

A Guide to Peer Mentoring: Accessing Independence in Leisure, Recreation, and Social Skills

A Non-Pharmacological Approach in an Authentic Environment

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Introduction

Ten years ago, the reauthorized Individuals with Disabilities Education Act IDEA (US Department of Education, 2007) redefined “transition” services as a “results-oriented” focus on functional achievement that includes: 1) instruction; 2) related services; 3) community experience; and 4) post-school adult living objectives. Newman et al. (2011) found that positive predictors of improved function after high school include physical and self-care skills, daily living skills, and social skills. However, Cheak-Zamora, Yang, Farmer, and Clark (2013) found that teens with autism receive transition services half as often as those with other healthcare needs. Moreover, current transition plans may ignore the youth’s need for seamless transition, functional improvement, and independence in community social participation (Pinder-Amaker, 2014). Eight years after high school, 89.8% of youth with ASD were involved in employment or post-secondary education, but only 52% were engaged in any type extracurricular activity (Neman et al., 2011; Shattuck et al., 2012). When compared to neurotypical youth, Pan and Frey (2006) found lower physical activity levels and a steeper decline in physical activity levels for adolescents with autism as they age. Adding further evidence, Phillips et al., (2014), found that youth with autism are twice as likely to be obese. Curtin, Jolic, and Bandini (2014) suggest the risk for overweight and obesity remains high related to psychopharmacology, sleep disorders, atypical eating patterns, and lack of opportunities for physical activity. Even with these risk factors, current transition planning and transition services do little to promote improved community extracurricular participation nor prepare young adults for independent lifelong healthy practices in adult years.

In an Autism Speaks (2012) survey, one of the key unmet needs mentioned by parents was affordable programs and the lack of opportunity to interact with neurotypical youth. Peer mentoring is a mechanism that provides a viable means for promoting independence for adolescents with autism spectrum disorders. While many individuals find success in inclusive environments with the appropriate support, an alternative is a “reverse-inclusion” program in which the program is designed to meet the needs of the teenager with autism and neurotypical teens are recruited as “buddies” to participate and support. Wong et al. (2014) identify peer-mediated intervention, social skills training, visual strategies, modeling, and physical activity as evidence-based focus intervention practices which are typically combined in some form of comprehensive treatment models. By combining these evidence-based practices in one intentional “reverse inclusion” program, the needs of adolescents for recreation, physical activity, and social interaction which promotes transition to adulthood. Peers model appropriate social skills, promote confidence and reinforce opportunities for authentic social interaction.

Starting the Peer to Peer Mentoring Program

1. **Planning step:** Meeting with stakeholders (cross-section of families, adolescents with and without autism, students, and specialists) to plan enhancement of program.
2. **Recruiting /Enrollment step:** Create specific curriculum and market program through high schools, parent groups, to recruit youth with autism and at least an equal number of peer mentors.
3. **Preparation step:** Provide training and complete all initial assessments.
4. **Implementation step:** Structure program to gradually add new knowledge and skills. Mentors will evaluate demonstration of skills and level of independence with skills each week, including aquatics, sports, Nordic walking, cycling, high/low ropes course, rock climbing, horse-back riding, equine-assisted activities, horticulture/sensory, expressive arts, and music.
5. **Discharge step:** Plan for sustainability with each individual based on assessed interests and skills.

The Basics of the Peer mentoring program

Recruitment

One of the most important factors in a “reverse-inclusion” program is recruiting the most appropriate peers to participate in the program. The most effective way to locate the best volunteers for this type of program is to start with high school clubs or religious organizations which already have a service component. It is important to notify teachers or guidance counselors, but the most effective way of recruiting is through the middle and high school students or their parents themselves.

Assessment of the adolescent with autism

Completing a functional assessment with the teen and one of their parent or guardians prior to the program is essential for success. The assessment should include an interview, and a baseline test of the adolescent’s knowledge of social skills and particular interests. At a minimum, the interview should cover preferences, passions, fears, special diets, activities of daily living, fine and gross motor skills, and level of endurance for physical activity. (List of possible assessments could be added as an appendix)

Orientation of peers

Many volunteer programs make the mistake of trying to support a program for youth with autism by just “adding in” neurotypical teens. Peers must be oriented and trained for their role rather than just being “added in.” There are many great resources on autism spectrum disorder on the Autism Speaks website. These can be a wonderful start to an orientation plan. Orientation and training should be experiential in nature. Knowledge about autism is important, but the peer mentors in our programs express the importance of learning more about the helping relationship and what is expected of their role. Avoid the use of PowerPoints or too many written materials.

Instead training should tap into their experience, and help them to develop critical thinking skills. The peers support each other in their group so it is very important to start with ice breakers and other social games to help the mentors learn the other peer mentors names prior to the program. In addition to focusing on an explanation of autism spectrum disorders, it is important to explicitly train the peer mentors in the use of visual strategies, modeling social behavior, and potential behavioral concerns. Peer mentors benefit from explicit instruction on how to model, reinforce, and progress in social skills with their particular buddy. Scenario-based instruction, even role playing the scenario, is the most beneficial so that the peer mentors have a chance to talk through how they might best support their buddy and feel confident in their level of preparation. (Scenario examples can be added as an appendix).

The role of a peer mentor is more than just showing up to volunteer. It is important that the orientation reinforces the significance of their role and what they are contributing. The neurotypical teens typically enjoy learning more about autism and the particular goals that they are going to be focusing on with their buddy. They want to know specific information about the person whom they will support so that they have an understanding of their unique needs and best approach.

Facilitation Techniques

No matter what recreational or leisure pursuit is chosen for the program, the evidence-based facilitation techniques are a key aspect of success of the program. These include:

- Social stories/narratives
 - Provide for individual clients as needed
 - Short social story provides an explanation of what to expect
 - A social story doesn't just list tasks--- it suggests ways that they can interact with their friend during the activity
- Self-management
 - Review goals with them at end of day –did they meet them?
 - Reinforcement or reminders of goals
 - Remembering to pick up towels, sunscreen
 - Decrease prompts to help them be more independent with belongings
- Social skills modeling
 - Should be part of every activity no matter what modality
 - Visually model and communicate the steps
 - May not be able to process verbal instructions
- Prompting
 - Initiating greetings
 - Reciprocal conversations
 - Asking someone about their interests
 - Practice in authentic situations
- Reinforcement
 - Remain positive and encouraging

- Scripts/ visual schedules
 - Providing an exact script for what you should say or do
 - Use authentically in theatre activities
 - Allow them to actively cross it off
 - Decreases anxiety of what is coming next
 - Provides a sense of control
 - Promotes self-efficacy

Goal-Setting

With the guidance of the recreational therapist and parents, goals should be set for each individual in the program based on their unique needs for functional improvement. Both the adolescent with autism and their neurotypical buddy must know what the individual's goals and specific objectives are for the program. These goals should be functionally-based specific, measurable, and time-oriented. The general focus areas for the goals will be

- 1) Transferable pre-vocation and lifetime skills (following instructions, responding to feedback, and setting goals);
- 2) Improving communication skills for initiating conversation with peers/community members regarding vocation and recreation;
- 3) Life skills, horticulture, animal-assisted programs, expressive arts, theatre, and music
- 4) Levels of stamina and aerobic endurance for physical activities and sports;
- 5) Knowledge about leisure and recreational opportunities; and
- 6) Leadership skills for planning, decision-making, and cooperative team work. Long-term, participants with autism will improve the level of involvement in vocational, and recreational pursuits in their own families/communities.

Successful Modalities

- Physical activity/sports to develop life skills
- Challenge activities: rock climbing/high ropes
- Water safety/Swim skills
- Hiking
- Horticulture-work tasks, sensory
- Art/Photography: self-expression decision-making
- Community life skills:
 - Decision-making/ money
- Theatre: reading and critical thinking skills
- Music: Expression and social skills

Documentation

1. At the end of the session, allow time for the peer mentor and adolescent to review the goals for the day and discuss whether they were met or not. A scale of independence can be used to help see incremental changes. Each week, Mentors observe using 7 point scale and document level of independence in task.
2. At the end of the 10 weeks, mentors summarize observations and the change in the individual.
3. Individuals compare their own goals before and after the program.

Camper Name:		Mentor Name:		Date:			
Passions: Inimes: Tennis, Fishing, Movies, Classical music, piano Fears/Stressors: communication with others, unpredictability, noise							
0= independent (without any support) 1=verbal cueing (remind to stay on task) 2= minimal physical assistance (model it, they do it)				3= moderate physical assistance (walking with and modeling with physical assistance) 4= full assistance (hand over hand) 5= unable to complete task at all			
Social Goal	Not Offered	Unable to complete (1)	Full Assistance(2)	Mod. Physical Assistance (3)	Minimal Assistance (4)	Verbal Cueing(5)	Independent (6)
Improve interaction with peers							
Will greet a peer 2 times a day without prompts							
Will answer 1 ques/no questions spontaneously per day with strong voice							
Will initiate a conversation with a peer 1 time during camp							
Transition Goal	Not Offered	Unable to complete (1)	Full Assistance(2)	Mod. Physical Assistance(3)	Minimal Assistance(4)	Verbal Cueing(5)	Independent (6)
Improve decision-making skills							
Will communicate his wants or needs 1 time per day							
Will make at least 2 decisions each day based on his own choices given limited choices							
Physical Activity Goal	Not Offered	Unable to complete (1)	Full Assistance(2)	Mod. Assistance (3)	Minimal Assistance	Verbal Cueing	Independent
Improve stamina/endurance for school sport							
Increase the amount of laps for cross-country training (run one mile continuously by end of camp)							
Improve form for running as judged by cross-country unit							
Strategies used for positive behavior:							



