

Autonomous Living for Young Adults with Developmental Disabilities: A Longitudinal Study

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ABSTRACT

An innovative residential initiative on a university campus, the Inclusion House, was created for people with developmental disabilities to live with similarly aged and same-gendered university students. In order for all to live independently, individuals with exceptionalities need strong autonomy skills, and the Inclusion House developed activities to increase these skills. This five-year longitudinal qualitative and quantitative study examines the growth of individuals with developmental disabilities in autonomy and self-determination skills using the Transition Planning Inventory-2. Results show that these individuals with disabilities who lived in the Inclusion House show growth in their autonomy skills and all transition sub-areas improved in accordance with the federal law, Individuals with Disability Education Act.

Keywords

Developmental disabilities, Independent living, Autonomy, Transition skills, Self-determination.

Introduction

Most individuals want to be as self-sufficient or autonomous as possible. Autonomy for all individuals requires a high level of self-determination skills, including daily living skills, and can be difficult for individuals with developmental disabilities to obtain and sustain [1,2]. Other independence obstacles include the limited housing options for individuals with developmental disabilities [3,4]. For many years, the Consortium for Citizens with Disabilities Housing Task Force [5] has documented a lack of affordable and accessible housing for individuals with developmental disabilities.

While the *Individuals with Disabilities Education Act* (IDEA) ensures access to education for students with disabilities while also addressing post-school outcomes, several studies indicate that a significant number of individuals with developmental disabilities have not achieved adult autonomy in terms of the following: gainful employment; taking responsibility for every day, daily tasks such as personal hygiene or cleaning their room; participating in leisure or community activities; self-advocating, setting realistic goals;

or communicating and dealing acceptably with disputes [5-8]. These activities and skills are required to achieve independence and may be lacking in individuals with developmental disabilities. Some suggest that mastering these necessary autonomy skills is a life-long process that involves providing hands-on experiences that help individuals with developmental disabilities achieve independence [3,9].

With housing barriers as well as the development of needed autonomy skills in mind, advocates initiated the Inclusion House. This house focuses on helping young adults with developmental disabilities live as independently as possible in affordable and safe housing on a university campus. The Inclusion House is a small residence hall on a midwestern university campus where individuals with developmental disabilities live alongside similarly aged and gendered university students. This living situation is not a home where several individuals with disabilities are monitored with a live-in guardian. Instead, the Inclusion House has individuals (disabled and nondisabled) living as equals in a detached residence hall composed of large suites. Each suite contains four separate bedrooms. Common areas such as the kitchen, laundry facilities, deck, and TV room are shared among the entire group.

While living in the Inclusion House, one of the goals of all stakeholders (roommates with and without disabilities, parents, and university staff) was to increase autonomy skills to promote independence in the daily living of individuals with developmental disabilities. Thus, this study seeks to evaluate and determine the strengths of these roommates with disabilities living at the Inclusion House regarding the areas of growth in relation to daily living skills and autonomy skills. The following research questions were posed: (a) During five years, how has the Inclusion House impacted the resident individuals with disabilities mastery of the autonomy skills as measured by the *Transition Planning Inventory-2*; and (b) Which transition skills most impacted autonomy mastery?

Method

To study these questions, the researchers used both quantitative and qualitative methods. Purposive sampling was used with an established standardized instrument that agency personnel use to evaluate critical transition planning areas mandated by IDEA 2004, focusing on autonomy skills [10,11]. The selected *Transition Planning Inventory 2 (TPI-2)* assessment questions align with the autonomy requirements of IDEA 2004.

Participants

The study participants consisted of all (disabled and nondisabled) roommates of the Inclusion House (100%). Each roommate with developmental disabilities has resided at the Inclusion House for more than five years, allowing the researchers to determine more precisely the effect of living there. The demographic breakdown is noted in Table 1. In order to have clear communication, the parents of these individuals were also notified and given permission.

Table 1: Demographics.

Roommates	n	Percentage Participating	Age Range	Gender
Nondisabled	6	100%	21-26	4 males /2 females
Disabled	6	100%	25-32	4 males /2 females

Instrument

The researchers wanted to use an instrument that assessed individuals' current knowledge and skill performance in various areas related to adult autonomy. The *TPI-2* is a popular, standardized transition measurement commonly used in the special education and agency field to evaluate and determine the strengths of individuals and the areas of growth in relation to autonomy skills [10,12]. In addition, the *TPI-2* meets the evidence-based research recommendations of *No Child Left Behind*, renamed *Every Child Succeed Act*, and the mandate of IDEA 2004 for appropriate transition assessments [10,13].

Items in the *TPI-2* are based on individuals with disabilities' knowledge and skills that focus on nine general fields of autonomy for adult living. The number of items in each transition section is in parentheses: Employment (5 items), Further Education or Training (5 items), Daily Living (6 items), Leisure Activities (3 items), Community Participation (6 items), Health (6 items), Self-Determination (5 items), Communication (4 items), and

Interpersonal Relationships (6 items). *TPI-2* pretest and posttest were highly reliable (9 topics, 46 items; $\alpha = .90$ and $.93$, respectively.) Experts in the field verified content and construct validity.

The *TPI-2* instrument contains rater forms that are given to the individual with the disability and one other observer (in this case, the roommate). The roommates ranked the individual with a disability, and the individuals with disabilities ranked themselves with respect to autonomy abilities on a Likert scale of 0 (*strongly disagree*) to 5 (*strongly agree*). The participants also had the option to respond with DK ("don't know") or NA ("not applicable"). Scores were averaged to determine the overall *TPI-2* and nine autonomy sub-scores. Inter-rater reliability between the roommate and individuals with a disability ranking on both the pre-and posttests was high (Cohen's Kappa IRR = .89 and .94, respectively).

Procedure and Data Analysis Methods

Quantitative study

After Human Subjects Review was approved for the study, a packet consisting of a formal invitation to participate, a consent form, and a self-addressed, stamped return envelope was mailed to all roommates with and without disabilities (please note that roommates with disabilities were their own guardians; however, parents were also notified as a courtesy). After two weeks, in order to gather as many participants as possible, the packet was mailed out again. The mailings resulted in six roommates and six roommates with a disability returning the consent form and agreeing to be contacted for the study.

Once the consent forms were received, the participants had the option of oral or pen-and-paper interviews. All of the nondisabled roommates requested a written form, while the individuals with disabilities requested oral interviews. Responses were coded to protect anonymity, and results were reported in the aggregate to eliminate any potential risks and repercussions.

Transition autonomy sub-score scores below 1.99 suggest a low level of perceived competence, whereas scores averaging above 3 to 5 suggest an average to a high level of perceived competence [10,14]. A one-sample t-test was performed to test whether the overall *TPI-2* score (pre and post) was above the mean score of 2.33 or the average summed score of 107 (2.33 x 46 items). Due to the small sample size, bootstrapped paired t-tests were performed in order to determine growth in each of the nine transition topics. Bootstrapped procedures were based upon 1000 bootstrap, unless otherwise indicated. Hedges' g was used to calculate effect sizes since the original sample size was low and the bootstrapped sample size was disparate between the overall *TPI-2* and individual categories. Appropriate descriptive data (such as means and standard deviations) were also reported.

Qualitative Study

After the Human Subjects Review was approved separately for the qualitative study, an invitation to participate, a consent form,

and a return envelope were mailed to individuals with and without disabilities. For those who did not initially respond, a follow-up notice was sent to gather, resulting in a 100% participation rate. As with the quantitative study, the parents were informed about this study and also approved.

These subjects who agreed to be interviewed were given the *TPI-2* open-response questions aligned with the IDEA 2004 autonomy requirements and the *TPI-2* Likert scale questions (see Table 2). Each of the interviewers was trained on the *TPI-2* and knew the IDEA autonomy requirements before the interviews started. During these interviews, an audio recording and copious written notes were taken for reliability.

Before transcribing the audiotapes, an identifying number and a fictitious name were placed on the transcribed interview to protect anonymity and thus eliminate any potential risk of repercussions for the participants. For validity, during the initial step of transcribing the interviews, the researcher copied the completed transcribed interviews and handed out copies to two other researchers. All researchers were trained in qualitative procedures of analyzing data and classifying categories. After reviewing the transcripts, the first researcher identified and wrote down initial code categories. Then, the second researcher independently analyzed the same data to determine if they arrived at similar conclusions; if disagreement occurred, the third researcher independently analyzed the data, whereupon a final decision was made. This technique incorporates the recommendations of Morse, Barrett, Mayan, Olson, and Spiers (2002) to confirm that the researchers understood the responses, thereby ensuring trustworthiness and enhancing the credibility or validity of the data. The inter-rater reliability rate was high $r=.95$).

The interview results were consequently divided into topical units indicating patterns across the questions (themes) and placed in file folders. This structure follows Berg's (2004) recommendations to be used in qualitative analysis to organize categories, themes, and patterns.

Results

The purpose of this study was to determine the longitudinal growth impact (five years) of living at the Inclusion House had on the mastery of autonomy skills of those individuals and, if so, which transition skills most impacted this mastery. Qualitative (interviews) and quantitative (*TPI-2*) measures were used to determine how these individuals progressed in nine autonomy sub-scores, including Employment, Education, Daily Living, Leisure Activities, Community, Health, Self-Determination, Communication, and Relationships. Only qualitative themes higher than 80% are reported below. The quantitative and qualitative results are described when inquiring about the same theme of questions. The results are noted in the areas of "maximum improvement," "moderate improvement," and "low improvement."

Overall Results

After one year of living in the Inclusion House, the individuals with developmental disabilities had an overall *TPI-2* score of

3.52 ($SD = 1.50$) that significantly surpassed the average national score of 2.33 ($t(444) = 16.79, p < .001$). This trend continued, and after four additional years (a total of 5 years living at the house), these same students' scores remained significantly higher than the national average ($M = 4.07, SD = 1.46$), ($t(444) = 25.07, p < .001$). More importantly, these individuals with developmental disabilities showed a significant gain in their overall life skills that they themselves and their roommates recorded ($t(444) = 6.05, p < .001$).

Maximum improvement

The disaggregated overall scores by the nine autonomy sub-scores reveal improvement, sustainment, and reduction patterns. See Table 2 for a breakdown of the nine autonomy sub-scores paired responses. In accordance with the *TPI-2* competency ranking (< 2 reflects poor performance, and > 3 reflects high performance), these individuals' sub-category scores were calculated. Only the above and below-average scores are reported (See Tables 3 and 4 for sub-category breakdowns).

Table 2: TPI-2 qualitative questions.

Transition Focus	Number, Section, and Question
Working	1a. What kind of work do you want to do after you finish school?
	1b. What is most important to you about a job
	1c. What will be your preference for transportation to get to work?
	1d. How would you describe the person you would like to work for or have as your supervisor?
	1e. What would you like the school to do to help prepare you to get a job?
	1f. How will your disability affect you when you get a job?
Learning	2a. What are the top choices of schools or training programs that you are thinking about?
	2b. Of the accommodations you need for school, which ones help you the most?
	2c. Where do you prefer to do your reading and studying for classes?
	2d. What works best for you in organizing and managing your time?
	2e. What would you like the school to do to help prepare you to be a successful student after high school?
	2f. How will your disability affect you when you go to college or enter a training program?
Living	3a. What are your top choices of places you would like to live when you are on your own?
	3b. In what ways do you prefer to meet and make friends?
	3c. What do you like to do to keep yourself healthy and fit?
	3d. What activities do you do in your free time?
	3f. How will your disability affect you when you live in the community?

Table 3: Bootstrap pre and post-transition skill areas scores for paired sample tests.

Transition Skill Area	Pre		Post		Difference	Bias	Sig
	Mean	SD	Mean	SD			
Leisure	3.75	1.13	4.63	0.72	-0.875	0.005	0.015
Community	2.69	1.85	3.75	1.53	-1.063	0.002	0.073
Communication	3.69	1.66	4.38	1.26	-0.688	0.029	0.091
Self Determination	3.94	0.85	4.31	0.95	-0.375	0.029	0.145
Health	4	0.97	4.19	1.11	-0.188	0.11	0.335
Daily Living	4.06	1.34	4.13	1.31	-0.063	-0.005	0.424
Employment	3.44	1.32	3.94	1.34	-0.5	0.014	0.133
Relationships	3.69	1.96	3.88	1.82	-0.188	-0.005	0.224
Education	2.69	1.7	1.58	2.07	1.125	-0.011	0.081

Table 4: Transition area improvement areas that were significant by item number.

Item number	Transition area	N	Mean	SD	TPI rank
17	Leisure	8	3.83	1.11	High
18	Leisure	12	3.58	1.08	High
19	Leisure	12	3.58	1.31	High
20	Community Participation	11	2.82	1.89	Average
21	Community Participation	11	3.09	1.76	High
22	Community Participation	8	2.38	1.51	Average
23	Community Participation	12	2.42	1.44	Average
24	Community Participation	12	2.58	1.62	Average
25	Community Participation	8	2	1.6	Low
37	Communication	12	3.33	1.78	High
38	Communication	12	3.33	1.97	High
39	Communication	11	2.73	2.05	Average
40	Communication	10	2.9	1.91	Average

After five years, the individuals with developmental disabilities saw themselves and were seen by their roommates as significantly improving in the following autonomy areas: Leisure Activities ($p < .05$), Community Participation, and Communication ($p < .10$). Within Leisure, individuals with developmental disabilities displayed high competency in every sub-category. Over the five-year period observed, these individuals demonstrated high competency in performing indoor and outdoor activities as well as in using settings that offer entertainment. Within the Community Participation field, the individuals displayed high competency in participating as active citizens and low competency in obtaining financial assistance. Within the Communication field, individuals with developmental disabilities displayed high competency in speaking and listening skills. These individuals had no low areas of competency. See Table 5 for a complete sub-category breakdown.

Table 5: Sustained skills by transition area.

Transition Area	Item	N	Mean	SD	Rank
Self-determination	32	12	3.92	1	High
Self-determination	33	12	3.67	0.78	High
Self-determination	34	12	3.42	1.31	High
Self-determination	35	10	3.5	1.51	High
Self-determination	36	12	4.08	0.79	High
Health	26	12	4	1.04	High
Health	27	12	3.58	1.24	High
Health	28	12	4.52	0.51	High
Health	29	12	3.75	1.06	High
Health	30	7	2.86	2.27	Average
Health	31	5	3	2.12	High
Daily Living	11	12	4.75	0.45	Very High
Daily Living	12	12	2.5	1.31	Average
Daily Living	13	12	3.08	1.44	High
Daily Living	14	12	4	1.6	High
Daily Living	15	12	3.33	1.5	High
Daily Living	16	11	4.09	1.64	High
Employment	1	12	3.58	1.31	High
Employment	2	11	3.18	1.33	High
Employment	3	11	2.55	1.37	Average
Employment	4	11	4	1.41	High
Employment	5	12	4.17	1.03	High
Interpersonal	41	12	4.75	0.045	Very High

Interpersonal	42	8	1.5	1.77	Low
Interpersonal	43	12	4.42	0.79	High
Interpersonal	44	12	4	0.95	High
Interpersonal	45	11	4.27	0.79	High
Interpersonal	46	11	4.73	0.47	High

During the interview, the individuals with developmental disabilities expressed feeling more independent and confident to pursue leisure activities and participate in the surrounding community. These sentiments were conveyed in comments such as, "I like to go to the Educational Ministries and go to university basketball games with the gang." And "I like being the (university girls/boys) basketball team manager." They use public transportation and participate in organized group activities more than before living at this house. However, they did express a need for more awareness of specific laws and better connecting with community resources. None of these individuals with disabilities had a driver's license, although they did use public transportation to get around town. The common sentiment can be captured in the quote, "One of my roommates drives me to the store, but I can walk pretty much everywhere else, my job, fun activities like basketball games, or when I exercise and work out." Similarly, none were aware of voting laws, but the majority were registered to vote and had voted. As one individual with disabilities stated, "I have voted in an election and will vote in the big presidential elections coming up."

As to communication, the individuals with disabilities and the roommates spend time talking to each other on a variety of subjects, including sex and relationship issues: "My roommate and I talked about sex and how to be in love with someone else. That is how I learned more about it." They also get along well with their families and friends: "I talk to my parents a lot. Continuing in this theme, another says, "Sometimes, I go to their house, at other times, I talk on the phone or face to face with them [parents]." They all feel confident talking to those they are familiar with but struggle to articulate what they would say to someone they just met.

Concerning mates, all of the individuals with disabilities are either in a relationship or want to be in one. They feel confident about their readiness to communicate effectively in this arena. "On a date, I would talk a lot to get to know each other, send flowers and chocolate, take her to a nice restaurant, or cook her a meal in my apartment."

Moderate Improvement

Individuals with developmental disabilities showed sustained performance in five of the nine autonomy areas: Self-Determination, Health, Daily Living, Employment, and Interpersonal Relationships. Each of these areas soured following their first year of residence; after this first pivotal year, more improvement was made but not significantly more than their first year ($p > .10$). It is important to note that sustained does not mean average performance; these individuals maintained a high level of skill development demonstrated high in some areas.

Individuals with developmental disabilities scored high in every sub-category of Self-Determination. This area included *recognizing and accepting their strengths and limitations, expressing feelings* and ideas confidently and appropriately, setting personal goals, and making their own decisions. In the Health category, individuals with developmental disabilities scored high in every category. They demonstrate high competency in addressing and maintaining both good physical and mental health and knowing about reproduction. In the area of Daily Living, these individuals demonstrated a high competency level in maintaining personal grooming and hygiene, knowing how to locate a place to live and set up living arrangements, and performing everyday household tasks, including managing their own money and using local transportation systems; they did poorly in no category. In the area of Employment, the individuals with disabilities demonstrated a high level of competency in four of the five areas, including knowing job requirements and demands, making informed choices, demonstrating general job skills and work attitudes, and having specific job skills; there were no low competency areas. There were no low scores or competency levels in this category. Finally, in Interpersonal Relationships, individuals with developmental disabilities demonstrated a high level of competency in four of the five areas, which include getting along well with family members, establishing and maintaining friendships, displaying appropriate social behavior in a variety of settings, demonstrating skills for getting along with coworkers and supervisors. They showed poor skills in demonstrating knowledge and skills of parenting. See Table 6 for these sub-category breakdowns.

Table 6: Reduced scores in transition skills area of education by item number.

Item Number	Transition Area	N	Mean	SD	TPI Rank
6	Education	8	2.13	1.55	Average
7	Education	3	3.67	2.31	High
8	Education	6	2.67	1.63	Average
9	Education	4	2.25	1.5	Average
10	Education	8	3.38	1.3	High

During the interview, the individuals with developmental disabilities expressed feeling independent but still needed to rely on their parents for basic help, especially when dealing with finances. Reflecting on the group, one person stated, "I do have money, but my parents keep track of the money. I also get Social Security, and it is mailed to me, but my parents keep track of it." Only one person could state how much they were getting paid per hour or per week.

All the individuals were responsible for taking their own medicine and following a daily hygiene routine. As one individual said, "I have learned to take my medication by myself. I also do my chores daily, like cleaning out the animal cage." and "I do it all shower, get ready, eat breakfast before I go out."

These individuals with developmental disabilities exercise frequently, and many do so daily. "I try to exercise every day by going on the treadmill, bike, weight, track, or swimming. My goal is to lose some weight." These individuals had the luxury of

multiple exercise areas, including a neighborhood workout center and a university exercise area. This reportedly helped them achieve their exercise and movement goals.

During this time of living at the Inclusion House, all individuals with disabilities had some form of employment (paid or volunteer). They were satisfied with their jobs and were not seeking to advance at work. The statement, "I like my job and don't have anything else in mind" summed up what most were feeling. They were content: "I work at a local restaurant. I clock in, get a list of cleaning tasks, and once the cleaning jobs are complete, bust tables. I get out early when it's not as busy." However, they were unable to articulate personal strengths and weaknesses concerning their job skills; the responses were more in line with the personal relationships within the job: "I get along with my boss and the other people that I work with." And "I LOVE working at my job. I like being around people, staff, and the customers." Finally, only one of the six individuals with disabilities knew how much he or she was earning per hour at this job.

Low or no Improvement

As shown in the TPI-2 scores, one area significantly reduced autonomy skills. This area was furthering their Education/Training ($p < .10$). In this category, these individuals demonstrated below-average skills, falling almost a point in a half (Mean Difference = 1.13, $p < .10$). In this sub-area (five items), three scores were low while higher competency was shown in two areas *knowing how to gain entry into a GED programs* and *succeeding in a postsecondary program*. See Table 7 for individual breakdown.

Table 7: Impact of each transition skill compared to the overall skillset by Hedges, Mean, and SD.

Transitional Skill	Hedge's	Mean	SD
Leisure	0.407	4.63	0.72
Communication	0.218	4.38	1.26
Community	0.216	3.75	1.53
Self-Determination	0.173	4.31	0.95
Relationships	0.123	3.88	1.82
Employment	0.088	3.94	1.34
Health	0.087	4.19	1.11
Daily Living	0.044	4.13	1.31
Education	1.380*	1.58	2.07

note: TPI-2 total score 4.07; SD 1.46, N=455

*Difference is larger than 1 SD; Education is an outlier.

In the interviews, all of the individuals expressed the sentiment that they did not need further formal education. While, as stated earlier, the individuals with disabilities were satisfied with their jobs and were not seeking to advance, they could not articulate how that advancement could happen should they desire it. They needed help expressing where or how to obtain more job training. They needed to figure out who to talk to or seek for this training: "I don't know of any training or school that teaches about different jobs. But when I started at a restaurant job when I was in school, I had a job coach. Another job coach would be a good thing to get if I wanted to get a new job." Finally, individuals with disabilities could not articulate goals for a future career. They could, however,

give life and weekly goals such as, "My long-term goals are to lose weight, get a girlfriend, work on music (writing songs and singing, dreams about having a band). My goals this week are drinking more water, keep working out, don't eat late at night. My goals that I reached this week are keeping the apartment clean and doing dishes."

Comparison of the most significant and least impact on overall *TPI-2* score

Additionally, results indicate that Leisure, Communication, and Community are the top three skill set categories that significantly impact overall *TPI-2* scores. In sum, these are the categories in which the individuals with developmental disabilities improved most since starting to live in the Inclusion House. The three categories that have the least impact on the overall *TPI-2* score are Health, Daily Living, and Education. The following Hedges' *g* effect sizes, similar to Cohen's *d* but used when sample sizes are disparate, are reported in Table 7.

Discussion

For a young adult, autonomy skills, including living independently, daily living skills, and earning a wage for a job, are one of the landmarks of transitioning successfully from school to postsecondary life. This is true for those individuals with and without disabilities. Through this study, the researchers sought to understand how individuals with developmental disabilities who lived in the Inclusion House for five years developed or did not develop specific adult skills and which of these skills impacted the more significant growth of these individuals' autonomy.

According to this study, the highest areas that demonstrated improvement over the last five years of living at the Inclusion House included *Leisure*, *Community Participation*, and *Communication Skills*. Former research shows that these areas are necessary and essential skills for individuals with developmental disabilities to work toward [15,16]. Moreover, appropriate communication is vital for all individuals seeking outside jobs or collaborating with others in the workplace or home [16,17]. The expectancies in these job and home settings are that a person must be able to be understood for needs to be met. Folsom-Meek, Nearing, and Bock [18] discuss the importance of getting individuals with exceptionalities out of the home and general school setting and participating as a volunteer, playing a sport, communicating in a small group, or creating an artistic project in their local community. Living at the Inclusion House seemed to help these individuals with disabilities fulfill their lives outside the confines of the home and school atmosphere with activities such as going in small groups, participating in basketball and football games, and going to the area art center to take a class.

These residents with disabilities scored average to above average on the autonomy areas of *Self-Determination*, *Health*, *Daily Living Skills* and *Employment*. Growth in these specific areas is notable, especially when former studies show that employment prospects for individuals with developmental disabilities are low [6,19]. During high school, employment skills are often taught to

individuals with developmental disabilities; however, not even 25% of individuals with Intellectual Disabilities and other types of developmental disabilities are employed [20]. Additionally, self-determination, or the skill that a person can articulate his or her goals, preferences, and life values [21], is a fundamental right of any human being. Wellness, defined as the individual's ability to care for his or her health and conduct daily living tasks, is important for living safely. Individuals with developmental disabilities often need explicit modeling and instruction regarding how to complete daily living and hygiene skills [22]. While living at this house, these individuals with developmental disabilities have grown in these areas.

Interestingly, the lowest scores in the transition skill areas of the *TPI-2* relate to further education for individuals with developmental disabilities. This could be because these individuals are over 18 years old and have finished their formal education. However, one never stops learning about job skills since jobs can be eliminated or changed. In order to be adequately trained for a job, the individual with developmental disability would need to have continuing education or training in terms of developing new job skills. Research has also been done to validate the data from this study, claiming that further education is an area of needed growth for individuals with developmental disabilities [15]. Future career and technical training is an essential aspect of continuing to support their lifestyle [22,23].

Conclusion

In conclusion, individuals with disabilities who are allowed to live in the Inclusion House show growth in autonomy skills, including *Leisure*, *Community Participation*, and *Communication*, as well as *Self-Determination*, *Health*, *Daily Living Skills*, and *Employment*. All the areas have improved in accordance with IDEA 2004 on the specific autonomy skills needed for individuals with disabilities to live independently.

Looking at these results, it might be wise for those parents and teachers instructing at the secondary level to focus on self-determination, daily living skills, community participation, and employment when working towards autonomy. Individuals with disabilities should get as much training as possible in these areas in order for individuals with developmental disabilities to prosper and bloom by living as independently as possible.

Limitations

While these findings accurately portray the longitudinal improvement of individuals with developmental disabilities at the "Inclusion House," they have limited generalizability to other houses; this study focused on one specific living arrangement in the Midwest.

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