Independent Living with Intellectual and Developmental Disabilities: Peer Support Training Program

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Abstract

Lack of social connectedness and belonging are identified as barriers to social participation within the Intellectual and Developmental Disability (IDD) community. Peer support leverages shared lived experiences in the delivery of services including skill building, connection to resources, and goal setting. Peer support is recognized in mental health and substance-use communities, but remains a novel practice within the IDD community. This capstone project aimed to design and implement a peer support training program within the IDD community using the Person-Environment-Occupation (PEO) model and Universal Design for Learning (UDL). Content included evidence-based skills required for rapport building and effective peer support to increase social participation. The program was evaluated using pre- and post-intervention surveys analyzing participation and self-perception of skill development. Results demonstrated increased confidence and engagement among participants following the training program, suggesting peer support within the IDD community may be a feasible way to increase social participation and connectedness.

Introduction

According to Scaffa and Reitz (2020), approximately 84% of individuals living with IDD live with their family members throughout their lifespan. Additionally, this population demonstrates greater levels of unmet needs regarding self-care skills, education opportunities, transportation, mental health, and social participation (Durbin et al., 2017). Peer support groups are used in the IDD community, and have demonstrated positive outcomes on social belonging, connectedness, wellbeing, empowerment, hope, and self-efficacy (Giummarra et al., 2022). Despite the positive impact of peer support groups within this population, they are not always accessible to clients and do not adequately leverage client's individualism, interests, or

preferences for social interaction since they serve groups of people opposed to the individual client themselves. This demonstrates the need for a more client-centered, individualized approach to peer support within the IDD community.

Peer support programs are most recognized within mental and behavioral health services and substance use disorder services. Peer support within these communities is focused on improving health and wellness, skill building, connection to resources, goal setting, and relationship building. The peer support process within the mental and behavioral health population is formalized and has demonstrated positive outcomes (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017). Preliminary evidence has identified that peer support for people with IDD may facilitate increased independence and skill acquisition in important areas for young adults with IDD. Research has identified peer support as a promising method for improving social belonging, connectedness, wellbeing, empowerment, and self-efficacy within the IDD community (Giummarra et al., 2022). The overall goal of this capstone project was to develop and implement a peer support training program within the IDD community that focuses on fundamental skill development to support the acquisition of a new occupational role as a peer support mentor. This project aimed to address the existing gaps experienced by the IDD community including decreased social participation, community engagement, social belonging, and lack of support within transitional stages of life (Almutairi, 2016; Carley, 2018; Foley et al., 2012).

Literature Review

This literature review aimed to discuss the strengths and challenges faced by the IDD community, the current climate of peer support programming within varying populations, and evidence to support the efficacy of peer-led interventions among the IDD community.

Additionally, the literature review aimed to identify evidence supporting the applicability of training individuals within the IDD community to deliver intervention programs to peers with shared lived experiences. The search engines utilized in this search included Temple University Library Database, Google Scholar, CINHAL, Sage Journals, ProQuest Central, and PubMed. Key terms and phrases included "intellectual developmental disability," "peer-mediated intervention," "peer support," "peer specialist program," "peer support training," "peer-mentored," "peer-to-peer," "experiences of peer support," "strategies for supporting peer specialists," "intellectual disability and occupational therapy," and "peer-delivered interventions". This literature review demonstrates the need for a formalized peer support training program within the IDD community to support independence, social participation, and life skill development.

Peer Support Programs

SAMHSA defines peer support as "offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). Peer support workers engage in varying services including skill building, connection to resources, advocacy, group facilitation, mentoring, delivery of programs, goal setting, and relationship building (SAMHSA, 2015). Currently, peer support worker programs exist mainly within mental and behavioral health services and substance use disorder communities. Peer support workers promote and facilitate recovery journeys among the individuals they support. SAMHSA (2015) has developed a working definition of recovery within this community: "Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" (SAMHSA, 2015, p. 2). Although recovery is not the focus of

outcomes for people with IDD, there are four main dimensions that support life in recovery: health, home, purpose, and community (SAMHSA, 2015). These four dimensions of recovery are relevant for the outcomes of social participation and occupational engagement within the IDD community.

Additionally, SAMHSA (2015) has identified core competencies that guide delivery and promote best practices in peer support. These competencies inform peer support training programs, develop standards for certification, and inform job descriptions. The core competencies are composed of several values and principles including recovery oriented in nature, person-centered, voluntary, relationship-focused, and trauma-informed (SAMHSA, 2015). The peer support process within the mental and behavioral health population is formalized and currently demonstrating positive outcomes within practice. Durbin et al. (2017) suggest individuals within the IDD community demonstrate greater challenges with respect to self-care skills, education and employment opportunities, physical and mental health outcomes, and social participation. These challenges faced by individuals with IDD align with the four dimensions that support life: health, home, purpose, and community. Leveraging peer support opportunities within the IDD community can potentially allow for increased independence and meaningful skill acquisition for adults with IDD. Research has identified peer support as a promising method for improving social belonging, connectedness, wellbeing, empowerment, and self-efficacy within the IDD community (Giummarra et al., 2022).

Young Adults with Intellectual and Developmental Disabilities

Young adults with IDD are often supported through services such as occupational therapy, physical therapy, and social work until they age out of the schooling systems usually

between the ages of 18-22. Although students receiving services from their schools are offered transition services, parents regularly express that these services are far from adequate. Families have reported barriers to transition services such as lack of information, lack of time and energy, lack of financial support, lack of resources, and programs that are a poor fit for individual needs (Almutairi, 2016). A lack of proper transition services can create a range of barriers among these young adults including impairments to communication skills, social skills, independent living skills, and participation in leisure activities. These barriers present difficulties within complex self-care tasks, pursuit of employment or higher education, and self-determination (Foley et al., 2012). Carley (2018) founded GRASP, which became the largest membership organization for adults diagnosed on the autism spectrum. Carley (2018) advocates for peer support within the school system and believes peer support can promote increased trust among students and mentors, reduction of anxiety, anger, and depression, and increased emotional and physical regulation. The use of peer support is believed to support students' regulation, which improves their ability to learn. Additionally, Carley suggests having peer support early on in adult life provides opportunities for the discussion of independent living skills (Carley, 2018).

Peer Support Interventions

Peer support interventions involve an individual within a peer's social network delivering an intervention often in the form of instruction or programming. Although not all prior studies required peer mentors to have the same diagnosis as the individuals they supported, the studies included in this review emphasize the value of shared diagnoses and lived experiences. Eisenman et al. (2014) recruited a convenience sample of adult clients to provide and receive peer support from a state and federally funded nonprofit agency providing care coordination, health education, and resources to individuals with developmental disabilities living in Los Angeles. Clients of the

regional center who served as peer mentors completed extensive training to learn about emergency preparedness, peer mentoring, leadership, and motivational strategies. Peer mentors delivered small-group exercises, facilitated class activities, assisted participants during hands-on learning activities, performed in-class demonstrations, and served as role models to class participants (Eisenman et al., 2014). Researchers randomly assigned participants to the experimental group, receiving peer-mediated intervention, or the control group, receiving delayed intervention. Posttest scores demonstrated a greater increase in preparedness knowledge and preparedness activities within the experimental group compared to the control group (Eisenman et al., 2014). This study demonstrates the applicability of utilizing a community-based peer-delivered approach within the IDD community.

Marks et al. (2019) utilized peer health coaches (PHCs) with IDD to deliver the HealthMessages program to promote health and wellness for peers with IDD. PHCs participated in training including webinars, coaching manuals, and instructional strategies for teaching the program to peers (Marks et al., 2019). Participants demonstrated improved physical activity levels, hydration knowledge, and social support following the delivery of the program. Additionally, PHCs reported multiple positive outcomes after leading the HealthMessages program including increased confidence, expectations, responsibility, and leadership skills (Marks et al., 2019). This study further demonstrated the applicability of using individuals with IDD as peer supporters to educate and mentor other individuals with IDD.

Research by Castro and Rehfeldt (2016) demonstrated increased task acquisition among individuals with IDD when a response-chained task was modeled by a peer with IDD as opposed to a staff member. Generalization of the behavior occurred in both intervention conditions, but the skill was acquired and maintained in fewer sessions when modeled by a peer. Kearney et al.

(2018) aimed to determine the effectiveness of a peer-mediated literacy-based behavioral intervention (LBBI) to teach a first aid and safety routine among the IDD population. Outcomes of the study demonstrated LBBI from a peer mentor to range from effective to very effective, and students maintained the skills after the intervention was removed during the follow-up sessions (Kearney et al., 2018). Evidence supports peer mentors within the IDD community to leverage shared lived experiences to acquire and maintain skills required for independent living, employment, and vocational opportunities among this population.

Schwartz et al. (2025) explored the acceptability of a peer-delivered mental health program to support young adults with intellectual and developmental disabilities. Peer mentoring was delivered over Zoom in 16 sessions including 40-45 minutes of learning content and 15-20 minutes of social time (Schwartz et al., 2025). Mentoring included didactic psychoeducation, active learning activities including coping strategy education and practice, structured reflection, and symptom card sorts. Overall, mentees expressed satisfaction with the intervention, greater self-understanding, and increased knowledge regarding coping skills (Schwarz et al., 2025). This study suggests the need to further explore the use of peer support within the IDD community to bridge the service gaps experienced by the population in terms of social participation, community engagement, social-connectedness, and skill development supporting their independence and mental health.

Considerations for Development of a Peer Support Program

Bertilsdotter (2019) analyzed data from field work of autistic self-advocates in Sweden to explore different meanings of development and peer support at an autistic-only workplace, aiming to identify best practices in supporting young adults with autism in life strategies and

peer-to-peer mentoring. Several themes emerged, identifying peer-delivered support to be more strength-based, more considerate of developmental differences, more aligned with learning preferences, and promoting an even power balance among the mentor and mentee (Bertilsdotter, 2019). Other emerging themes include the need for support in executive functioning, development of goals and aspirations, embracing strengths and interests, and identifying difficulties and challenges (Bertilsdotter, 2019).

Pfeiffer et al. (2020) performed a scoping review and developed a Peer Support Toolkit aiming to identify key components of peer support including roles, strategies, and supports provided by individuals with IDD. There were three major themes that emerged from this review. First, key components of peer support were identified including shared lived experience, self-efficacy and self-advocacy, and reciprocity (Pfeiffer et al., 2020). Second, peer support roles and strategies were identified including 1) friendship and camaraderie, 2) role model, 3) education, 4) support for specific tasks, 5) relationship building, 6) creating safe spaces, 7) positive disability identity and normalization of disability, and 8) creating a sense of commonality (Pfeiffer et al., 2020). Third, supports or accommodations for peer supporters were identified including: 1) opportunities for participation in the process, 2) practicing skills before applying them, 3) ongoing opportunities to rehearse, 4) modification of concepts to increase understanding, 5) slow pace of instruction, 6) increased time for training as needed, 7) provision of positive reinforcement, 8) communication cues, 9) accessible written materials, and 10) visual supports. The themes identified by Bertilsdotter (2019) and Pfeiffer et al. (2020) can serve as a guide for what skills should be leveraged, how trainings should be conducted, what supportive materials should be provided, and finally identification of what skills, strategies, or content to include in the training modules when developing the peer support program.

Components of the Peer Support Program

According to Scaffa and Reitz (2020), approximately 84% of individuals living with IDD live with their family members throughout their lifespan. This population demonstrates higher levels of unmet needs regarding self-care skills, education opportunities, transportation, mental health, and social participation (Durbin et al., 2017). The transition from school to post-school activities can be challenging for every adolescent, but this is a more challenging time for individuals with an intellectual or developmental disability (Leonard et al., 2016). Despite evidence suggesting inclusion improves outcomes within areas of independence, the inclusion of the young adult with IDD in the transition planning process is often not considered (Leonard et al., 2016). Evidence suggests that the level of function within activities of daily living and self-determination for a young adult with IDD is linked to post-school outcomes such as employment, independent living, and quality of life (Leonard et al., 2016). These persistent challenges during the transition to adulthood demonstrate a growing need for person-centered support – such as peer mentorship – to promote independence, confidence, and meaningful social opportunities within the IDD population.

Schwartz et al. (2020) conducted exploratory research to develop peer-mentored interventions for young adults with IDD. The outcome of this study contributed ideas for the development of the peer support training program within the JEVS Independence Network. The first component outlined in Schwartz et al. (2020) focuses on mentee-centered approaches, including meeting mentees where they are and leveraging activities targeting the mentee's goals, interests, skills, health status, motivations, and resources. This idea mirrors the "person-centered" approach utilized in SAMHSA's peer mentoring program (SAMHSA, 2015). Additionally, Schwartz et al. (2020) discussed relationship-driven actions; this includes actions that support the

mentor and mentee in the development of trust and rapport. To facilitate relationship development, components such as shared lived experiences, engagement in mutually enjoyable activities, normalization of behaviors to validate the mentee, and clear determination of roles within the relationship were established (Schwartz et al., 2020). These ideas also align with recommendations from SAMHSA's peer support program including collaborative boundary setting, and expectations for frequency and type of communication (Schwartz et al., 2020). Schwartz et al. (2020) discussed peer providers, emphasizing the importance of mentors understanding that despite being a "friend" to their mentee, there are still responsibilities to uphold. These responsibilities translate into training on respect and support of the mentee's autonomy and ensuring that the dynamic between the mentor and mentee is equal in power. The final component considered was training peer mentors to deliver outcome-driven actions to support learning and achievement among mentees (Schwartz et al., 2020). The first action included providing cognitive support in the form of materials, prompts, and information that supports the mentee's memory, attention, executive functioning, and self-regulation (Schwartz et al., 2020). Another strategy included direct instructional strategies through informal education techniques such as teaching suggested courses of action, creating opportunities for experiential learning, and supporting self-awareness through psychoeducation and self-monitoring (Schwartz et al., 2020).

Theoretical Approach:

During this program's development and implementation, two theoretical approaches guided the process. The Person-Environment-Occupation (PEO) model guided the analysis to fully explore the occupational strengths, challenges, facilitators, and barriers faced by the mentees within the natural environment and the program. This theoretical approach allows for

recognition of the problems faced by individuals within the population as well as organization and identification of the most effective way to target these problems in order to increase occupational performance for all parties by reducing barriers to engagement. Additionally, Universal Design for Learning (UDL) was leveraged to guide the development of written materials involved in content delivery as well as resources provided to mentors or mentees. The UDL approach ensured that all materials provided throughout this program account for learning preferences, varying literacy and education levels, and sensory preferences.

PEO served as a framework to better understand difficulties faced by individuals with IDD and challenges that arose within JEVS Independence Network as an organization during the development and implementation of the peer mentor program. The first component of PEO considered was the person. The person is defined as unique, holding a variety of dynamic roles that vary in importance, duration, and significance across time and context. The person is seen holistically including the mind, body, and spirit. Every individual person has unique attributes, experiences, personality, culture, and abilities (Law et al., 1996). When considering mentors or mentees in this process, attributes of their individuality including interests, values, occupational roles, culture, personality, goals, and life experiences are considered in order to achieve certain objectives. These objectives included the identification of a mentor who is the best fit, recognition of current skills possessed by the mentee to leverage or build upon, and fostering client-centeredness throughout the development and maintenance of the mentor-mentee relationship. Additionally, the mentor’s and mentee's abilities related to motor performance, sensory capabilities, general health, and cognitive performance also required consideration (Law et al., 1996). These considerations inform certain decisions, such as frequency of formal support

from the peer mentor, style preferences for formal and informal support, identification and distribution of resources to the mentee.

The environment is another key component of PEO, which is broadly defined as the space and context in which the person is engaging in the identified occupations (Law et al., 1996). There is equal importance placed on the cultural, socio-economic, institutional, physical, and social considerations of the environment (Law et al., 1996). For this population, consideration of stigma, financial status, financial literacy, educational experiences, healthcare experiences, social supports, and self-determination will potentially impact the feelings and experiences peer mentees will face while transitioning into new environments during the peer support program and desired independence. Additionally, environmental considerations guided the selection of training locations for peer mentors, and social opportunities were prioritized to support meaningful engagement between mentors.

The final component of PEO is occupation, defined as groups of self-directed, functional tasks and activities in which a person is engaged over the lifespan (Law et al., 1996). Occupations are composed of tasks, a purposeful activity a person engages in, and activities, the basic unit of a task (Law et al., 1996). When considering the development and implementation of a peer support program, understanding the occupational engagement for the peer mentee will guide the peer mentor in supporting this individual. The mentees' occupational pursuits and the skills they currently possess that support independent living will influence the goals they identify and the activities they wish to engage in with their peer mentors. When considering the peer mentor, their daily occupational routines will influence their capacity to uphold their responsibilities as a peer mentor. The peer mentor’s occupational experiences and capabilities, such as their capability to perform the occupational skills needed to support independent living,

will also directly influence the skills with which they are comfortable and confident in teaching and supporting their mentee.

The PEO model assumes that all three of its components, the person, the environment, and the occupation interact continuously throughout the lifespan (Law et al., 1996). When there is increased congruence within all three components, the individual will demonstrate optimal occupational performance. Using this model allowed for recognition of occupational strengths and deficits in occupational performance for mentors and mentees. Identified strengths and dilemmas allowed for comprehensive assessment of performance components, occupations, activities, tasks, and environmental conditions which were integrated to develop the intervention of the training modules of the peer support program for peer mentors. Although this project focused on the development of the peer support program for peer mentors, the outcomes of the program directly impacted all stakeholders involved, including the peer mentors, peer mentees, staff at JEVS Independence Network, and families of the peer participants.

The Center for Applied Special Technology (CAST) introduced the theoretical framework for UDL in the 1990s (AlRawi & AlKahtani 2022). “UDL can be defined as an educational planning and guidance framework that aims to increase beneficial access and reduce barriers to learning for students with special educational needs” (CAST, 2011 as cited in AlRawi & AlKahtani 2022). UDL can inform the development of educational programs that accommodate the diverse needs of learners participating in the program (AlRawi & AlKahtani, 2022). CAST identified guidelines for UDL within educational materials. The first guideline is to provide multiple means of engagement for learners. This involves the provision of options for recruiting interest, sustaining effort and persistence, and self-regulation (CAST, 2018 as cited in AlRawi & AlKahtani, 2022). Within the development and implementation of the peer support

program for peer mentors, this included the voluntary nature of the position, incentives for peer mentors, provision of varying forms of support for the peer mentors, positive reinforcement, leveraging motivation and interests, and allowing for self-assessment and reflection (CAST, 2018). Within the program, this also included opportunities for guided feedback sessions to provide peer mentors with positive reinforcement and the opportunity to self-reflect.

The next guideline for UDL is to provide multiple means of representation for learners. This involves the provision of options for perception, language and symbols, and comprehension. To leverage UDL guidelines within the peer support program for peer mentors, there were options for perception which included text size, contrast, color used for emphasis, speed of videos, visual layout, text equivalents such as speech-to-text and text-to-speech, visual diagrams, and written transcripts for videos (CAST, 2018). For comprehension, the provision of options for organization such as bridging concepts, highlighting key elements, using outlines, multiple examples, cues and prompts, interactive models, templates, and structured opportunities to generalize learning to new situations (CAST, 2018). Within the peer support program, this included multiple ways to progress through learning materials such as written or verbal formats.

The final guideline for UDL is to provide multiple means of action and expression for learners. This includes the provision of options for physical action, expression and communication, and executive functions (CAST, 2018). For physical action, this may include the need for assistive technologies. For communication, this may include options for solving problems with a variety of strategies, using social media and interactive web tools, multiple media options, spell checkers, sentence starters, scaffolds that can gradually be released increasing independence, and differentiated feedback (CAST, 2018). Finally, for executive functions, this may include prompts to estimate effort and difficulty, goals, objectives, schedules,

embedded prompts such as “stop and think” or “show and explain your work”, checklists, questions to guide self-monitoring or reflection, representation of progress, assessment checklists, and models of self-assessment strategies (CAST, 2018). Additional strategies within the program included prompts such as agendas and schedules, and a variety of training methods including small group discussions, written learning activities, and large group activities.

Methods

Participants within the JEVS Independence Network volunteered to participate in the peer support training program which involved completing the developed person-led training modules discussing key skills and competencies required to be a peer support mentor. An occupational therapy student developed and delivered the person-led training modules. The training modules were provided to JEVS staff, who will deliver the person-led training as needed in the future. The peer support training program targets key skills and competencies including effective communication skills, setting healthy boundaries for relationship building, creating a safe space, leveraging interests and strengths, and creating a repertoire of resources the peer mentor can use as self-support and support for their mentee (Bertilsdotter, 2019; Pfeiffer et al., 2020; SAMHSA, 2015). Following the peer support training program, peer support mentors attended a “Socializing with a Purpose” event where peer mentors had the opportunity to meet potential mentees. Peer mentees included adults with an IDD in the process of transitioning to a new level of independence, including but not limited to, starting the JEVS program, looking to live on their own for the first time, graduating high school, or beginning a new job. The peer support training program for peer mentors consisted of person-led training sessions that included various methods of delivery including slides, a training manual, learning activities, resources, role-playing scenarios, and discussions. Person-led training sessions occurred on predetermined

dates provided to the peer mentors in advance when they signed up to participate. Identifying the training schedule was a collaborative process to accommodate participant schedules in the most effective way possible. Training was presented on assorted topics based on the needs assessment, participant feedback, and the literature. Training included effective communication skills, setting healthy boundaries, identifying and leveraging resources, remaining strength-based, and goal setting (Bertilsdotter, 2019; Pfeiffer et al., 2020; SAMHSA, 2015). These topics have been identified within the literature as components of peer support that provide both the peer support mentor and mentee with a more meaningful and productive experience. The purpose of providing training on these identified skills was to increase the peer support mentor's confidence and comfortability while working with a peer mentee. Within sessions, participants engaged with various learning tools, including: videos, graphics, learning activities, reflection prompts, and connections to real-life scenarios. These tools served as a form of education as well as a way to evaluate the developed skills necessary to become a peer support mentor. The occupational therapy students on site supported participants who required or requested additional guidance or learning materials.

The implementation of the peer support program within JEVS Independence Network started with developing training materials and coordinating person-led training sessions. All training sessions for peer mentors were conducted in a group format to foster a positive learning environment. This approach ensured peer mentors felt adequately supported by the staff and occupational therapy students on site but also facilitated organic interactions among peers participating in the training. All peer support mentors had a diagnosis of an IDD and were selected based on their experience with independent living. Peer mentees were individuals with desired goals of working towards independent living or transitioning to a new stage of life. Each

training module addressed core competencies including effective communication, setting healthy boundaries, identifying, and leveraging resources, being strength-based, goal setting, and practicing empathy-skills to support the peer mentor role (Bertilsdotter, 2019; Pfeiffer et al., 2020; SAMHSA, 2015). Conversations with stakeholders guided the selection of instructional formats and learning tools to adequately support engagement and skill development. A variety of activities were used to assess the efficacy of the program in conveying the knowledge required for success and confidence as a peer support mentor.

In addition to the peer support training program, JEVS staff received nine months of occupation-based "Socializing with a Purpose" event outlines and activities targeting independent living skills (see Appendix A). "Socializing with a Purpose" will continue as structured monthly events to create opportunities for peer mentors and mentees to connect and engage. The areas of occupation selected for these activities were identified through group discussions and a feedback survey completed by peer support participants. Mentors reflected on skill areas they wished they had learned prior to living independently. Based on this feedback, topics for "Socializing with a Purpose" included meal preparation and clean-up, cooking, community mobility, mental health maintenance, and financial management.

Project Goals and Objectives

Project Goal 1: Gather and utilize evidence regarding peer support programs, occupational challenges for the IDD community, and benefits of peer support and social participation for the IDD community.

- Objective 1.1: Complete a thorough literature review to identify evidence-based best practices for existing peer support programs to guide the development of the peer support training program.
- Objective 1.2: Identify the individual support needs for independent living among young adults with IDD and facilitate relevant skill development to address the need.
- Objective 1.3: Identify what components of peer support will adequately address support needs for those with IDD, guiding the development of the program.

Project Goal 2: Develop a training program for peer mentors based on evidence-based research.

- Objective 2.1: Identify content for the training modules based on evidence to eliminate barriers identified by the organization based on the needs assessment.
- Objective 2.2: Create person-led training module materials and learning activities while leveraging universal design for learning (UDL) principles.
- Objective 2.3: Develop and distribute a survey to all peer mentors who completed the training to gather feedback on the content and delivery of the content.

Project Goal 3: Develop a sustainability plan with the organization to ensure the content and delivery of the program aligns with their desired projection for the future to ensure continued, effective use of the program.

- Objective 3.1: Provide staff education surrounding the identified skills targeted by the training, the principles for content delivery, and identifying the potential for further growth for the peer mentors.

- Objective 3.2: Provide staff with access to the training modules and materials to receive feedback regarding any areas of improvement based on their experience working with the identified peer mentors.

- Objective 3.3: Advocate for occupational therapy's role in peer support and community-based practice settings while promoting the value of lived experiences within peer support and demonstrating the ability for individuals with IDD to maintain these roles effectively.

Evaluation of Program

To evaluate the program for peer support mentors, participants completed learning activities that served as knowledge checks for each module completed. Knowledge checks included real-life scenarios in the form of open-ended discussion questions, case studies, or role-playing real-life scenarios. If participants demonstrated continued difficulty within select content areas, opportunities to receive individualized coaching from staff were offered to support the peer mentors within this process. The knowledge checks offered qualitative insight into how well members retained and applied the training content, with their ability to articulate appropriate responses serving as an indicator of the quality of the training materials. This process supported the identification of gaps in the training material that needed to be further addressed within the program. Participants retained continued access to all resources, learning materials, and learning activities utilized in personalized binders used during the peer support training program sessions.

The final evaluation method for this program's development was creation and distribution of a survey to the trained peer mentors and the supporting staff at JEVS Independence Network to gather feedback on training content, delivery, and overall experience. Staff feedback provided

insight into the sustainability of the project content and modifications incorporated into the delivery format and content. Peer mentors offered their perception and feedback on the level of benefit, engagement, design, and applicability of training materials. Participant surveys also assessed confidence in skill areas pre- and post-program implementation, and the relevance to their mentoring roles. Following the completion of the program, participants volunteered to participate in brief, structured Zoom interviews to provide testimonials and feedback on the entirety of the peer support training program.

Results

Feedback surveys were utilized to identify the measurable impact of the peer support training program in the form of a modified Likert scale. A feedback survey was distributed for each of the four major content areas associated with modules: 1) setting boundaries, 2) effective communication, 3) creating safe spaces/sharing lived experiences, and 4) leveraging strengths/interests and setting SMART goals (see Appendix B). Based on the feedback from the peer mentor surveys (see Appendix C), most peer mentors reported increased confidence across all targeted skills with over 75% indicating they felt “confident” or “very confident”. Over 80% recognized the training content and activities as “helpful” or “very helpful” and greater than 75% expressed belief that the targeted skills will support them in their mentor role. Staff feedback indicated that 100% of staff respondents identified the training sessions as interactive for members, and rated member engagement greater than or equal to 8/10 throughout sessions.

Several key themes emerged in structured Zoom interviews to provide feedback. Many participants identified improved effective communication skills and boundary setting following the peer support training program. Participants reported they learned “active listening skills,”

"the concept of empathy versus sympathy in conversations," and "feeling more confident maintaining emotional boundaries when supporting someone else." Members also reported the application of these skills more readily in social interactions. Another significant theme emerging from these interviews included increased confidence in the peer mentoring role after the completion of the training. Participants reported "feeling confident in using learned skills," "confident knowing I have ongoing support," "being aware of what I can do in a situation," and "gaining confidence in my abilities." One final emerging theme from these interviews included reports of the peer support training program to be "a lot of fun," "very effective," and "a positive experience." Members also shared they felt they "learned a lot," and "hope for future similar opportunities to learn and grow."

Discussion

This capstone experience aimed to develop and implement an accessible, client-centered, strength-based, and sustainable peer support training program for adults with IDD within the JEVS Independence Network. The training program combined instructional content through slides and a trainer's manual, interactive learning activities, and resources to facilitate the development of skills fundamental to success as a peer support mentor. Overall, the results of the peer support training program support the use of a peer support model within the IDD community. Evaluation outcomes align with prior research and highlight the positive impact of the peer support training program on skill development and confidence required in the peer mentor role.

Capstone Impact

The development and implementation of the peer support training program served both the JEVS Independence Network and the field of occupational therapy by demonstrating the effectiveness of peer support among individuals with IDD. The outcomes of this capstone project, specifically the self-reported increase in confidence, skill acquisition, and application of skills within the peer mentor role, highlight the importance of accessible, client-centered approaches in mentors' successful participation in a new role. As reported by participants within structured Zoom interviews post-intervention, participants identified increased confidence in skill development, increased comfort within social interactions, application of skills within social interactions, and increased willingness to participate in new social opportunities. These results align with previous literature indicating peer support intervention can improve social participation, self-efficacy, and social connectedness (Giummarra et al., 2022).

Additionally, the results of the implementation of this program within the JEVS community demonstrate implications for future programming within community-based organizations serving the IDD community. The outcomes highlight peer support's potential to serve as a sustainable, adaptable model for future use to address service gaps related to transition planning, social belonging, and community engagement for the IDD community. Given the current political climate regarding the uncertainty of funding and support for community-based organizations serving vulnerable populations, peer support provides a sustainable and adaptable service delivery model. The results of this program reinforce the idea that a peer support training program can leverage community engagement, social participation, self-efficacy, and confidence within the peer mentor role, making a lasting impact on both the peer support mentors and mentees.

Sustainability Plan

To ensure long-term sustainability, JEVs staff received all required materials necessary to onboard future peer mentor cohorts. Additionally, staff received nine months of occupation-based "Socializing with a Purpose" events to continue skill-building and engagement for current peer mentors and mentees until the next cohort of Temple OT doctoral students arrive. To further support sustainability, interested staff members participated in training delivery and received a comprehensive trainer's manual providing insight to guide the delivery of the training program in the future. Handoff meetings were conducted with the next cohort of Temple OT students to discuss progress, challenges, and next steps. This handoff will support seamless continuation of the JEVS peer support initiative moving forward.

Future Plans

Recommendations for the future development of the peer support initiative at JEVS are as follows:

- Develop supplemental activities and content to support any peer mentors requiring reinforcement within a specified topic area through independent or staff-guided practice.
- Expand the role of peer mentors, such as supporting Instrumental Activities of Daily Living (IADLs), to justify potential future paid mentorship roles within the JEVS Independence Network.
- Create a comprehensive facilitator guide or train an experienced peer-mentor to co-lead sessions, further promoting sustainability.
- Explore available funding sources to support paid opportunities for peer mentor roles or to further expand the outreach of the program to additional organizations.
- Evaluate the effectiveness of the current peer support training program by assessing its impact on the skill development of both peer mentors and mentees.

These recommendations may further support the role of peer support interventions within the IDD community to decrease identified service gaps and increase meaningful social participation opportunities.

Conclusion

These doctoral capstone experiences resulted in the successful development, implementation, and evaluation of a peer support training program aimed to increase social participation, social connectedness, community engagement, and acquisition of a new occupational role as a peer support mentor for adults with IDD. Using the PEO model and UDL principles, the peer support training program offered a strength-based, accessible, sustainable method to address identified barriers for this population which included limited educational opportunities, decreased self-efficacy, decreased social participation, and fewer community engagement opportunities. The content within the peer support training program provides a holistic, adaptable approach to increase positive social interactions within the IDD community. This project provides a foundation for community-based organizations to bridge the service gaps identified between the literature and intervention practices to promote lasting social relationships and support for adults with IDD.

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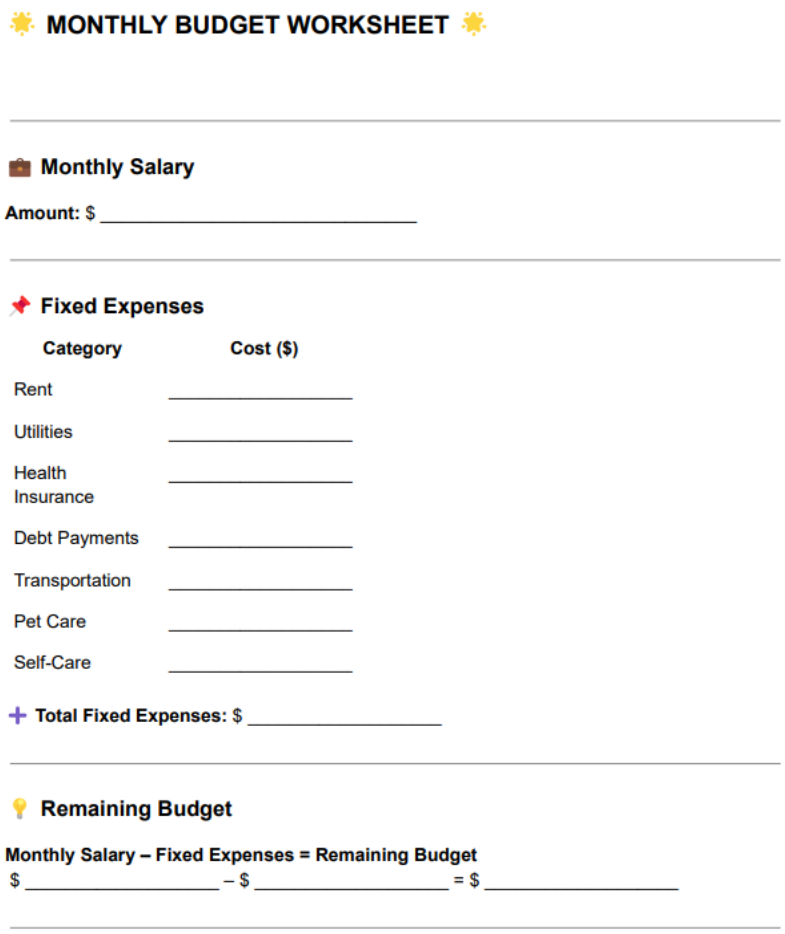
Appendix A
Example of Socializing with a Purpose Event Activity



MONTHLY BUDGET WORKSHEET

Monthly Salary

Amount: $ _____

Fixed Expenses

Category	Cost ($)
Rent	_____
Utilities	_____
Health Insurance	_____
Debt Payments	_____
Transportation	_____
Pet Care	_____
Self-Care	_____

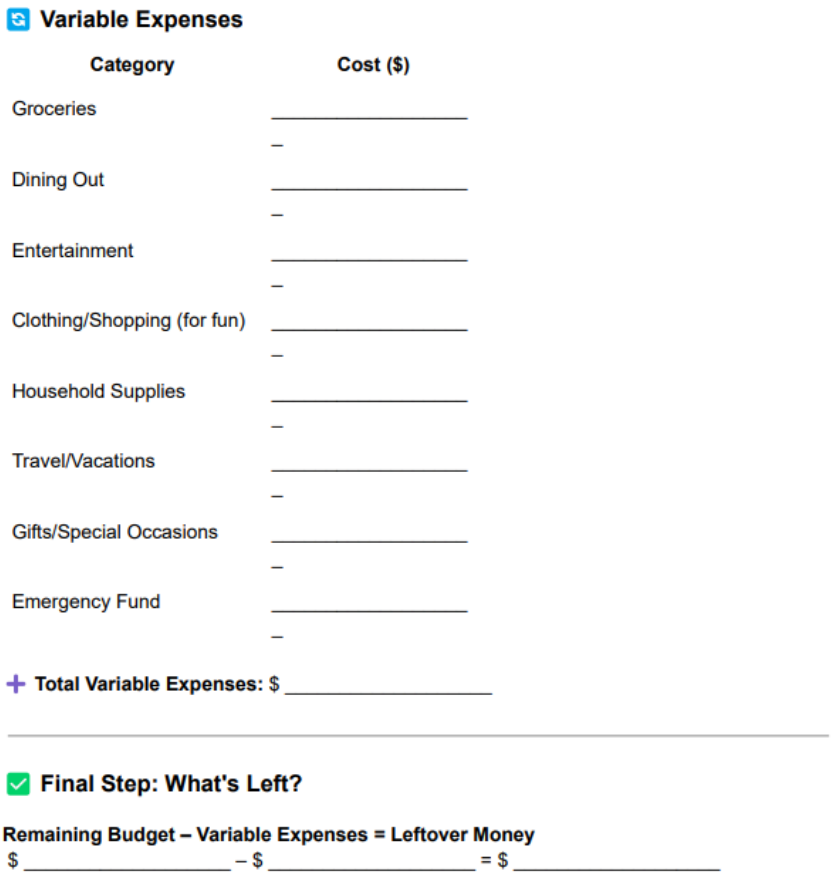
Total Fixed Expenses: $ _____

Remaining Budget

Monthly Salary – Fixed Expenses = Remaining Budget

$ _____ – $ _____ = $ _____

Figure A1. This is worksheet number 1 of an example activity from A Socializing with a Purpose activity targeting budgeting skills.



Variable Expenses

Category	Cost ($)
Groceries	_____
Dining Out	_____
Entertainment	_____
Clothing/Shopping (for fun)	_____
Household Supplies	_____
Travel/Vacations	_____
Gifts/Special Occasions	_____
Emergency Fund	_____

Total Variable Expenses: $ _____

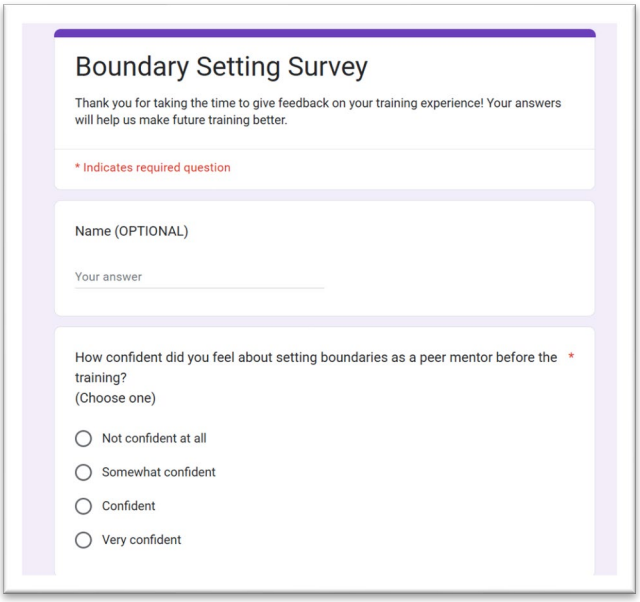
Final Step: What's Left?

Remaining Budget – Variable Expenses = Leftover Money

$ _____ – $ _____ = $ _____

Figure A2. This is worksheet number 2 of an example activity from A Socializing with a Purpose activity targeting budgeting skills.

Appendix B
Feedback Survey



Boundary Setting Survey

Thank you for taking the time to give feedback on your training experience! Your answers will help us make future training better.

* Indicates required question

Name (OPTIONAL)

Your answer

How confident did you feel about setting boundaries as a peer mentor before the training? *
(Choose one)

- Not confident at all
- Somewhat confident
- Confident
- Very confident

How confident do you feel about setting boundaries as a peer mentor after the training? *
(Choose one)

- Not confident at all
- Somewhat confident
- Confident
- Very confident

How helpful was the training in learning new skills or information about boundaries? *
(Choose one)

- Not helpful at all
- Somewhat helpful
- Helpful
- Very helpful

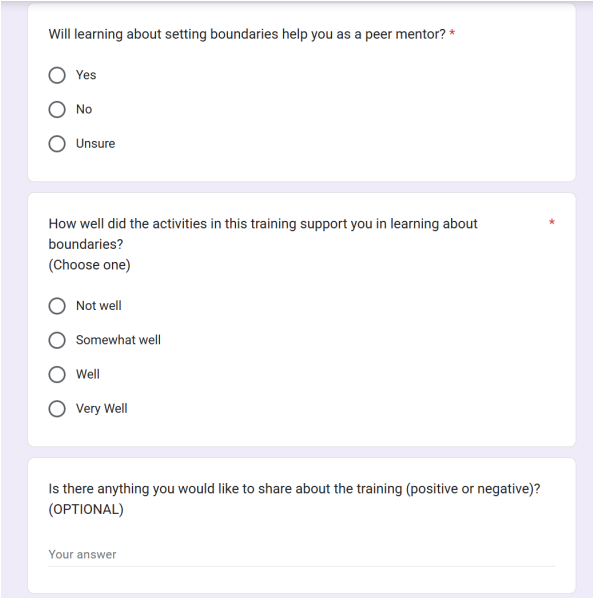
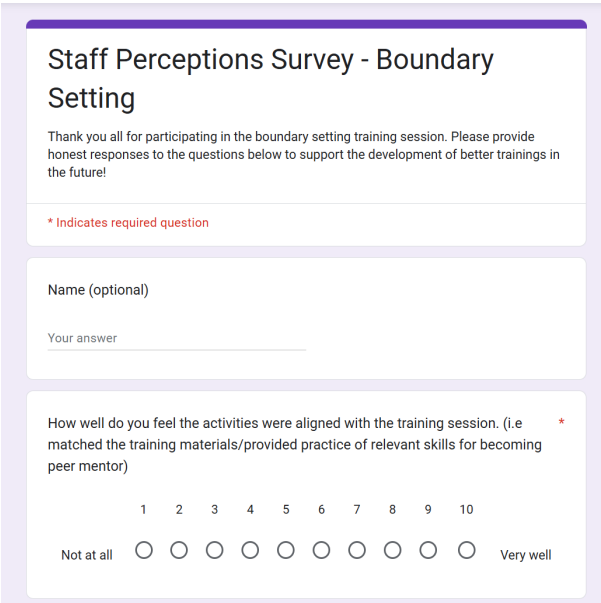


Figure B1. This is an example of a feedback survey provided to peer mentors after the training session. This survey was specifically designed for the "Setting Boundaries" training session and materials, however the feedback surveys for the additional training sessions follow the same format.



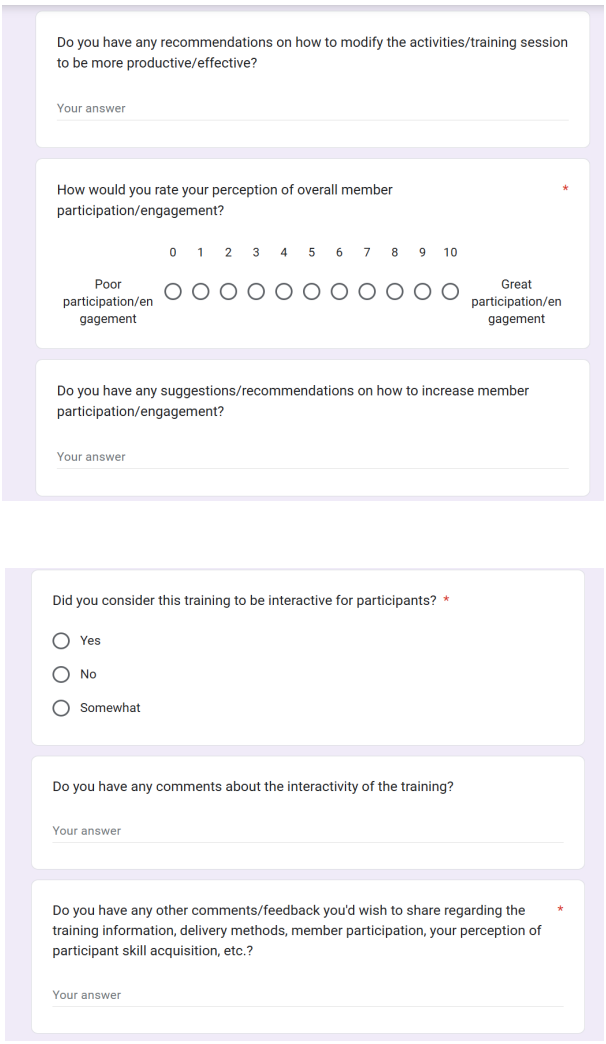


Figure B2. This is an example of a feedback survey provided to staff members after the training session. This survey was specifically designed for the "Setting Boundaries" training session and materials, however the feedback surveys for the additional training sessions follow the same format.

Appendix C
Measurable Outcomes

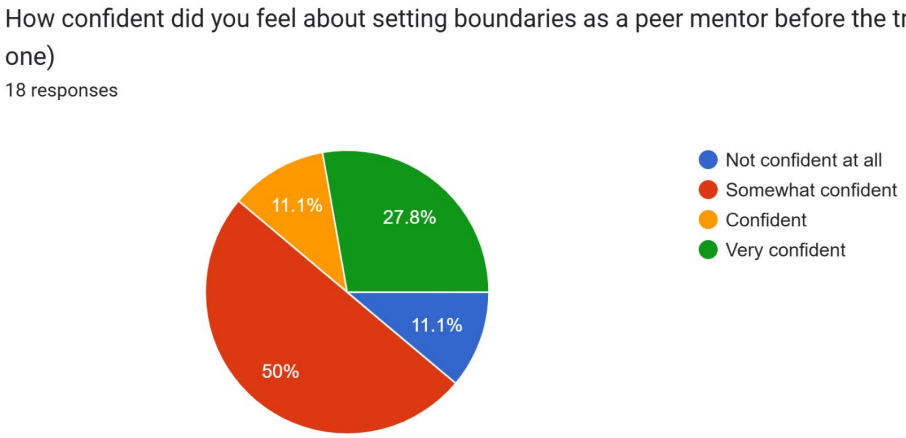


Figure C1. This is an example of the results of a feedback survey provided to peer mentors identifying their confidence levels prior to the training session.

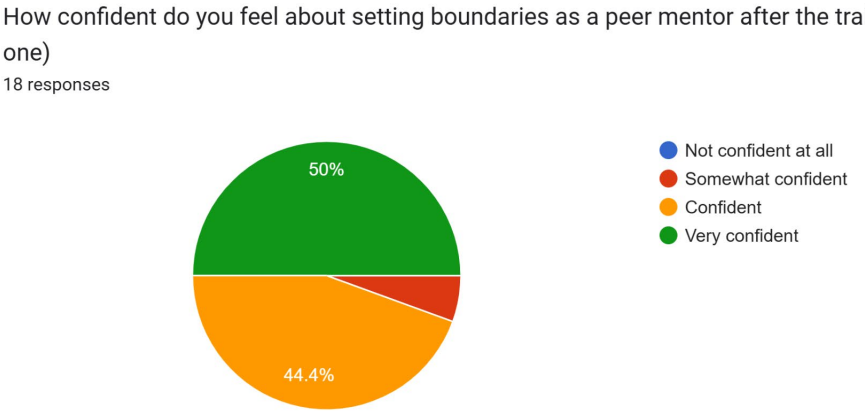


Figure C2. This is an example of the results of a feedback survey provided to peer mentors identifying their confidence levels following the training session.