

Does a Peer Led Autism Travel Training Program Work? A Collaborative Autoethnography

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Introduction

Implementing education programs that involve real-life experiences and one-on-one support for autistic youth is crucial for teaching them how to travel independently. However, evaluating how well intervention programs that include interactive social and problem-solving aspects work in real-life situations is quite challenging. Specifically, it is difficult to evaluate peer led intervention programs that require close coordination with supervisors and training teams. An autoethnography lends itself to exploring assumptions and themes underlying this peer led training process.

Transportation is a critical component to community participation for young adults with Autism Spectrum Disorder (ASD).¹⁻³ Access to transportation facilitates their development and post-secondary school transition into work, education, social and leisure activities and independent living.⁴ Competency in the use of local accessible public transportation can be a critical element in visualizing and accessing opportunities to meet personal goals and actively participate in community resources.^{5,6} ASD is associated with developmental differences in communication, social interaction and cognition, and reactions to sensory stimuli.⁷ No single behavior is always present for individuals with ASD.⁷ These characteristics

exacerbate their difficulties with transportation use.⁸ Achieving independent mobility to access work, study, and to experience social aspects of adulthood relies on a complex interplay of social participation and mobility skill development starting early in adolescence.⁹

Access to transportation increases community participation.^{4,10} Increased community participation including employment, access to health services, social participation is often associated with increased quality of life.¹¹ Individuals with ASD experience reduced rates of participation which contribute to poor health outcomes including quality of life.^{12,13}

One way to increase community participation for individuals with ASD is to decrease barriers to transportation.^{2,3} Low-cost independent mobility options such as public transportation can have a positive association with increased participation and quality of life. Individuals with ASD responded to a 2010 survey and indicated that public transportation was critical to meet social and employment goals.¹⁴ An additional pilot survey reported 68% of individuals with Intellectual or Developmental Disability (IDD) believed using public transportation would increase their independence.¹⁵

Travel training interventions have been designed to increase mobility for individuals with ASD.¹⁶ Transportation interventions that remove barriers are crucial to increasing community participation for individuals with ASD.^{3,10} Specifically the interventions target increasing skills necessary to efficiently use a specific mode of transportation.¹⁶⁻¹⁶ Research on travel training interventions has identified evidence-based techniques for improving specific transportation-related competencies in AYA with ID.^{17,18} These are often limited to one specific skill or one type of transportation. There is additional evidence to support travel training for one mode of transportation such as public transportation,¹ or walking,¹⁹ but limited evidence that examines more comprehensive travel training interventions that address multiple skills for a variety of transportation modes. Notwithstanding the importance of prior work, its narrow focus on relatively homogenous groups of people with similar transportation challenges limits its applicability to large numbers of people with ASD.

Peer Trainer/Instructor

Peer support “is a unique supportive relationship between two or more individuals based on mutual support, mutual respect, and connection”.²⁰ Peer support is often provided by peers, peer trainers, peer mentors, and peer interventionists. These types of peer support differ by level of training. These terms are confusing and are sometimes used incorrectly in research. For example, the term “peer support” has been utilized with transition age individuals with ASD. However, in these cases “peer support” is often through a mentor who is of similar age and interests but without disabilities teaching a mentee with disabilities. A peer is an individual who is of similar age, interest, and abilities as the person with whom they are interacting,²¹ identifies that based on the social learning theory, shared experiential knowledge facilitates positive outcomes. Peer mentoring is designed as a learning partnership with ongoing guidance. The goal of the interaction is the development, learning and growth of the

Moreover, most travel training interventions use a “one-size-fits-all” approach, thus reducing their effectiveness for people with certain transportation-related needs, preferences, and challenges.

Many individuals with ASD lack the training necessary to access public transportation. In addition, training anxieties and self-efficacy can affect their overall travel abilities. A one-on-one travel training intervention is seen as a feasible option for decreasing these barriers. The Kennedy Center developed a Travel Training curriculum Travel Training Guide and Curriculum to support individuals with IDD. The program has been widely used but the efficacy of the program is yet to be determine. This autoethnography was generated as part of a larger study by Pfeiffer, Temple University, (manuscript in review) on travel training using a modified version of the Kennedy Center curriculum with an additional element, peer support, to better encourage self-efficacy among individuals with ASD.

mentee. The relationship can evolve and change over time.¹⁶

In peer support situations it is hypothesized that learning from a peer can facilitate outcomes that may not occur if young adults experience only professional support.^{22,23} Evidence suggests that peer interactions uniquely foster social networks. Facilitating social connection may be essential for participation of socially isolated young adults with ASD.²¹⁻²¹ In this study a peer interventionist (PI) was used to facilitate peer supports. A peer interventionist is defined as a peer with broader education and training responsibilities including curriculum development adaptation, planning, and implementing the program. The PI is carefully trained by their supervisor, the travel training program coordinator (ITPC), to perform the intervention. The crucial role of the peer supervisor is alluded to in articles; however the specific role, tasks and interactions are not clear. This role may be a crucial element in the PI's success with the interventions. An

autoethnography is a research tool that can be used to explore these roles.²⁴

Autoethnography is an observational and participatory research tool that has the potential to tease out and clarify the important roles and reactions inherent in transportation training of autistic youth.²⁴ Autoethnography is a qualitative research method based on active self-reflective writing.²⁵ It explores the lived experience of the author through insight and self-identity including beliefs, practices, values and emotions. Peer interventionist experiences are useful to develop future training. Autoethnography is a tool to collect these experiences. Thoughtful consideration was used

to determine that collaborative autoethnography was an appropriate method to explore in-depth factors underpinning the effectiveness of the intervention.

The study reflected insights of the peer interventionist and program coordinator that identify factors that facilitate successful peer interventions. The purpose of this study was to answer the questions; What are the lived experiences and perceptions of the PI and research coordinator involved in the TTPC? What are the underlying assumptions of this type of training that should be explored or incorporated in the future? What insights should be used to guide programs?

Method

In this study the training program relied on close collaboration of the Travel Training Program Coordinator (TTPC) and the Peer Interventionist (PI). This dynamic can be captured best in collaborative autoethnography that is a coauthored dialogue- response, written collaboratively and responsively.²⁶

Figure 1 describes the autoethnography process within a larger research project. Individuals with ASD were screened and accepted into travel training based on readiness and inclusion criteria. Inclusion criteria for the study were transitional aged youth or young adults with a diagnosis of autism who could access a transportation rout within ¾ mile of their departure and a destination for travel. The screening assessment was designed for use of the Chance to Ride curriculum used in the program. The 29 item self-report included items such as ability to concentrate, focus, follow direction, communicate, understand street safety, and stranger awareness, manage sensory behavioral and stress situations and know when and how to seek appropriate help.

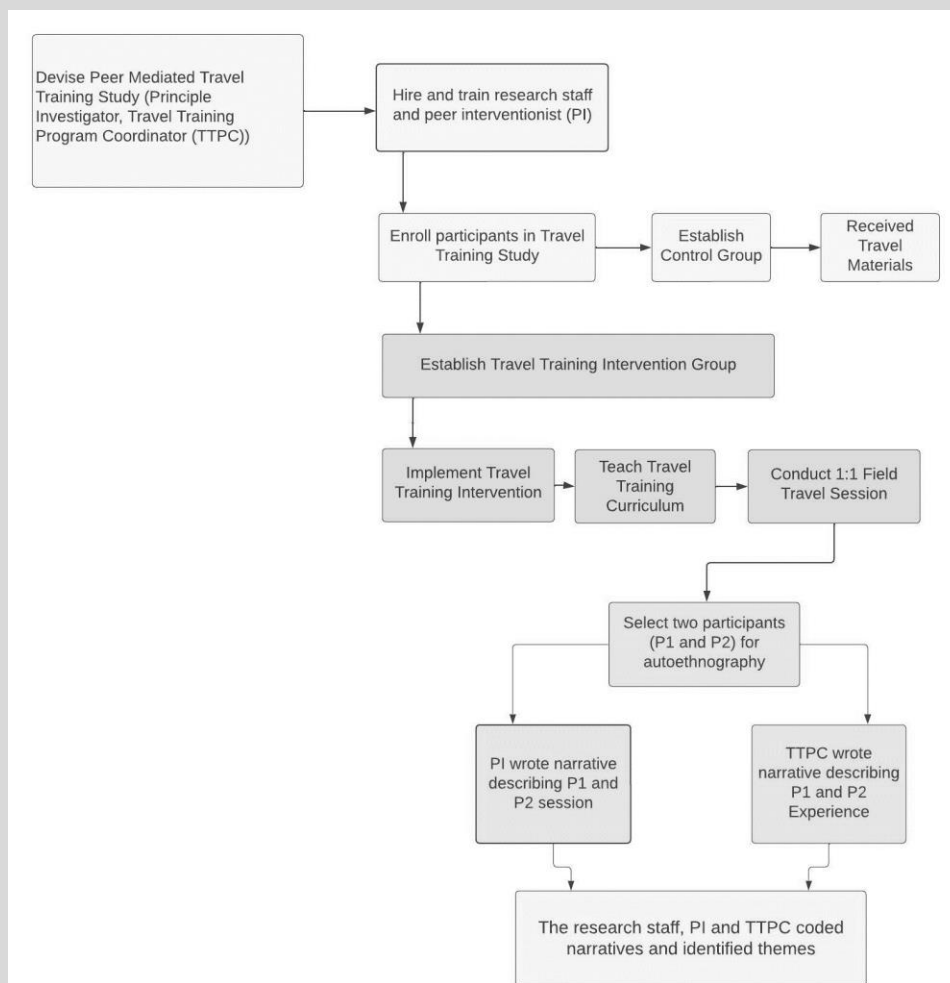
Individuals were scheduled for 1:1 meeting to consent and complete further readiness and demographic information. After consent was obtained individuals with ASD were randomized into either a travel training program or control. Those assigned to the travel training met with the peer interventionist

and program coordinator to participate in the travel training program which includes, curriculum training using the adapted Kennedy Center Travel Training Guide followed by 1:1 community travel. The curriculum training included dyadic sessions on emergency preparedness, trip planning, transportation modes, transportation apps, ticket purchasing, and travel behaviors. These sessions were followed by 1:1 community travel during which the participant and PI planned and accessed travel to and from a destination of the participant's choice. Supervision was eventually reduced resulting in independent travel.

The travel destinations were primarily determined by the participant with influence from the travel training program coordinator (TTPC), family, and support staff. Destinations included places of participant hobby interest, social opportunities, education, and future employment sites. Twelve travel training sessions occurred. The control group received a travel information packet regarding public transportation but no 1:1 travel training occurred. A clinical consultant completed 'fidelity to intervention' observations on the training experience using a peer mediated intervention fidelity checklist. In addition, the peer relationships were observed and scored using a five-point peer process/relationship indicator that included behaviors, clear

communication, active listening, encouragement, working together and enthusiasm.

Figure 1.
Autoethnography Process



Autoethnography

In this collaborative autoethnography the PI and TTPC wrote narratives about their own lived experience as they worked with two participants on two influential travel sessions. The collaborative autoethnography can be evocative or analytical. The process for

collaborative ethnography does not follow a specific procedure.²⁵ Both authors collaborate multiple times with one another to discuss their experiences and encounters. The discussions allow for mining of meaning and for narratives to take shape. They offer personal experiences

and feelings on two specific travel training sessions. The autoethnography is used to examine layers of experience and the broader social implications.²⁷

Evocative Descriptions

The following narrative descriptions are accounts from either the Peer Interventionist (PI) or Travel Training Program Coordinator

(TTPC) as defined below. They are often presented in the first person in the language and thoughts of the narrator.

Peer Interventionist (PI)

The peer interventionist was a 23-year-old person with ASD. The peer interventionist in this transportation training program had passion and knowledge towards this subject due to a lifelong interest in trains and other modes of public transportation. The PI family's work in the public transportation system encouraged this passion. In addition, PI was interested in advocacy and peer mentorship programs. The PI previously completed a 75-hour Community Autism Peer Specialist (CAPS) program that addressed the core value of wellness, self-advocacy, empowerment, and community inclusion. Topics also included insight and learning behaviors of an effective instructor

including clear communication, active listening, encouragement, positive regard for people and enjoyment of activities.

The PI was trained and tested using a modified version of the Kennedy Travel Training Curriculum. The PI worked with peer mentees over the course of 2-3 months. The interventionist implemented the curriculum over the course of three to five 30–60-minute sessions. The PI worked with the mentees to achieve their chosen travel route for 10-12 sessions. A session typically lasted between 1-2 hours.

Travel Training Program Coordinator (TTPC)

In this project mentees were accepted from city and suburbs of a major metropolitan area. The travel training project coordinator reviewed the referral, met with parents or program caretakers and mentees, completed the questionnaires, and worked with the Peer Interventionist to develop teaching materials

and schedule training sessions. Since both the peer interventionist and autistic mentee were members of a vulnerable population, safety was a primary concern. Travel training occurred in the community of each mentee. The TTPC was present or on call for parents, mentors and mentees as situations required.

Participants

Male autistic individuals outnumber females 4:1. Two male participants were chosen based on the range of interactions, rich description of travel sessions, and a range of behavioral considerations. Participant 1 (Par1) was a 24-year-old white male living in the suburbs with travel goals that included social

interests, employment, and community explorations. Participant 2 was a 21-year-old black male living in the city with travel goals that included transportation to and from a transition program and visits to local community pizza shop

Peer Interventionist's Narrative of Participant 1 (referred to as Par1) Experience

Our participant chose to learn how to get from home to a major mall in Montgomery County to visit his close friend who worked at the mall. Par1 wanted to spend more time with his friend. Par1 wanted to be able travel more quickly than his bike allowed. On the day of the session, we took the bus that would get Par1 to the mall the fastest. I demonstrated the use of Google Maps and the SEPTA App to plan our trip and to see when the bus would depart. We walked through the mall and then we met with our participant's friend. Par1's friend worked at the Chick-fil-A just outside the mall. Par1 was so fulfilled and happy with the experience that he told me Par1 will never forget this day.

At that time, it was approaching two months since I started travel training with

participants. Although I have been using buses and trains and public transportation all my life, I was still learning the ropes teaching and did not understand how these interventions could change our participants' lives. Going to Chick-fil-A that day changed perspectives and provided lifelong skills for me and Par1. Par1 was now able to visit his girlfriend and perform other activities on Par1 own schedule. It truly was the experience I needed for me to realize how special this career can be for me and for others. For this individual our interventions made a clear improvement of his transportation skills. Par1 went from not being able to travel on his own to travelling independently by the end of his interventions. But more than that, it changed Par1's life as well as mine.

TTPC Narrative of Participant 1 (Par1) Experience

I sat in a regional transportation center parking lot my phone in hand and on call ready to manage any travel issues that arose during the final session between PI and Par1. I couldn't help but smile and reflect on the last six weeks that prepared PI and Par1 for this outing. Par1's participation in the travel training started when we had already worked with a few travel training groups and identified challenges and successes. By this point I knew the importance of earning the parent/caregiver/support agency and participants trust and enthusiasm. Par1's participation in the travel training program was initiated from Par1's mother. The mother called me to learn more about the program and share her safety concerns. The mother needed lots of details and information to fully comprehend and determine their readiness. Par1 mother shared their limited experiences and familiarities with public transportation but acknowledged her child Par1 travelled fairly widely by bike around his community. As the conversation was ending, we seemed to reach a point where she began to trust my answers and knowledge of the program and identified how

impactful it would be for Par1 to master using public transportation. By the end of the call, I was able to describe the program, how we were implementing the training via a peer interventionist, and to assure her that the TTPC would be present to support until the circumstances no longer warranted that direct level of support. When the time came for us to meet in person to obtain consent and answer any additional questions, I met Par1. Par1 sat back quietly wearing a sports team hat and sweatshirt. Par1 observed his mom as she immediately began to ask more questions. I felt, once again, that I was putting her mind at ease and answering all her questions. It was now time to talk with Par1, answer his questions, and explain the program again. Par1 was quiet at first, so I searched for a connection that would help set Par1 at ease. Weather, sports, food, pets any connection was useful. Par1 was wearing a sports shirt of a team that I knew well. I asked him about the team, and Par1 was super excited to share their knowledge. This talk led to many more between Par1 and me and later the peer interventionist and Par1. Par1 loved sports.

Par1 watched sports and participated in the Special Olympics.

It was easy to have a conversation with Par1. Par1, unlike his mother, had very few questions and came to the meeting excited to share all the places he wanted to go once he learned how to use public transportation. Par1 was ready. PI and Par1 met a few weeks later. With little support and conversation prompting (knowing both like sports and transportation) similar interests were discovered and they were able to build a rapport. I sat back and watched PI

go through lessons on how to use public transportation, stay safe, and assure stranger awareness. During the lessons we tried to emphasize skills taught by practicing them in the community. I would walk behind PI and Par1 and observe the interactions and ease they seemed to have with each other. Par1 was an active participant and eager to learn from PI. My need to facilitate and make sure they were safe became less and less. They would be gone for hours. I waited to assist if needed. I was never needed.

Peer Interventionist's (PI) Narrative of Participant 2 (referred to as Par2) Experience

Par2 made significant progress, but the process took longer for him. Par2 was attending a local university program and wanted to use public transportation. Our first trip was to a pizza shop in his neighborhood, which was on the way to the program. Par2's mom and I thought this would be a great trip for Par2. For this trip we took a bus. It was here that I realized Par2 was well-known in his community since the pizza shop workers said hello and knew Par2 by name.

Par 2 needed prompting to pull the cord for their local pizza stop. The same prompting was necessary for the bus trip on the way home. I started to reduce support by allowing them to walk to and from the bus stop by himself. Once I got nervous because I thought Par2 would not remember to meet me at a nearby Rite Aid. He did forget. Par2 ended up walking to the bus stop on their own and we met Par2 there.

We practiced the travel route from their home to the school program and back. Par2 walked to the bus stop, boarded the bus by himself (my supervisor, TTPC, followed him and observed while in her car). I watched Par2 get off the bus at the right stop, the one closest to the program. I subsequently watched Par2 get on the return bus to their home. However, my supervisor, the TTPC, texted me that Par2 got off at the wrong stop. I was unsure of what to do because I was not within walking distance of the participant's location.

As I prepared to take the bus to that location, I received word that Par2 made it home safely.

We thought Par 2 would need significant support when we first met. During the curriculum portion of the intervention, Par2 was not verbally responsive to our questions. Par2 indicated through gestures that they understood the material. I adjusted my usual teaching style to fit their needs. One strategy I tried with Par2 once we got closer to the 1:1 travel training was to have Par2 plan a trip using a pencil and paper. Par2 responded well because Par2 knew their goal was to travel to the program independently. I assisted by showing Par2 the route Par2 would take using Google Maps and the SEPTA App. These steps led to Par2 independence on public transportation. I showed patience with Par2 as Par2 took time to learn the bus riding skills including paying for the trip, boarding and exiting the bus, observing landmarks, and pulling the chord for his stop. My patience and support gave Par2 the confidence needed to supplement the newly gained skill. When I see that a participant understands the lessons, I know that the curriculum is registering. This means few adjustments are necessary. For this individual and others, it was a process for me to understand fully what works best for them. On-the-fly adjustments based on the participants' needs were not only the solution the individuals sought but what I sought for myself. Flexibility and solving problems related

to the unpredictability of public transportation, missing a stop, change in schedules, is hard to teach, but exhilarating when you have a

successful outcome. It was a satisfying experience for me.

TTPC's Narrative of Participant 2 Experience

Like many of the participants with whom we had been working, Par2's mother was nervous and excited to allow Par2 to participate in the travel training study. Par2's mother was referred to our program. She trusted the St. Joes contacts and believed they would not refer her to an unsafe or poorly run program. Par2 and their mother asked to meet at their home to discuss the study. I could tell based on the initial call to arrange the screening, consent, and information session that Par2 would need a higher support level and there would be many questions. It is important to initially discover a family's reservations and understand the perceived vulnerabilities. As with all the previous participants, identifying common interest, building communication and trust are crucial. When participants are supported by their parents it is necessary to have parents enthusiastic and comfortable with the training.

I met Par2 and his mother at their home during the holiday season. Before sharing our first words I looked for ways to engage. I saw a wonderful puppy and a beautiful, decorated Christmas tree with a train running underneath. Par2 sat on the stairs even after his mother called Par2 into the room. Par2 was not comfortable coming any closer or communicating just yet. Mom and I met for quite a while and discussed the study. I believed I could demonstrate to her I would support Par2 and PI, the peer interventionist, as much as needed and we would move at the pace with which Par2 is comfortable.

Par2 passed the initial screening and readiness but wasn't ready to use a bus and find their way home. Par2's mother wanted to be closely involved and kept in contact during these steps. She shared that Par2 was minimally verbal but could communicate using texts or writing words. Par2 could be contacted using text messages and knows how

to use their smart phone. She also shared that many in the community know Par2. He is warmly welcomed at many favorite pizza shops. Pizza shops- PI and Par2 would have that in common. Par2's mom knew how important it was for Par2 to get from the program to home using the bus or trolley system. The route was clear, and she believed, in time, Par2 could complete the task. Par2's mom and I communicated often via text during his travel training sessions. Par2 carried multiple items for comfort and practicality. The multiple bags of items interfered with efficient boarding of public transportation. Par2's mom and I worked with him to prioritize his items into one bag. I would let her know when Par2 left, got on a bus, and was walking home. She needed to know all the important steps that occurred and when they occurred to feel comfortable. PI worked with Par2 regularly. Par2 wasn't the most communicative, but Par2 seemed comfortable with PI. They built a trust without needing lots of words and in return I was comfortable watching their sessions from behind the scenes. I didn't go on the bus or trolley with PI and Par2 after the first few sessions. PI was able to teach Par2 the different bus and trolley routes that Par2 would need to complete his trip to the correct destination.

I watched Par2 on what would be one of his final sessions. PI would make sure Par2 got on the bus from the program to home, but Par2 was going to take the bus home independently. I would be at their house with mom to celebrate the accomplishment. PI texted that Par2 got on the bus correctly. I texted PI and Par2's mom that Par2 was on his way home. I waited to see Par2 get off the bus before heading to his home. I could not tell whether Par2 exited the bus at his destination. I never saw Par2 get off the bus at the correct stop. I no longer saw Par2! I now had to tell

Par2's mom that I did not see Par2 get off the bus or walking the planned route home. I took a deep breath and decided I would need to gather more information before alerting mom. I continued to follow what I thought was the correct bus. PI was aware of the situation and knew to look for Par2 on a later bus with the same route. Before I texted mom, she texted me asking if Par2 was off the bus. I responded no and that I thought he would get off at a different stop, so I followed the bus. I finally saw Par2 walking a different path home.

I learn a great deal during each session and from each participant, but this participant may have taught me the most. I realized how invested I am in the participants' safety and accomplishing their goals. I was calm under pressure but also quietly anxious. I understood

the incredible responsibility we have while travel training adults with ASD. I had a brief glimpse into what stress, anxiety, and anticipation parents must feel as they let their adult child independently explore their communities. Finally, I learned that people amaze me. Par2 did get off the bus at the wrong stop, but knew the way home. Par2 knew his neighborhood and was so much more capable than I realized. When Par2 returned home, Par2 was so proud of himself. His mom was so proud to see Par2 arrive home independently. I was relieved that what concerned me turned into one of my greatest impressions; the individuals we are travel training are capable of much more than we often anticipate.

Data Analysis

Data gathered for this study includes participant observation, storytelling, interviews, field notes, schedules, and thematic analysis. The narratives illuminate the lived experiences of peer the interventionist and the TTPC during training with two young adults with ASD learning to use public transportation in their community setting.

The peer interventionist, program coordinator, and researcher analyzed descriptive narratives. The team, through

several sessions, expanded evocative descriptions through probing questions and guided insight. The descriptive narratives were reviewed to determine unique and overlapping themes related to the purpose and to explore the experiences of peer intervention led travel training program. Identifying themes as an analysis process aligns with Bruan and Clarke idea that themes capture something important in the data.²⁸

Results

Both participants successfully achieved their goal of independently navigating the public transportation system of their neighborhood (suburbs or city) to access places of importance for their participation in social, work, or educational endeavors.

The Peer Interventionist was an autistic youth with an interest, and relevant training for his role. He knew public transportation (and its vagaries) and used public transportation. He helped adapt and taught the didactic component of the transportation curriculum. The PI was also trained to work with youth with autism

through a 72-hour training program to become a Community Autism Peer Specialist. Reliability observations indicated educational goals as well as the behavioral characteristics of positive peer interaction was adhered to.

There was an expansion of the peer mentor role in this study consistent with recommended Peer Mentor best practice for IDD-MH.²¹ Using the relationship, self-disclosure and outcome driven actions in a community based, mentee-centered approach was emphasized. Also recommended were considerations including safety, mentor matching, degree of structure and mentor

training. These parameters emerged in the natural evolution of the program and infused a flexibility of role to provide what the mentee needed overall and in specific situations.

The role of the TTPC was surprisingly complex and critical outside of recruitment, screening, and scheduling activities. This included the following: 1) building relationships with the family and participants and assuring safety and ongoing communication with the family. 2) exploring interests, priorities and communication differences and behaviors of the PAR to facilitate the positive relationship

and comfort between the PAR and PI. 3) Behind the scenes supporting and, in some cases, shadowing or meeting the Par to assure safety and predictability was important for both the PI and Par and family.

The participant's interest and motivation were supported by the program design whereby the participant is taught to identify and plan his training based on his goal for transportation and the transportation options available in his neighborhood. This introduced the important variables of personal relevance and choice.

Discussion

The reflective, descriptive narratives brought into focus several social and cultural assumptions that influenced the effectiveness of the program and deserve further exploration. These include the family/caregiver and participant readiness. The relationship building process was based on safety concerns and the critical role the TTPC played in this time-consuming process established the foundation.

The concept of readiness is fleeting, temporary, circumstantial, and difficult to quantify. All participants had met readiness criteria. However, the TTPC describes how the mothers or primary protectors and caretakers needed to be convinced of the sons' safety, the reliability of the PT, oversight and safety nets as well as the outcome of the training. The mothers knew the children, and the neighborhoods, the child's responses, and vulnerabilities. They had guided their child to this point of readiness. Their sons, in turn, had to find their own comfort level with travel training, their own relationship and trust of the PT and TTPC. All were entering a new realm of public transportation.

Personal choice is a major aspect of self-determination and growth of independence. The Participants in this program chose where they wanted to go. They chose the means of transportation to use after learning the range of options they had in their neighborhood. The TTPC and PI facilitated

their choice and accompanied them on the trip. The relationship between the PI and participants developed through collaborative planning, respect for each other, shared interests, and verbal/ nonverbal interactions.

Travel training using public transportation requires the ability to understand conditions, make judgements and develop back up plans. Knowledge and use of google maps, transportation apps and location apps can provide useful information if they can be mastered. However, getting on or off the correct stop of a train, bus or trolley or encountering cancellations or closed transportation stops requires adaptive thinking, corrective changes and or a help number to call. As the PI points out, success in these situations was the most satisfying of all learning situations for all. This process must be incorporated and adapted to the goals and abilities of the trainee. In some cases, this may require a more extensive program or a modification of goals.

The PI had a lifelong special interest in trains and transportation that had not been discouraged. This led him to apply for the position of travel instructor. He describes that before this experience he did not see the importance of this field of interest or how impactful it could be for both participants and him. It is interesting to note that upon completion of the program, the PI was sought out and hired to continue providing travel

training. Also, he matriculated in a Public Health Master's degree program focusing on public policy with a goal of addressing public transportation. The common view is that special interests (referred to as obsessions or obsessive) of individuals with ASD is assumed to interfere with their academic learning and consequently should be extinguished.²⁹ This situation is one example of the PI's interest from an early age leading to gainful employment and a career path.

In this study the role of the Peer Instructor was modified from that of the peer mentor programs for ASD widely accepted in school inclusion programs in which the peer mentor is a same aged child with no diagnosis. The 2019 recommendations for intellectual/developmental disorders and co-occurring mental health issues have recommended the following be incorporated for appropriate mentorship of this population. Mentors should use "relationships and outcome -driven actions to operationalize the mentee centered approach." Other features and considerations include safety, degree of structure mentor training and collaboration with the mentees support teams.

Peer supported travel training interventions can be enhanced through meaningful policy change through legislative and organizational means. Several potential policy changes became apparent through this study. More meaningful and sustainable transportation interventions can be implemented through policymakers. Subsidized transportation for seniors and people with disabilities in the Commonwealth of Pennsylvania is currently funded by the Pennsylvania Lottery through the People with Disabilities (PwD) program. This provides curb-to-curb transportation only for areas that are greater than three-quarters of a mile from the nearest transit stop, which excludes nearly all our participants. The Community Autism Peer Specialist Program (CAPS), which the peer interventionist completed, services are in the process of expanding, but in many states, peer support is not a billable service.

Policymakers could address these issues in multiple ways. Curb-to-curb services could be made available for those with needs to travel less than three-quarters of a mile.

Policymakers could consider legislation that would turn peer support into a billable service through Medicaid if they have not already done so. Pennsylvania is fortunate in that many services are billable that are not billable in other states. Some organizations list travel training as a supportive service under a workforce development grant. In organizations or states that do not have this as billable, travel training could be billable in all circumstances. Organizations should take special care to hire skilled peer workers in travel training as this would create a more permanent funding solution for the service and job security for the employees.

The study was exploratory and utilized a qualitative approach to identify themes of subjective lived experiences of a travel training team for autistic youth. Due to the explorative nature of research this is hypotheses generating and suggests the need for future peer led travel training studies.

This autoethnography was part of a larger study and explored the PI, TTPC and Par interaction underlying effective travel training of ASD youth. In this study the PI role was broadened and reflects recommendations of /stakeholders for DDI-MH,²¹ including both personal preparation of advocacy training and responsibility for content development, teaching, and peer specialist mentoring. Other stakeholder recommended features include support team collaboration, safety, and mentor support. The reflective descriptions depict the depth and breadth and dynamics of the PI and TTPC.

Several social and cultural assumptions that deserve consideration include the expanded and dynamic role of the PI and the TTPC, the concept of readiness and safety in training ASD youth and the impact on the peer mentor. Finally, recommendations for public policy are presented.

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