroline had always felt very independent. “I never used Student Disability Services ever, because what they provided were not things that I would need.” In college she was not provided with an attendant. Therefore, she relied on others to help her with things such as putting her coat on. “I just relied on friends or whatever to meet me some place to help me with this or that.” Once on campus, she was able to move more independently in a wheelchair with little or no assistance. She was able to communicate her needs to others. “I had a class in the engineering building once and I wouldn’t consider that as an accessible building, but I talked to the professor and she talked to registrars and the building
got moved.” Because of Caroline’s excellent communication skills and strong desire to be as independent as possible she did not use the services provided through the college. “I could take my own notes. I could write my exams in the amount of time allotted to the rest of class. . . My diagnosis doesn’t necessary equal disability…mine wasn’t impairing my functioning academically.”

Caroline enjoyed her independence. She believed she was doing well financially. “I am financially free for the first time in my life.” Although she was open to a romantic relationship she was also apprehensive about getting involved because of the limitations such a relationship might impose on her independence. “There is stuff I want to experience and I don’t want to deal with somebody else. I don’t want to answer to someone else. I just want to be free and do my own thing.” Caroline was satisfied with the friendships she had established. She believed she had many caring reciprocal relationships with others she trusted and cared for.

Caroline believed she had a good quality of life. She used her current situation to come to this conclusion; “I am not struggling for anything. I don’t want for basic necessities.” She drew upon how well she was doing financially and her ability to participate in the community. “I have not just material stuff, but I have lots of opportunities to experience life whether it be through my work or travel, or through other things. I think my quality of life is good.”

*Doc*

Doc worked for over twenty years as an administrator of social services before obtaining a position as a professor for a large university. He was
diagnosed with macular degeneration and has about 4% of his normal vision. His vision began to deteriorate when he was about one year old. Doc’s self-efficacy score is 38 and he produced a PIL position at the 90th percentile. Both of his scores were more than one standard deviation above the mean.

Doc strived to have goals that included both the personal and the professional. He wanted to be competent in his career and have the time to enjoy a loving family. Doc said, “I feel confident that I have made good progress in both areas as I enjoy working with students and relish the loving relationship I share with my wife and daughter.”

Doc has developed a strong self-concept. He had made his mind up by high school that he wanted to be as independent as possible. “By high school I had pretty much demonstrated that I could keep up with the class of able-bodied people. I could be successful and I didn’t need much in the way of accommodation.” He spoke of how technology has steadily decreased his dependence on others. Books on tape, computers, and magnifying glass assisted him to acquire the knowledge he needed to become more independent. He took responsibility for his own learning early in life. “I had enough vision that with a magnifying glass I was able to see the words and letters sufficiently to be able to develop the ability to read… I did learn to skim read pretty well”

Doc started working in the community during college. Part of his college education was funded by rehabilitation services and he took on jobs to make ends meet. The jobs he found included being a bartender and running audiovisual equipment for the university. He was offered work through the National Institute
for the Blind, but felt the position limited his ability to work to his potential. Doc had spent most of his life as a, “front line social worker or social worker administrator,” and he has worked in two different countries. Taking into consideration all of these experiences he believed the obstacle that had hindered his independence was transportation. “The limiting factor for me has always been making sure I can work somewhere that did not require a whole lot of transportation issues.” This had always been his number one concern when considering employment options. “I certainly had enough sense not to look for jobs where you needed a driver’s license, supply your own transport, or whatever.”

Doc believed that with the development of his identity he had improved his self-concept and in this in turn improved his quality of life. Doc recalled how he struggled with his identity as an adolescent. During this time he tried to appear as though he was not blind. “It used to be that there was a time when I could pass without being noticeably different was important to me.” However, as time progressed he became more at ease with his individuality. “I have grown through that era where my biggest goal in life was to pass as being quote normal.” He viewed his disability as part of his identity, “I don’t use a cane consistently. It usually depends on where I am or what I am doing. Here, I guess I brought it here because I was meeting with you. Actually it has become as much as anything as an identity symbol for me.” In the workforce and with regard to his position at the university, Doc concluded that his disability was somewhat of an asset, “Now, I am more concerned that people realize that I have a disability and this is how I
work.” Doc was very dedicated to his profession and it was obvious that he experienced a lot of satisfaction from his career.

Another attribute that contributed to his ability to acquire independence was his self-awareness and ability to judge situations and circumstances. He knew that when he assumed a job he needed a reliable source of transportation. He was well organized and valued the services of a secretary, “I think one thing I learned pretty early on was that if I am going to be successful I needed to concentrate on me being the best candidate for the job and also seeking those positions with support services built in.”

Doc believed his relationships with others contributed to his quality of life. “Right now, I think I have a good quality of life. Absolutely, top of the world!” He enjoys his position as a professor, “I came to academia late but I love it. I mean I am still on the clock here being your research subject and talking to you. Where else can you make a pretty good living talking to intelligent people?” He enjoyed the transfer of knowledge that was a requirement of his position too, “I continue to learn every year as much from my students as they learn from me.”

Rob

Rob was a superintendent of schools. He was diagnosed with a learning disability that involved reading comprehension and written expression. Rob’s love of coaching inspired him to get a degree in physical education. Rob was not identified with a learning disability until he began his doctoral studies program. He scored a 36 on the self-efficacy scale, and at the 79th percentile on the PIL. Both of these scores were above average.
Rob’s purpose in life seemed to be based on his ability to set new goals to replace those he has achieved. He said, “So far I have gotten married, had children, finished several degrees and risen in a successful job. Every five years I reflect on what I have accomplished and set new goals.”

Rob believed that he had developed a poor self-concept due to his disability and this had impacted his quality of life. Rob spent a lot time making sure e-mails and other written materials were presented appropriately. “I need to use all of my tools or ability to make sure it goes out perfectly.” He was dependent upon others to proofread any written correspondence, “... anything sent out to the public is proofread a couple times or read by other people because I am so leery of making a mistake.” Technology lessened his dependence on others. “In college, computers started coming out with word processors, spell check and grammar check...those things make me functional in the world.”

Although he was voted as most likely to succeed in high school, he did not convey a positive self-concept. “I never seem to feel like people will ever think I’m smart.” He said he compensated for feelings of inadequacy by pushing himself to take on more responsibilities. At the time of the interview, Rob was a student in a doctoral program. “I think I am always out there proving myself. I think in some ways that is tiring and maybe takes away from my quality of life, of being satisfied.”

DeAnn

DeAnn was an elementary school teacher in an inner city school system. She scored a 32 on the self-efficacy scale, and at the 72nd percentile on the
Purpose In Life measurement. The former score was in the average range, while the latter percentile was above average. She had been diagnosed with dyslexia.

DeAnn had structured her goals in life to involve having a family and balancing this with a successful career. She felt that life had its ups and downs and she strived to become a caring person. She claimed that, “My highest aspiration is to enjoy my husband, our children, and our life together.”

DeAnn’s independence increased when she became more successful at school. In order for her to become more successful at school she learned how to compensate for weaknesses and accent her strengths. “I learned there are several things I can do to cope with my learning disability.” She did not hesitate to let her teachers know what she needed in order to be successful. “I had no problem going up to the professor and saying I am a kid with a learning disability and I am going to sit in the front row. I hope that doesn’t bother you.”

DeAnn stated that her “quality of life was very good.” She based her conclusion on how well she was doing socially, financially and emotionally. She compared her upbringing to that of her students. “. . . Realizing that your students show up in the same outfit three days in a row just amazes me. I am sure my parents worked very hard to provide those things for me.” DeAnn also considered the support she received from her family and friends when estimating her quality of life. “I have a lot support that I get from my friends at school and from my great friends outside of school, my parents, and my brother.” She demonstrated a good self-image according to how others viewed her. “I married into a large
Italian family where I have support and I am not looked down upon because I am a teacher.”

Kimber

Kimber was employed in the human resource department of a large bank. She was also a part-time instructor at a local university. Her bachelor’s degree was in the area of behavioral science, and her master’s degree was in arts and sciences. She acquired macular degeneration as a child and gradually lost her vision throughout her school-age years. At the time of the interview, she had only 2% of normal vision and was considered legally blind. Kimber scored a 38 on the self-efficacy scale, which was above average and declined to complete the purpose in life measurement.

Kimber recalled how her disability impacted her independence at a very young age. Kimber believed she was able to participate more in typical activities because she had a twin sister that assisted her. In school, her sister helped her keep her schedule and tutored her with various assignments. “I could never see the clock . . . and in geography, I could never see the map. Sue helped me a lot.” However, she was separated from her sister in high school and her teachers expected her to participate in the class without assistance. This was so distressing for Kimber she almost dropped out of school. “In grade nine I was terrified of the teachers . . . terrified that they were going to ask me to read something and I would have to say I couldn’t see the board and they would be mad at me.” She found that technology had dramatically decreased her dependence on others. “I learned typing before I went to high school . . . that was a Godsend . . . when it
came to computers I already had computer skills and that was great.” At the time of the interview, she used a number of devices independently such as taped books and a computer program that speaks.

Kimber believed that transportation issues limited the extent to which she could live independently. “I used to use a white cane to get around, but then when I was about 40 I decided that was it, I should get a guide dog.” At one time she was a real estate agent. She found that it was a challenge to perform her work duties because of the transportation issue. “Because I couldn’t drive a car I would have to hire people and arrange to meet them. That was a bit of a drag.” Kimber lived in a large city so she could take advantage of the public transportation system. “I told my real estate agent I need a fenced yard for my dog . . . the newer places are often in the suburbs and I need to be near the subway lines in order to get to work and all.”

Kimber described her quality of life as “excellent.” She measured her quality of life in terms of social relationships and the amount happiness she experienced. “My life is very full . . . I go away every year cross-country skiing with a group of friends. I enjoy sailing with another group of friends. I love to cook. I love to read. I am busy.” She spoke of a period in her life when she felt her quality of life was not so satisfying. “I used to think that someone else would make me happy. I finally figured it out that you have to be happy with yourself first.” She also commented on how her quality of life improved when she was able to help others. “Another thing was just figuring out how to make someone
laugh or do something for someone else. Just any random act of kindness really makes me feel better.”

*Ellen*

Ellen had a degree in English and philosophy, and also had a teaching license. One of her hobbies included running in marathons and she had participated in several races. Ellen lived in a large city. At the time of the interview, she was employed for a foundation that provided information to individuals with blindness. She was diagnosed with retinitis pigmentosa and was considered legally blind with 3% of her vision. She was diagnosed with the disease during her graduate studies program. Her vision began to deteriorate as an adolescent and grew worse as she became older. She scored a 31 on the self-efficacy scale, and at the 41st percentile on the PIL. Both of these scores were in the average range.

Ellen discussed how she was a constantly evolving person in that the ongoing discovery of her self was a daily process. She looked at her accomplishments and achievements as markers that revealed a pathway. Ellen commented, “I am intrigued by the relationship between the physical and spiritual self, and the significance of the intersection of other people with myself.” With regard to her purpose in life she seemed to have a mission of self-discovery.

Ellen believed that she allowed her disease to limit her independence and self-concept when her vision became more limited. “I didn’t know what kind of help to get. I was terrified they would boot me out (of college) because I couldn’t see. I just wanted to be invisible.” Her poor sense of self affected her
employment choices. “My vision became a huge issue so I had to end my contract. That was heartbreaking.” It limited the way she interacted with her environment. “I was overwhelmed by my disability so I stayed at home for a year.” It also impacted her self-concept. “I didn’t want to be stigmatized.”

Shortly before Ellen was involved in this interview, she recalled a change in her personal attitude. This change occurred after she worked for a foundation for the blind as a support person. In this position she got acquainted with hundreds of people with retinitis pigmentosa. Later she joined a support group of individuals who also had the disease. The group provided her with a sense of community. Due to her association with the group, she had adopted a new philosophy; “I have found that when you have a sense of community you are not unique to yourself. It’s sort of like get over it; you don’t have to be your disease. You can be who you are.” Ellen did not believe she had achieved as much success as she should have especially in her career. Ellen believed by breaking attitude barriers she had improved her quality of life.

Experiences That Enhanced Success

What types of experiences help people with disabilities become successful? It was evident that all of the participants had good social skills. The participants lived in middleclass homes, and they all had supportive families where both parents were in the home. Most of the parents had college educations and many of the mothers were homemakers. The fathers were employed as teachers or businessmen. Themes that emerged from the interviews involved
social skills and meaningful relationships, educational experience, educators, parental support and influence, and determination.

**Interpersonal Relationships**

One trait that every participant shared was his or her ability to develop meaningful relationships with others. Through his or her social interactions they were able to develop self-efficacy beliefs that assisted them in achieving academic and work related goals. As the individuals gained experience interacting with his or her environments, and the people in them they developed strategies that helped them compensate or manage his or her disability as well. Caroline’s comments illuminate this point.

I guess I did compensate for my disability in some ways because there were certainly some challenges that I had to learn how to face that other people don’t. I guess I figured out how to manage them and how to work around them …I don’t feel like a victim.

Many of the participants described situations where they were forced to adapt to new environments. The adaptations required them to reach out to other people for support and assistance. The participants shared many challenging life experiences where they gained control over the environment by depending on their social skills to form networks. As they gained life experiences the participants described how these networks evolved and became beneficial to their success. Some of the following stories told by participants illustrate this theme.

In some instances, Ben viewed his friends as learning resources. He described how, at a young age, a move resulted in breaking down the supportive
networks he had established with his peers. “When we moved to another school system it was a challenge because I lost a lot of friends that would help me…”

Although his networks had assisted in his academic success, Ben felt as if he had taken advantage of those relationships:

…in some cases I would manipulate them because I wanted to do well in school. I manipulated them and even my parents and teachers. When you have a learning disability you learn different methods about how to survive and how to get through to where you want to go. When we moved to that other school system, I didn’t have those connections and that system kind of fell apart.

Ben believed the move built his character and made him more independent in the long run.

Pierce’s recollection of forming a relationship with one of his professors gave him a sense of hope:

In college I think that was the high point. In my junior year, I met a wonderful teacher who encouraged all of my interests. In addition she was a yoga teacher and a massage therapist and all of that good stuff. She was the only person. Before her I believed I was incapable of doing certain things . . . and she in her class, let me know there was nothing really physically wrong with me and she gave me a sense of hope.

Because of JJ’s ability to make and keep friends he developed some relationships that provided him with more opportunities to accomplish his goals.

While participating in church activities, JJ was able to get recognized for his
ability to play baseball. He commented about how a teacher who was also a friend helped him pursue his goal of becoming a professional baseball player. “. . . he got me tryouts with the Pittsburgh Pirates and the Montreal Expos. I made the cut for both of them in open tryouts.” JJ’s ability to network and his friendly nature helped him accomplish career goals. JJ was not afraid to take risks and had faith in himself. After college he decided that he wanted more out of life so he pursued his desire to become a pilot. He and his wife moved several states so he could attend flight school. JJ described how he took a job that helped him to become a pilot.

I was fueling airplanes at the airport trying to make grocery money to eat. When I was in school I was talking to the one owner of the company on the field and I said, Hey, when are you going to put me in the King. He said when is your last check ride. I said tomorrow. He said if you pass that check ride and you show up here on Tuesday at 5:30 in the morning, we have a flight going out, you fly right seat in it. I did and I got hired on after that flight.

The stories Doc told about his life experiences demonstrated his ability to collaborate with others. In many situations he was able to establish relationships that helped him to accomplish goals of becoming more independent. He was extremely proud of his ability to communicate effectively. “As I have progressed through my education and my work experiences I have been pretty quick to collaborate with people.” He described an experience that took place during his doctoral studies where he used his ability to collaborate with others as way of
reducing his workload as well as that of others. “... we divided up the reading and we would get together a couple of hours before class and report to each other. . . we would have covered everything and we can always pick up on what is really important.”

Educational Experiences

The participants gave mixed reviews about their educational programs. The comments and attitude of participants who enjoyed a mainstream education were more positive than those who received services in self-contained resource rooms. Participants with learning disabilities and the participant with autism spoke of feeling socially isolated in resource rooms during his or her k-12 public education whereas, individuals with vision loss and physical disabilities spoke more positively about his or her mainstreamed experience. For example, Doc commented, “Looking back now I am very pleased that I didn’t go to a segregated school system. I was mainstreamed long before we knew what that word meant.” Caroline who participated in the mainstream commented that, “My teachers and guidance counselor were really supportive.”

The individuals with learning disabilities and autism recalled their exclusion with painful and sometimes tearful memories. Pierce recalled, “I never related to any one of those guys” in the self-contained classes. Although Tessa recalled being a popular student in high school she also felt extremely isolated from her social group when she received services in a resource room: “I recall that it was very embarrassing being in self-contained classes because all my friends were going to the gifted classes. His or her classes had the nice name, the
‘Gifted Classes’ so it was very embarrassing. I was ashamed of it.” Kinsey recalled the anguish when she found out that she had a learning disability. “I was labeled and I cried because I don’t care how old you are, nobody likes labels.” Kinsey related her feelings of being singled out, “There is a big stigma, a stereotype that comes with the label. We didn’t have inclusion. You were either in that special room or you were with the regular kids.”

Ellen, who attended an exclusive school for the gifted in elementary and middle school, made positive remarks about the exclusion. “I had a good foundation. I went to a really good school that reinforced some positive image.” In retrospect, Ellen wished that someone at the school had taken notice to the early warning signs of the disease. She believes that because she was identified as gifted no one suspected that she could also have a disability. “When you have a kid who gets really good marks they (educators) tend to ignore you.”

Although exclusion from the mainstream was hurtful to most of the participants, many of them realized that it was necessary for them if they wanted to become successful academically. Kinsey stated, “The kids just ridiculed you for going out because it was a pull out reading program at that time. But it really helped me so it was both good and bad.” Tessa’s statements also illustrate this theme, “I would have rather been in regular, but I feel that when you do have a disability you need that one-on-one assistance . . . it was just kind of awkward and embarrassing when my friends were all gifted.” Rob, who was not labeled with a disability, until he was in his doctoral program commented that he often felt humiliated in the language arts classroom because his abilities prevented him
from being grouped with others who performed better than he did academically, “I did not want to have to read my pink book out loud or stand up in front and have to read, and know I was going to struggle through each word that I had to read out loud.” However, Rob was able to gain acceptance by the other children because he was a good athlete, “I was actually accepted by the other kids because I could play basketball, or I could play football.” He believed his natural ability to play sports helped him cope with the negative feelings of isolation.

*Educators*

Participants gave positive evaluations of teachers who practiced differentiated instruction, challenged them, and whom they felt tried to help them. Not only were these teachers able to teach the students specific concepts, they also gained the admiration and respect of their pupils. Pierce gave a positive review of a teacher; “I remember back one time to my teacher in sixth grade. I never made fun of his name once because I respected him so much. He took and did a special experiment with me and we made our own polymer.”

Kinsey, who was a teacher herself, described one teacher she had as being the ideal teacher; “She would make them work for it. She just had a way, a knack, a special gift to make the kids turn it around and find the answers with guidance, with help but they would do it.”

DeAnn described her best teachers as those who gave her a sense of hope, “I had a math and science teacher that always made me feel that I was going to be successful.” She still voiced appreciation for the teachers who helped her after
class and made sure she got the concepts they were teaching, “There are not enough words to express thanks to the fact that all this extra was given to me. “

Participants gave less positive reviews of teachers who required them to share knowledge in an open forum. They also gave less positive evaluations of educators who did not recognize their potential or his or her abilities. Participants reported that guidance counselors were generally of little assistance with helping them to choose a career path. Several conveyed that guidance counselors discouraged them from attending college. Furthermore, many of the participants were advised to pursue other career avenues such as employment in factories or fields that did not require a college degree. JJ reported how his guidance counselor’s suggestions angered him, “My high school guidance counselor told me I wasn’t going to make it in college. He said, ‘You need to either find a trade or go to the shop and get a job.’ I almost got thrown out of school.”

Kinsey cried as she described derogatory statements made by some of the educators she encountered during her undergrad college experience. She remembered a person who had a very high position in education tell her, “I wasn’t going to be a teacher. And if I was, I wasn’t going to be good teacher.” This only strengthened Kinsey’s resolve, and it gave her the desire to teach in areas that are in the most need of good teachers.

Tessa also said she had a difference of opinion with her guidance counselor:

As for my guidance counselor, when I was exploring colleges he [the guidance counselor] looked at my proficiency scores, which were awful,
and told me, “Don’t bother going to college. Go to beauty school. Go do something, but you are not going to make it through college. You probably won’t even get accepted.”

In other more serious situations, guidance counselors attempted to bar the participants from taking college entrance exams. In those instances, the parents of the participants intervened by supporting his or her child’s goal of going to college. The parent involvement was able to bring about a positive resolution for the participant. Kinsey described how her parents responded to the guidance counselor’s opinions;

We had conferences with all of the teachers or people in the positions. My parents were always on my side…they asked, ‘in your position how can you say that? You are supposed to be counseling and gearing these children . . .’

Kinsey said the counselor responded to the parents comments by stating; “I just have to be in touch with reality and let them know that college isn’t for everybody.’ Being an educator herself, Kinsey understood the point he was trying to make but did not agree that it was the correct position to take, “I understand his point and even now as I get older I understand where he is coming from but it could have been handled in a more positive fashion.”

Kimber also commented on her experience with the school guidance counselor. She knew before she spoke with the guidance counselor that she wanted to go to college, but he rebuffed the idea and advised her to become a Dictaphone typist. She felt like the guidance counselor’s suggestion was too
limited and really didn’t take into account her individuality. “According to the vocational counselors you had two choices if you were blind; either working in a dark room like for x-ray or piano tuning. That wasn’t helpful at all to me.”

Many participants reported that their most positive educational experience was when they went to college, where they were provided with a more structured plan for success. They were introduced to college personnel that were able to meet his or her learning needs by providing them with accommodations such as taped books and a separate place for testing. Many of them believed that they were not given assistance that helped them in his or her k-12 public education. Tessa reported one such experience:

Once I got to college that is where I was really tested regarding my disability. They identified exactly what my strengths and weaknesses were. Then they really got me help. I was given an accommodation to take tests in a quiet room by myself and not with another 150 students.

In Kinsey’s case, college services even provided group support with peers who also had disabilities. She explained how the group helped her:

We went to Cindy’s house. She lived a couple of blocks away around the corner. We would go to her old farmhouse and we would let our hair down. We could be ourselves; cry and laugh, share, and get help, all in the same evening. It was just really a neat safe haven.

JJ did not receive special education services until he went to college. It appeared no one suspected he had a disability until this time, “Do you know the saying ‘fake it till you make it?’ I guess I faked it the whole way through school
because nobody realized that I had a problem until my first year of college.”  JJ’s
disability was revealed by one of his first college professors.  JJ appreciated the
professor’s concern and his assistance in getting him accommodation.  This
discovery confirmed JJ’s belief in his abilities.  The testing revealed that JJ was a
very intelligent individual who also had a disability, “I was tested and my IQ was
two points shy of genius but my disability didn’t allow me to perform at that
level.”

During JJ’s college experience, he realized that getting an education held a
more intrinsic value than playing sports.  He found that he could learn when the
information was presented in a particular fashion.  By no means did JJ want
someone to give him the answers.  He wanted to learn something from his
educational experience and this was a deciding factor in the college he chose to
attend.  “I transferred from one university to another because I went to school
there and said okay I could be a complete idiot and pass here.  There was no
challenge at all and I was smart enough to know that.”

Doc described how the passing of his father affected his ambition and his
choice of a university.  His grades suffered in high school.  This made it difficult
for him to find a college that would accept him.  However, one college took his
circumstances into consideration and admitted him.  He grew very loyal to this
university.  He found the university suited his learning style more appropriately.
“Once I hit the university I never looked back…it is a far different style of
education or can be and that fit much better for me.  I wasn’t big into the high
school model of memorizing and regurgitating.”  The university model allowed
him to use his strengths as a negotiator to accomplish his goals. “You had some opportunity to negotiate your accommodations with different faculty members, and I liked that because it gave me an opportunity to talk to them about what made sense.”

*Parental Support and Influence*

Aside from their own internal drive, many of these participants believed his or her parents were the most influential determinant of his or her success. All of the participants had two parents in the home when they were growing up. The participants recounted many childhood experiences wherein their parents took action that improved their situation. Parental support involved setting high expectations, treating them like everyone else, teaching them discipline, providing them with a supportive environment, being involved in their education, and seeking outside help when needed.

Ben described his parents as supportive and setting high expectations for him, “It wasn’t one of those things you need to do your work because you will be going to college. It was ‘you will be going to college.’ He said they fostered his willingness to attend college even though he was not included in college preparation classes. “I had it in my mind that was what I was going to do. At that time I had no knowledge of what I wanted to do, but I had a lot of support.”

Tessa’s parents recognized his or her child’s effort and were able to balance his or her expectations for his or her daughter:

My parents always told me if you get a C and that is the best you can do that is great. If you get a D and that is the best you can do that is great.
Just pass. It wasn’t about the straight As for them so I was fortunate in that aspect.

The help Tessa’s parents gave her also came in the form of tutoring. Her parents were available to assist her with homework and they also hired a tutor. She felt that her parents and tutor were two of the biggest factors in the success she enjoyed as a school-age child. The help from these individuals was supportive and consistent.

My tutor and my parents were my backbone through school. The disability made it extremely painful to even try to study. It was kind of like . . . I would come home and do it myself or sit down with my parents and they would walk me through it. I couldn’t grasp the concept of studying. I couldn’t read a whole paragraph and understand it, so I would have to sit down with them and we would read it together and they would have to explain it to me. I just couldn’t focus enough to keep up with what I was reading.

Tessa felt as if there was no help for her at school and this angered her because she had to spend much of her own time and her parent’s time studying after school hours, “There was like no help from school.”

Although Pierce believed his parents did not always have a thorough understanding of what he was going through, they never gave up on his or her efforts of trying to find help for him every way they could. Pierce said that his parents:
…were at a loss as to why I had an eye contact problem, and they sought a specialist. When I became really physically awkward and put in a special gym class, they hired this other person to basically, she had balls in her basement and I just played at her house. I don’t remember if I mentally got anything out of it. I believe the guy that came for the eye contact problem was from the school. The woman, I think she was private.

Caroline contributed much of her success to her parents, especially her mother. She believed her mother went beyond what she had to do for her. Her parents provided her with many opportunities such as music and voice lessons at a young age. Moreover, Caroline expressed. “My parents never raised me to feel different or use my disability to have an advantage over people in a certain way. They didn’t foster that sense of entitlement.” She recalled that her parents set expectations for her and then provided opportunities for her to meet his or her expectations.

Doc described his parents as follows: “I don’t think he (father) particularly treated me any different than if I had no disability at all, whereas my mother was quite concerned that I do all right with the system.” Doc’s parents set high expectations for his or her son, “I think I went to college because of something that was instilled early on as an expectation. I think both my parents reinforced that kind of expectation.”

Doc did not foster a sense of entitlement. He was strongly encouraged by his parents at a young age to participate in a typical life as much as possible. His parents required that he do his fair share of chores around the house and sent him
to the community’s public school. He conveyed that he picked his battles carefully. One experience he shared was when he objected to participating in the regular school curriculum, which required him to play baseball. “I know I picked my battles, some of them because what they wanted out of me was ridiculous, like playing baseball.”

Most of the participants with learning disabilities reported that their parents were the first to notice that they had a disability. The parents responded to this information by seeking expert advice from doctors and other specialists. The participants noted both parents as supportive. Tessa reported, “As soon as my mom and dad saw I was struggling, they got me a tutor. I had my own personal tutor all the way from elementary school through high school, and they paid for it themselves.”

JJ recounted how his parents took notice to his behavior when he was getting in trouble at school a lot. “I was getting paddled every day for not paying attention. I could turn the TV up as loud as it would go put my ear on the speaker and I could barely hear a faint whisper.” This school dismissed his inattentiveness as poor behavior but his parent discovered he was responding to a hearing loss. “My mom and dad finally picked up on it.”

Kinsey reflected on the support her parents gave:

Each year as I get older I really appreciate the way I was raised and the way I grew up. And because of the way of Mom and my Dad helped me, that just laid the foundation. Dad is mind over matter. He was like, “You can do it. Just put your mind to it and you can do it.” I don’t want to be
pessimistic, but Mom was more apprehensive. I was her little baby girl and she didn’t want me to fail, where Dad was the opposite and would say, “Go for it. What is the worse that can happen?”

**Determination**

All of the participants believed that hard work, determination, and a positive attitude made them successful. They demonstrated this belief by putting effort into studies and forming friendships that assisted them in achieving their goals. Many of them had his or her fair share of failures, but because of their determination they did not waiver from achieving their ultimate goal of being successful in mainstream society.

Kinsey’s statement reflected her personal ambition and philosophy about her success. “I get very passionate. I look at the positive.” Kinsey went to college to become a teacher and she never changed that decision. “I knew at an early age I wanted to become a teacher. I wanted to help people.” She gave two reasons why this was her only professional choice. “I loved to help people (when I was) growing up so I wanted to teach, and help kids learn.” She believes that her own challenges caused her to feel so strongly about becoming a teacher, “I had some bad experiences so it made me want to become a teacher more so I could make it better for other children.”

Tessa credited her own personal makeup for having the determination that allowed her to become successful. “I was always motivated to do the very best I could at everything. And that I think is the reason why I am where I am today. Otherwise, I really don’t know where I would have wound up.” She also added
that her goal was to be part of her family’s business, “I was determined to do the best I can at whatever and become part of my family’s business.

Once again, JJ reported faith in his own ability to accomplish goals despite his learning challenges. Although JJ’s main reason for going to college was to play sports he realized after receiving special education services, going to college would provide him with many benefits. He learned how to work hard to get to where he wanted to be, and to develop his skills in the business field. “I went to school. I had a hard time, especially my first year, but after I learned what my problem was, and most of my professors would give me oral exams instead of written, then my grades started to improve.”
CHAPTER V

Conclusion

This study supported the findings of Bandura (1997). That is, successful adults will have a strong sense of efficacy and demonstrate high motivational levels, and self-determination. Also, the participants demonstrated an average to above average belief that they had achieved purpose in life supporting Frankl’s (1985) theory associated with finding meaning in life. Through interviews it was discovered that the participants attributed their success to three major themes: self-determination, nurturing parents, and the ability to adapt to the social environment. These themes also embraced Frankl’s (1985, 1988) will to meaning by engagement in work, experiencing/encountering, and by overcoming a challenging situation. It appears that teachers and the educational system had some impact on the participants’ success, but not as much as I would have expected.

All of the participants interviewed could fit the definition of an internal self-determined individual as described by West et al. (1995). That is, all of the participants described themselves as being goal oriented, self-motivated, self-advocating, empowered, and continually reevaluating their satisfaction in life. The older individuals in this study reported feeling a greater sense of control regarding progress toward their goals. All of the participants seemed to report a high degree of control over their lives. The participants who were affected by environmental issues that dealt with limitations in mobility and financial issues reported feeling somewhat restricted by their environment, but found ways to get
around it. The participants generated different ways to manage their issues through a number of avenues. They accomplished this by moving to larger cities that had public transportation and then taking on employment. If they became unsatisfied in their employment situation, they would remain in the position until they found a better job. Another method they used to manage issues was by developing strong support networks. Ultimately, the participants were able to gain a sense of control over their lives and that was key to developing a higher degree of self-efficacy, which in turn directly affected the degree of self-determination.

My findings concurred with what Zimmerman and Kitsantas (2005) reported, in that self-regulatory faculties significantly impact self-efficacy beliefs. Ben, Tessa, Pierce, Kinsey, Rob, and DeAnn spoke of how they spent many more hours studying than their peers. The extra time was well spent because they were able to go on to develop concepts and skills similar to that of their peers. They accomplished this success by realizing that it took them longer to complete assignments and planned to spend more time. Similar to the participants in Zimmerman and Kitsantas’s study, the participants believed in their ability to learn and took responsibility for learning.

I did not believe the participants in this study exhibited a sense of entitlement. They were hardworking individuals with good work ethics. These qualities allowed them to accomplish their goals and in return they became successful in the endeavors they chose to pursue. The motivating factors the participants mentioned in the interviews were parental expectations, playing
sports, position as a teacher, college education, joining family business, and alleviating the isolation they felt from peers. Participants also reported having a strong belief in their ability to succeed.

**Parental Support**

This study supports the findings of Bandura (1997) who found that parents of successful individuals will have provided them with a stable home environment and encouraged them to explore their environment. It also supports one of Frankl’s posited requirements of encountering and interacting with others.

All of the participants reported being from middle class families. In the literature review Macinas, Saylor, Watson and Pratt (1998) found that the market is more accessible to those who come from families who are socio-economically stable. The participants described their parents as being able to plan for them to go to college. This may be a fault with the Liberal Model as it is applied in America. That is, without training programs and support for children from lower socio-economic backgrounds who have learning disabilities as children, the support is less familiar to them when exiting high school and entering the workforce. Furthermore, the research suggests that schools need to recognize discriminatory acts and develop programs to deter them in the early education of children with disabilities. This may be possible through supporting differentiated instruction in the typical classroom the moment the child enters school, and reducing the number of children educated solely in a resource room.

The participants told many stories about their upbringing that coincided with Bandura’s Theory of Self-Efficacy, Frankl’s Logotherapy, and findings
reported by Morningstar et al. (1996). That is, the parents of the participants in my study were described as providing incentives to their children, and the incentives motivated them to engage in activities that lead to success. The participants were encouraged to succeed by parents through personal and tangible reward. This was accomplished when parents engaged private tutors, their own extra time to help the child with homework, and sought other opportunities to ensure their child’s success. Tessa said her mother took her to a specialist who gave her eye exercises. Her parents also provided her with a tutor and encouraged her to participate in extracurricular activities. Ben’s parents paid for him to go to boarding school after high school so he could develop skills to help him succeed in college. Doc’s mother helped him with his homework and enlisted the friends of the family to make books on tape for him. Kinsey’s mother helped her with homework and fought for her to have extra help at school. Pierce’s parents provided him with tutors. Caroline’s parents provided her with private voice and music lessons. These parents laid the foundation for the success of his or her children. Above all, the parents of the participants supported their children and instilled in them a strong belief that they could succeed.

Social Skills

This study supports Bandura’s (1997) findings that successful individuals will have interacted positively with adults and with Frankl’s (1985) in that the participants had meaningful interactions with others. With respect to Bandura, it also supports his theory that contends an individual’s ability to overcome life challenges may depend on temperamental qualities. All of the participants
recalled church members, teachers and friends who facilitated their desires to achieve his or her goals. They recounted how they eventually learned to develop networks in new situations that allowed them to get established. By young adulthood all of the participants had built support networks. The networks are resources that the participants used to gain information, job references and emotional support.

Education

This study did not totally support Bandura’s (1997) Self-Efficacy Theory that teachers of successful individuals would have provided them with cognitive learning experiences that allowed them to focus on personal growth to develop a sense of intellectual efficacy. However, it does seem to support both Bandura and Frankl (1985) in that a child with a strong parent advocate can overcome a poor educator or educational system.

Participants who were placed in mainstream classes during their K-12 education were more likely to make more positive comments about their educational experience. Those participants who received instruction away from typical peers in self-contained classrooms often recalled feeling isolated. However, most of those who received instruction in a self-contained setting believed it was the best alternative offered at their school.

The stories of the participants revealed that not all of his or her educators were supportive. Most of the participants agreed that it took a special kind of educator to help them develop intellectual efficacy. Many of the participants reported that his or her disability was not discovered early in his or her education.
A few stated that his or her disability was not identified until they were in a college program. Most of the participants recalled not participating in college preparatory classes and being discouraged by guidance counselors from taking college placement tests. Several of the participants involved with guidance counselors were urged to pursue careers that did not require a college degree. The direction that these guidance counselors gave the individuals is contrary to the findings of Cummings et al. (2000) who found that determining vocational and education goals at an early age is beneficial. Given the parental support and self-determination of the participants, it would have been beneficial to design an educational plan more appropriate for the participants early in his or her education that included the possibility of attending college. The narratives revealed that many guidance counselors may have been unprepared to identify potentially successful individuals with disabilities.

The participants described educators who allowed them to develop intellectual efficacy as those who practiced differentiated instruction, realized his or her point of challenge, treated them with respect, and used extra time to help them understand challenging concepts. All of the participants said that the quality of his or her learning experiences improved dramatically in college. This was based on comments they made about receiving more in-depth testing for his or her disability, receiving more suitable accommodations, and feeling less isolated from his or her peers. Some of the participants reported that this was the time in his or her education when they were first diagnosed with a disability.
It was surprising to find that many of the participants reported being only moderately involved in extracurricular activities as school-agers. Several reported not being involved in any extracurricular activities at all.

The educators that deterred the participants from developing intellectual efficacy also stood out as a theme. Participants described negative educator behaviors as putting them on the spot in front of his or her peers, comparing them to others, and assigning them repetitive tasks they could not master because of physical or psychological reasons. Furthermore, the participants gave less positive reviews of teachers who did not recognize his or her strengths by giving them less challenging assignments and imposing lower standards on them. In most cases, guidance counselors were deemed to be unhelpful, and on many occasions were considered a threat to the participants’ self-esteem by placing them in programs that were not considered college bound, or by recommending that they pursue careers that did not require a college education.

Methodology

The purpose of this study was to determine factors that contributed positively to an individual’s quality of life, and it was intended to be from the participant’s perspective. It also set out to determine the degree of self-efficacy and purpose in life the participant demonstrated. One-on-one interviews gave insight into the participants’ personal lives that included their personal ambitions and challenges. The participants’ response behavior varied as some of them laughed, others cried, and a few provided unemotional responses as they shared their stories with me.
Establishing a good rapport with each of the participants was extremely important to the success of this study. Many of the participants were apprehensive about sharing certain information with me such as the names of individuals and experiences that made them feel vulnerable. Essentially, the participants volunteered for this study because they wanted to help others who have or are experiencing similar life circumstances.

After the interviews took place, some participants had some uncertainties about how the information would be reported. Kinsey asked after her interview how I was able to get her contact information. Ellen was fearful that an e-publication would reveal her identity. She also reported that she felt like she was talking to me as one would talk to a counselor. Therefore, she felt that there might be some discrepancies in the way she recalled events and circumstances. Kimber did not complete the PIL. To check for validity, each participant was asked to conduct a member’s check of his or her contribution. All of them agreed that their contribution accurately represented the thoughts they aimed to convey.

The process of completing the interviews was endearing as well as insightful. The participants invited me into their places of employment and homes. I met their husbands, children, brother, sisters, and friends. For a number of the participants the telling of their story was painful and brought back many unsettling memories. Through retrospect, some made the comment that they were given the opportunity to hear from themselves how far they had come. Doc, on the other hand was able to provide some humor to his situation, “I mean I am still here on the clock being your research subject and talking to you. Where else can
I make a pretty good living talking to intelligent people?‖ I thank them for
allowing me to be the spokesperson who gave his or her stories voice. I applaud
his or her bravery, determination, and generosity.

Limitations

Due to laws protecting the identities of individuals with disabilities it was
difficult to recruit participants for this study. The initial process I used for
recruiting participants required college support services to send invitation letters
to prior students. The invitation directed the participant to contact me if they
were interesting in participating in the study. This procedure limited the study to
those individuals who received academic services, because many students who
were undiagnosed or had physical disabilities did not utilize support services.
College professors also spoke with acquaintances and requested participants for
me. This strategy resulted in participants with blindness and physical disabilities
contacting me.

I believe it is necessary to note that the terms learning disability or
autistic do not adequately describe the individual’s learning challenges. These are
labels that serve as an umbrella for many different characteristics. The
participants with these labels display symptoms, or characteristics that create a
wide variance in his or her capabilities and distinguish them from other
participants with the same label.

Another limitation to this study is that I only interviewed individuals with
disabilities. I did not interview his or her family members or acquaintances. My
reasoning for this includes the subjective nature of the research. This position is
supported by the work of Bloemers and Wisch (2000) who contend that quality of life is subjective. That is, the quality of life the participants believe they have is dependent upon their own perception of their circumstances.

Implications

The participants’ stories enriched my understanding of the challenges faced by individuals with differing types of disabilities. It has influenced my practice in a number of ways. Specifically, it has given me a greater understanding of why the laws designed to protect the rights of individuals with disabilities have been implemented and stressed in our school system. The participants’ stories have also shown me that society has come a long way, but it still has far to go in providing individuals with disabilities a free and appropriate education. I have learned that resiliency skills are important attributes for the success of adults with disabilities. Moreover, the stories have proven to me that discrimination is still alive and well in the hearts and minds of many educators and students alike.

This study has changed my practice in numerous ways. It has especially made me more aware of the manner in which my students interact with their environment. The participants’ stories have influenced my reflective skills as an educator. I now place more emphasis on listening to my students’ frustrations, preferences, and knowledge about his or her learning experiences. This has resulted in my adjusting lessons to accommodate their needs far more than I had previously. As a consequence, I more frequently seek out the student’s point of
challenge and develop and adjust my instructional practice to their unique requirements.

The information I have gained through conducting this study, has strengthened my belief in collaborative systems. In such, parents play a vital role in the success of their children, and that the relationship between school and the family needs to be nurtured to maximize the learning potential of the student. Parents should be welcomed into his or her child’s classroom and they should be strongly encouraged to participate in the educational programming that takes place when their student transitions from one academic level to another. In order for school systems to achieve more success, they need to reach out to students who do not have strong parental support systems. This may be accomplished through teaching the student resiliency skills, providing appropriate transitional experiences, and assisting them in developing supportive networks. One responsibility of educators is to determine the abilities of the student, and how they can facilitate an effective education for the child that focuses on the individual strengths, determination and ability of the student. Needless to say, the responsibility of educating children requires school personnel to take an interest in and ownership of the learning of all students including those who have extraordinary challenges.

The themes from my study revealed that a large number of educators might not be prepared to provide an appropriate education to individuals who learn differently. Also, it revealed that counseling services that students receive are often not sufficient to meet the needs of individuals with disabilities. Students
with disabilities need to be heard, and school guidance counselors to listen before they act. Future guidance programs will need to be developed that accentuate the strengths of individuals with disabilities and empower them to succeed. This is necessary to allow students with disabilities to feel respected and valued as community members. Educational programs that teach students resiliency skills should be developed and implemented in order to maximize the potential of every student who is challenged. Resiliency skills programs can focus on teaching a variety of social skills that include self-competency, and how to cope with negative circumstances. Noteworthy, the information in my study is beneficial to school administrators in that it helps them understand that the degree to which a student is included in mainstream education actually determines his or her attitude toward school, and affects the way he or she interacts socially. Moreover, it underscores the finding that the programs in which students participate affects their psychological well-being and academic efficacy for rest of their lifetime.

In order to achieve a society that values its members, it is important that all people accept the differences of others. One way to accomplish this is by actively supporting inclusive practices in the mainstream classroom. Differentiated instruction is another way for educators to provide support to all students. Guidance counselors should receive more training so they can become better prepared to work with students who have disabilities such as learning disabilities, autism and blindness. High school programs for students with disabilities should focus on the preferences and strengths of the individual students and his or her parent. The ultimate goal of the program should provide
the student with a smooth transition from school to work through establishing supportive networks. The findings of this study assert that rehabilitation counselors as well as educators should move away from a medical model that advocates for social inclusion, and venture toward a more progressive movement that strives to improve quality of life through individual self-determination, equal access to work, community involvement, and public services.

Future Research

A qualitative study is necessarily limited to a few participants in order to get their in-depth stories. Additional research might take themes and develop an instrument to survey broader and more diverse populations, such as individuals with different disability types or high school graduates. It would be interesting to see how these individual identify their most influential characteristics for success in achieving a satisfying quality of life.

Future studies should address the effect that resiliency has on the quality of life of individuals with a disabilities. The findings of this study revealed that resiliency is a necessary component in the success of an individual with a disability. Recent studies in the areas of psychology and education indicate that resiliency can be measured and taught (Campbell-Sills, Cohan, & Stein, 2006; Hoge, Austin, & Pollack, 2007; White, Driver, & Warren, 2008). Therefore, it would be advantageous to develop educational programs that identify the extent of resilience in an individual, and promote those skills through a formal educational program.
Conclusion

This study makes a contribution to the literature by highlighting problems with guidance services for people with disabilities. It suggested more effective practice such as developing training programs for counselors that address individual needs and challenges. It indicated a necessity for developing K-12 programs that foster and teach resiliency in children. The focus of these programs should be based on the use of a connective approach that considers the ability of the individual and what they believe will enhance his or her quality of life. The parents’ role and relationship with their child should be taught in parenting classes and supported through school social support services. Administrators should welcome and encourage the involvement of parents in developing and sustaining a quality education for their child. School programs for young children should foster and strengthen resiliency attributes through teaching them how to become quick to recover from life’s setbacks.
REFERENCES


APPENDIX A

HUMAN SUBJECT REVIEW BOARD LETTER OF CONSENT FORM
CONSENT TO PARTICIPANT IN RESEARCH FORM

Quality of Life of Adults with Disabilities

Dear Participant:

The Department of Doctoral Studies in Education at Ashland University supports the practice of informed consent and protection for human subjects participating in research. The following information is provided for you to decide whether you will participate in the present study. You are free to withdraw at any time.

You will be asked to complete two short inventories. The reason for conducting this study is to determine what factors contributed to your success.

Your participation is solicited but strictly voluntary. We assure you that your name will not in any way be associated with the research findings. The information will be identified only through a code number.

If you would like additional information concerning this study before or after it is completed, or have any issues or concerns, please contact one of us by phone or mail. Thank you very much for your time, and we appreciate your interest and cooperation.

Sincerely,

Ms. Phyllis Davis
Graduate Student
(419) 612-7729
434 Sabo Drive
Mansfield, Ohio 44905

Dr. Carla Edlefson
Professor
(614) 794-0803
1900 East Dublin-Granville Road
Columbus, Ohio 43229

******************************************************
By completing this study you are agreeing to be part of this study.

___________________________________
Signature of participant

___________________________________
Date
“The Quality of Life of Adults with Disabilities”

A. PURPOSE AND BACKGROUND

Ms. Davis who is attending Ashland University’s Doctoral Studies Program is conducting a research study to help understand how individuals with disabilities obtain a satisfying quality of life. You are being asked to participate in this study because you are viewed as being a successful individual.

B. PROCEDURES

If you agree to be in the study, the following may occur:

1. You will respond to questions that are intended to measure self-efficacy.

2. You will respond to questions that intended to measure the degree to which you have a stable purpose in life.

3. You will participate in two 90-minute interviews where you will be asked questions about your childhood, educational experiences, support system, and work-related experiences.

C. RISKS/DISCOMFORTS

1. Some of the questions may make you uncomfortable but you are free to decline to answer any questions you do not wish to answer or end the session at any time.

2. Confidentiality: Participation in research will involve a loss of privacy; however, your records will be handled as confidentially as possible. The researcher will ask you only first names during the sessions. Only Ms. Davis will have access to your study records and audiotapes. After the discussions have been transcribed from the tapes, the tapes will be destroyed. No individual identities will be used in any reports or publications that may result from this study.

D. BENEFITS

There will be no direct benefit to you from participating in this study. However, the information that you provide may help educators better understand challenges faced by individuals with disabilities and how to
provide them with services that will assist them in obtaining a more satisfying quality of life.

E. COSTS

There will be no costs to you as a result of taking part in this study.

F. PAYMENT

You will not be paid to participate in this study.

G. QUESTIONS

You have talked to Ms. Davis about this study and have had your questions answered.

If you have any comments or concerns about participation in this study, you should first talk with Ms. Davis. If for some reason you do not wish to do this, you may contact the Human Subjects Review Board, which is concerned with the protection of volunteers in research projects. You may reach the board office between 8:00 and 5:00, Monday through Friday, by calling or writing….

Randy Gearhart, Chair
Human Subjects Review Board
Ashland University
Phone: (419) 207-6198
FAX: (419) 289-5460
E-mail: rgeahar@ashland.edu

H. CONSENT

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You are free to decline to be in this study, or to withdraw from it at any point. Your decision as to whether or not to participate in this study will have no influence on your present or future status as a [patient, student or employee].

If you agree to participate, you should sign below.

__________________________     ____________________________________
Date                        Signature of Study Participant

_________________________        ________________
_____________________
Date                        Ms. Phyllis Davis
The Graduate School

TO: Phyllis Davis
FROM: David Vanata, Co-Chair
DATE: July 16, 2007
RE: Human Subjects Review Board Approval

The Human Subjects Review Board has approved the research proposal that has been submitted by Phyllis Davis. The investigator may proceed with this project.

The primary function of the HSRB is to ensure protection of human research subjects. As a result of this mandate, we ask that you pay close attention to the fundamental ethical principles of autonomy, justice, and beneficence when establishing your research proposal. These ethical principles pertain specifically to the issues of informed consent, fair selection of subjects, and risk/benefit considerations.

If you have any questions, please contact me.

Sincerely,

[Signature]

David Vanata
Phone: 419-289-5292
Fax: 419-289-5460
E-mail: dvana@ashland.edu

401 College Avenue • Ashland, Ohio 44805 • 419-289-5750

PE: mfw
APPENDIX B

THE GENERAL SELF-EFFICACY SCALE

And

THE PURPOSE-IN-LIFE INVENTORY
The General Self-Efficacy Scale (GSE)

<table>
<thead>
<tr>
<th>Authors</th>
<th>Matthias Jerusalem &amp; Ralf Schwarzer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Languages</td>
<td>The scale is available in 27 languages at <a href="http://www.healthpsych.de">http://www.healthpsych.de</a></td>
</tr>
<tr>
<td>Origin</td>
<td>German version developed in 1979 by Matthias Jerusalem and Ralf Schwarzer, and later revised and adapted to 26 other languages by various co-authors. More versions at <a href="http://userpage.fu-berlin.de/~health/">http://userpage.fu-berlin.de/~health/</a></td>
</tr>
<tr>
<td>Purpose</td>
<td>The scale was created to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events.</td>
</tr>
<tr>
<td>Population</td>
<td>The scale is designed for the general adult population, including adolescents. Persons below the age of 12 should not be tested.</td>
</tr>
<tr>
<td>Administration</td>
<td>The scale is usually self-administered, as part of a more comprehensive questionnaire. Preferably, the 10 items are mixed at random into a larger pool of items that have the same response format. Time: It requires 4 minutes on average. Scoring: Responses are made on a 4-point scale. Sum up the responses to all 10 items to yield the final composite score with a range from 10 to 40. No recoding.</td>
</tr>
<tr>
<td>Description</td>
<td>The construct of Perceived Self-Efficacy reflects an optimistic self-belief (Schwarzer, 1992). This is the belief that one can perform a novel or difficult tasks, or cope with adversity -- in various domains of human functioning. Perceived self-efficacy facilitates goal-setting, effort investment, persistence in face of barriers and recovery from setbacks. It can be regarded as a positive resistance resource factor. Ten items are designed to tap this construct. Each item refers to successful coping and implies an internal-stable attribution of success. Perceived self-efficacy is an operative construct, i.e., it is related to subsequent behavior and, therefore, is relevant for clinical practice and behavior change.</td>
</tr>
<tr>
<td>Coverage</td>
<td>The scale can be applied, for example, to patients before and after surgery to assess changes in quality of life. Also, it can be used in patients with chronic pain or those within a rehabilitation program.</td>
</tr>
<tr>
<td>Reliability</td>
<td>In samples from 23 nations, Cronbach’s alphas ranged from</td>
</tr>
</tbody>
</table>
The scale is unidimensional.

**Validity**
Criterion-related validity is documented in numerous correlation studies where positive coefficients were found with favorable emotions, dispositional optimism, and work satisfaction. Negative coefficients were found with depression, anxiety, stress, burnout, and health complaints. In studies with cardiac patients, their recovery over a half-year time period could be predicted by pre-surgery self-efficacy.

**Strengths**
The measure has been used internationally with success for two decades. It is suitable for a broad range of applications. It can be taken to predict adaptation after life changes, but it is also suitable as an indicator of quality of life at any point in time.

**Weaknesses**
As a general measure, it does not tap specific behavior change. Therefore, in most applications it is necessary to add a few items to cover the particular content of the survey or intervention (such as smoking cessation self-efficacy, or physical exercise self-efficacy). How to write such items is described in Schwarzer and Fuchs (1996).

**Bibliography (by year)**


behaviors. In M. Conner & P. Norman (Eds.), *Predicting health behavior: Research and practice with social cognition models.* (pp. 163-196) Buckingham, UK: Open University Press.


**Contact**

Prof. Dr. Ralf Schwarzer,  
Freie Universität Berlin, Psychologie,  
Habelschwerdter Allee 45,  
14195 Berlin, Germany,
<table>
<thead>
<tr>
<th>Appendix</th>
<th>English version by Ralf Schwarzer &amp; Matthias Jerusalem, 1993</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I can always manage to solve difficult problems if I try hard enough.</td>
</tr>
<tr>
<td>2</td>
<td>If someone opposes me, I can find the means and ways to get what I want.</td>
</tr>
<tr>
<td>3</td>
<td>It is easy for me to stick to my aims and accomplish my goals.</td>
</tr>
<tr>
<td>4</td>
<td>I am confident that I could deal efficiently with unexpected events.</td>
</tr>
<tr>
<td>5</td>
<td>Thanks to my resourcefulness, I know how to handle unforeseen situations.</td>
</tr>
<tr>
<td>6</td>
<td>I can solve most problems if I invest the necessary effort.</td>
</tr>
<tr>
<td>7</td>
<td>I can remain calm when facing difficulties because I can rely on my coping abilities.</td>
</tr>
<tr>
<td>8</td>
<td>When I am confronted with a problem, I can usually find several solutions.</td>
</tr>
<tr>
<td>9</td>
<td>If I am in trouble, I can usually think of a solution.</td>
</tr>
<tr>
<td>10</td>
<td>I can usually handle whatever comes my way.</td>
</tr>
<tr>
<td>Response Format</td>
<td>1 = Not at all true  2 = Hardly true  3 = Moderately true  4 = Exactly true</td>
</tr>
</tbody>
</table>
Everything you wanted to know about the **General Self-Efficacy Scale**
but were afraid to ask
by Ralf Schwarzer, January 5, 2009

The purpose of this FAQ is to assist the users of the scales published at the
author's web pages
http://www.ralfschwarzer.de/
DOWNLOAD of PDFs: http://userpage.fu-berlin.de/~health/self/selfeff_public.htm

Before attending to the questions below you might want to study our web pages.
You might not have any questions after reading the web pages.

**Do I need permission to use the general perceived self-efficacy (GSE) scale?**
You do not need our explicit permission to utilize the scale in your research studies. We hereby grant you permission to use and reproduce the General Self-Efficacy Scale for your study, given that appropriate recognition of the source of the scale is made in the write-up of your study.

The international source is:

The source for the German version is:
INTERVIEW TOPICS

1. Tell me about your family and what it was like for you growing up. What did you like to do as a child?

2. Tell me about your elementary school years. Then, tell me about your high school? What did you like or dislike about school? How did you find out that you had a disability?

3. People with disabilities face challenges in school. Tell me about yours. How did you overcome these challenges? People with disabilities often face challenges relating to other people. Tell me about your experience with that. Who helped you overcome your challenges? How did they help you?

4. Describe the types of extra curricular activities you participated in while attending school. What did you like to do with your free time?

5. Successful adults with disabilities were described as individuals who have learned to compensate for a challenging condition and were generally satisfied with his or her life. Explain how you became successful.