



Prior to starting:

- Contact mentors a few days before training to remind them to bring their Toolkit, NAS Guidelines and NDCO Booklets to the training day (have spares available on the day).
- Make multiple copies of the PowerPoint (PP) for each of the mentors attending training.
- Make a presenter's copy of the PP with visible notes for use on the training day.
- Rehearse the presentation to ensure that you are across all areas presented on the slides and are cognisant of the timings needed for each slide.

On the Day:

- Issue blank paper and pens and copies of the PP.
- Issue a blank Mentor/Mentee Responsibilities Contract (see Specialist Mentoring Module Templates) to each mentor if there is to be a 'Meet & Greet' meeting with the mentees following the training session.
- Welcome them and do an acknowledgement of the traditional owners of the land in your area:
E.g. 'I respectfully acknowledge the Elders past and present and the traditional owners of this land on which we are meeting, the Whadjuk Nyungar people. It is a privilege to be standing on Whadjuk country'.
- Indicate training will take place in a collegial atmosphere as a forerunner to the supervision meetings - encourage mentors' involvement / input / questions.



Training Schedule



- **9 to 10.30am** - Training Goals / ASC / Research / Model / Mentoring / Tertiary Difficulties.
- **10.30 to 11am** - Morning Tea.
- **11 to 12.30pm** – Mentor Role / NAS / First Meetings / Scenarios / Crisis Management / Mentor Self Care / Questions.



- Insert your own appropriate timings into this slide according to your institution requirements to reflect happenings on the day.
- See slide example above indicating two 90 minute training sessions with a 30 minute break.



Getting to Know You ...

Your challenge is to introduce yourself to the group in just 30 seconds by stating your:

- Name / Course
- Reason for being in the training
- Crazy fact about yourself

WHO
ARE
YOU?



- Get group to introduce themselves to help with collegiality and working as a team.



Training Goals

Mentors will be able to:

- Increase their understanding of the different ways an Autism Spectrum Condition (ASC) can impact on a student in a tertiary education setting.
- Understand their mentor role and develop skills to establish a sound working relationship with their mentee.
- Increase their capacity to provide appropriate, individualized support & guidance to their mentee.
- Understand the importance of interpersonal boundaries, crisis management, confidentiality & self-care.
- Understand the policies, practices & procedures of the mentoring program.



- Read through training goals and answer any questions.



What is an Autism Spectrum Disorder (Condition)?

DSM-IV (pre 2013)

Three possible Autism Spectrum diagnoses:
(Pervasive Developmental Disorders)

- Autistic Disorder
- Asperger's Disorder (Syndrome)
- Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)

DSM-5 (2013 onwards)

Only one diagnosis:

- Autism Spectrum Disorder



- Explain most Australian tertiary students will have probably been diagnosed using previous versions of Diagnostic & Statistical Manual of Mental Disorders (DSM) – Asperger's Syndrome (AS) / High Functioning Autism (HFA) / PDDNOS (now all under ASDs) or a related condition (e.g. Social Phobia).
- Some mentees do not want to disclose their diagnosis because of stigmatization. Mentors should be respectful of mentees' choices (self-determination).
- Family members may have other related difficulties. Higher rate of Autism in families of engineers, IT specialists & mathematicians.
- Common Comorbid Conditions – Anxiety, Attention Deficit Hyperactivity Disorder (ADHD), Epilepsy, Depression, Obsessive Compulsive Disorder (OCD) & Oppositional Defiance Disorder. (ODD).



Diagnostic Criteria

DSM-IV

Diagnosis made in relation to three domains:

- Social Interaction
- Communication
- Restricted Interests/Repetitive Behaviour

DSM-5

Diagnosis made in relation to two domains:

- Social Communication
- Restricted Interests/Repetitive Behaviour



- Read through Differences in Diagnostic Criteria.



Diagnostic and Statistical Manual - 5

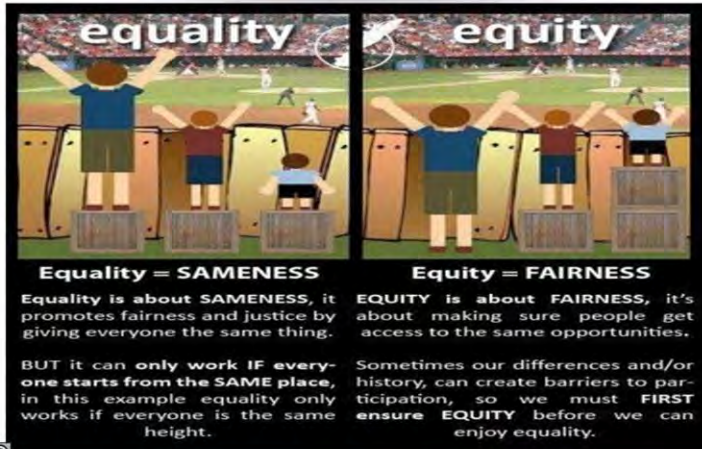
- Diagnosis includes a severity rating from Level 1 (Requiring Support) to Level 3 (Requiring Very Substantial Support).
- Sensory dysfunction / difficulties now recognised under the Restricted Interests / Repetitive Behaviour Domain.
- Concern at loss of label of Asperger's Disorder (Syndrome) because some groups identify with it as a legitimate culture (Aspies).
- Some Aspies see Autism as a Condition not a Disorder (strength-based understanding).
- Social vs Medical Model of Disability



- Outline points on slide.
- After the last point ask the question: If you were in a room full of deaf people who were all using sign language who would have the disability? Why is it important to recognize this? (context sensitive / not an 'individualised' paradigm).
- Raise awareness about the importance of an inclusive context and how it can impact on success in education, employment, life etc.
- With peer mentor support allows mentees to access a more equitable education and life.
- Still work to be done to educate the educational context and rest of society regarding Autism Spectrum Conditions especially in adulthood.



Equality versus Equity



- Give mentors time to read the cartoon and text.
- Ask the group to give reasons why understanding the concept of 'equity' is important when participating in the specialist mentoring program.



Prevalence

- Rates of diagnosis increasing.
- 1 in 68 US children has ASD (CDC, 2014) .
- 1 in 61.5 Australian school-aged children has ASD (Buckley, 2013).
- Increasing number at tertiary institutions (Barnhill, 2014).
- Estimated 1% in tertiary population (White et al., 2011).



- Rates of diagnosis increasing but difficult to determine accurately because of changing diagnostic criteria.
- Increasing nos. enrolling in tertiary education in western countries.
- 1 in 61.5 of Australian school-aged children under 16 diagnosed with an ASD (June 2012 Centrelink data).



What is a Specialist Peer Mentor?

Mentoring is a “formalised process whereby a more knowledgeable and experienced person actuates a supportive role of overseeing and encouraging reflection and learning within a less experienced and knowledgeable person, so as to facilitate that persons’ career and development.”

(Roberts, 2000, p.162)

“The role of the mentor is akin to that of a “coach”, ... A coach helps you practice skills, they help you prepare for the game, they cheer you along, & work with you after the game to talk about what went well & how to practice for the next game – but a coach does not play the game for or with you.”

(Bebko, Schroeder, & Ames, 2011, p. 5)



- Read quotes and explain mentoring, indicate there are boundaries to the role. The ‘coach’ analogy is used to clarify that the role of the mentor is different from a parent, counsellor or friend.
- It is specialised mentoring because it is one-to-one and individualised (all on the spectrum are different).
- Now used in many areas of life (education, employment etc.).
- Successful peer mentor programs for tertiary students on the Autism Spectrum in UK, US and Canada – few in Australia.



Why have Specialist Mentors?

- Autism Spectrum Australia (Aspect) – 2012 Study.
- 300 adults with AD/HFA Australia wide.
- Significant education struggles.
- 80% had tried tertiary study.
- 75% indicated they needed support.
- 50% indicated they received no or insufficient support.
- Only 54% of adults with AD/HFA had paid employment at time of national survey (national average 95%).
- Of those 54%, 33% were working in casual employment.



- Explain that current Australian and International research (Howlin, 2013; Howlin & Moss, 2012) indicates individuals on the Autism Spectrum experience significant struggles to realise their full educational and life potential.
- As an example, explain Aspect 2012 findings with regard to the Australian situation.



Aspect 2012 Study

Tertiary Disability Officers reported difficulties with:

- Verbal Comprehension.
- Planning.
- Organisation.
- Social Awareness.
- Group Work.
- Other Staff – lacking awareness/understanding (context).



- Explain further information on the study.



(3 mins. approx. video)

- Introduce CSMP video from the mentee/mentor perspective – their own words about the program – not scripted.
- Highlight talents of young man, Danny Taylor Smith, who produced the video (on the Autism Spectrum).
- <https://www.youtube.com/watch?v=eQm6TmztlqU>



Mentoring Program Model



- Autism CRC specialist mentoring program model based on CSMP.
- Mentoring Program Model – incorporates specialised mentor training, group supervision (weekly during semester), access to an experienced coordinator, structural supports (Counselling / Disability Services) and the social group (Dedicated Social Group Facebook Page).



Read through Key Duties:

- Participate in specialist training / weekly reporting & supervision (during the teaching weeks of the semester).
- Communicate (all forms) / meet weekly (1 hour or more) during the semester.
- Understand their mentee's individual profile from intake form and safety plan.
- Remain flexible and individualize their support program.
- Ensure their mentee is registered with Disability Services to gain an access plan outlining modifications / accommodations.
- Build on their mentee's short and long term life goals including employment (resumes, work experience etc.).
- Link their mentee to appropriate Curtin services and clubs to support their academic, social, emotional, employment needs and goals.
- Encourage their mentee to attend Social Group to develop their social skills, friendships and sense of belonging at university.
- Increase their mentee's independence, self-advocacy and confidence over time.



Why have a Social Group?



- Ask group to discuss ideas with a training partner.
- Discuss as a group.
- See next slide for further ideas.



Social Group

- Provides opportunity for mentees / mentors to be on Coordinating Committee (leadership experience).
- Provides:
 - Formal Aspect (social skills, guest speakers etc.)
 - Informal Aspect (game playing - board or electronic).
- Provides a fun, safe, welcoming social space to commune / make friends / experience belonging / organise external outings.
- Allows mentees opportunity and context to practise social skills, oral presentations and seek advice from others.
- Encourages more contact through a dedicated Facebook Page used to disseminate information and organise other social events.



- Ask group to find and explain any points on the slide that weren't covered in the discussion.
- Some mentees may or may not wish to participate depending on their views on disclosure / self acceptance.
- Explain importance of the social group and encourage involvement of mentors (and their mentees).



Discuss potential strengths of a tertiary student on the Autism Spectrum?



- Ask mentors to discuss potential strengths with the group.
- See next slides for further ideas.



Potential Strengths

- Highly intelligent and motivated in specific areas (sometimes savant / splinter skills).
- Enhanced memory for areas of interest.
- Potential to advance their field of study.
- Often technologically savvy.
- Less preoccupied with social norms.
- Disarming innocence / refreshing truthfulness.
- Divergent / logical / analytical / rule based thinkers.
- Enhanced perception for detail / hyperfocus.
- Potential to lead a successful social / working life depending on inclusivity of context.

(Attwood, 2007; Van Hees et al., 2014; Gelbar et al., 2014; McDonald, 2014; Siew, 2014)



- Ask group to find and explain any points on slide that weren't covered in previous discussion.



Discuss potential difficulties of a tertiary student on the Autism Spectrum?



- Ask mentors to discuss potential difficulties with the group.
- See next two slides for further ideas.



Potential Difficulties

- Idiosyncratic presentation – all present differently (intensity/ type).
- Impaired social communication skills / difficulties reading non-verbal cues / lack of eye contact / literal understanding of language / unusual speech and behaviour.
- Deficits in 'theory of mind' skills / self reflection.
- Difficulties with processing information / executive functioning / abstract thinking / synthesizing / generalising.
- Reduced attention in areas of low interest / excessive attention in areas of high interest / perfectionism.
- Inflexibility of thought / rigidity / repetitive behaviour.
- Difficulty with initiating / planning / prioritising / implementing / finishing / time management / procrastination / self advocacy.

(Attwood, 2007; Gelbar et al., 2014 ; Van Hees et al., 2014)



- Ask group to find and explain any points on the next two slides that weren't covered in previous discussion?
- Recommend Tony Attwood's 2007 book on *The Complete Guide to Asperger's Syndrome* for a more detailed understanding.



Potential Difficulties

- Difficulties adapting to change or multi-tasking.
- Difficulties in tutorial / group / oral presentation work.
- Weak central coherence (Big Picture Thinking).
- Sensory dysfunction / differences (e.g. hypersensitive hearing).
- Motor functioning problems (e.g. dysgraphia).
- Higher vulnerability - open to exploitation / bullying / marginalisation / being shunned or excluded / limited friendships.
- Comorbid Difficulties (Anxiety, Depression, ADHD, Epilepsy, OCD, ODD, etc.)
- Higher Suicide Risk (9 x higher).
- Reduced independent living, employment & community participation.

(Attwood, 2007; Cassidy et al., 2014; Howlin, 2013; Howlin & Moss, 2012; Trembath et al., 2012).



- UK research (Cassidy et al., 2014) of 374 adults with AS indicated 66% experienced suicidal ideation.
- 35% experienced planned or attempted suicide
- 9 x higher than normal pop.



Some Typical Tertiary Difficulties

- Organizing & following a study plan.
- Initiating or responding to communication.
- Speaking with another student, the lecturer or tutor.
- Making friends or living with other students.
- Asking the way to a new lecture venue.
- Sharing a microscope in a lab class.
- Buying a cup of coffee in the student café.
- Walking with other students to class.
- Choosing a seat in a lecture venue.
- Being overwhelmed by smells, crowds &/or noise.
- Doing group work, giving a presentation or attending an appointment.



- Read through list of typical difficulties.
- Know through research and CSMP experience that these are some typical difficulties of this group.
- Why are these things important to remember if you are a mentor?



Break Time





What will you do to be a successful mentor?



- Ask mentors to discuss what they will do to become a successful mentor.
- See next two slides for further ideas.



Successful Mentoring

- Don't be offended by unresponsiveness or apparent 'rudeness'.
- Be reliable – meet / communicate on a regular, agreed basis.
- Understand your mentee's profile / background / interests.
- Individualize your academic support & communication methods (no Facebook).
- Establish responsibilities / boundaries early (sign off on Responsibilities Form see Toolkit).
- Develop together short, medium & long term goals.
- Increase your mentee's social skills, independence, self-advocacy, confidence, job readiness over time.
- Paraphrase / active + reflective listening techniques / open ended questions.
- Be patient / reserve judgment – trajectory of improvement can vary greatly.



- Instruct group to find and explain any points on this slide that were not made previously.
- Refrain from using Facebook for individual messaging as this reduces the professional nature of the relationship.
- Social Group is the exception where it is a closed Facebook group and members can post information about upcoming events, positive stories etc.



Successful Mentoring

- Use a collaborative problem solving approach / provide examples / role play solutions.
- Use 'I' messages / normalize their experiences / appropriate self-disclosure.
- Be explicit, direct, honest, logical in your explanation of possible solutions.
- Give your rationale / seek feedback to test their understanding.
- Provide a written / visual / diagrammatic reminder of solutions (e.g. NAS booklet pp. 30 - 33).
- Attend Social Group & help mentee practise difficult social skills in a safe, accepting space.
- Help link your mentee to appropriate campus services / clubs / other mentees etc. / navigate the website.
- Use Toolkit, NAS Guidelines, NDCO Booklet, supervision meetings, consultations with others, CCI website etc.



- Instruct group to find and explain any points on this slide that were not made previously.
- Emphasize use of Toolkit, NAS Guidelines, NDCO Booklet, Centre for Clinical Interventions (CCI) WA (Consumer Resources Section)
<http://www.cci.health.wa.gov.au/resources/consumers.cfm> – with InfoPax modules on Social Anxiety, Worrying, Assertiveness, Depression etc. depending upon difficulties of mentee (link in toolkit).



NAS Communication / Meeting / Support Tips

You have been asked to read through the National Autistic Society (NAS) *Student Mentor Guidelines* prior to the training. Discuss NAS Tips with the group.



- Ask mentors to discuss with the group Communication / Meeting / Support Tips from NAS Student Mentor Guidelines (pp. 16 - 28).
- See next three slides for further ideas.



NAS Tips for Communication

Refer to NAS Guidelines (pp.16 - 19):

- Don't make assumptions.
- Avoid sarcasm & figurative language.
- Be direct & precise.
- Don't be patronising.
- Check you have been understood.
- Write it down.
- Follow the 6 second rule.



- Ask group to find and explain any points on slide that weren't covered in previous discussion.
- Explain areas that need clarification with the group.



NAS Tips for Meetings

Refer to NAS Guidelines (pp. 20 – 23):

- Build a relationship with your mentee.
- Have a clear purpose for each meeting.
- Establish a meeting structure to manage expectation.
- Agree on an agenda (in advance if possible).
- Choose a suitable venue according to meeting purpose / mentee preference / facilities available.
- Meet according to mentee need & your availability.
- Manage your meeting to maximize its effectiveness.



- Ask group to find and explain any points on slide that weren't covered in previous discussion.
- Explain areas that need clarification with the group.



NAS Tips for Support

Refer to NAS Guidelines (pp. 24 – 28):

- Help with time management.
- Build confidence & self esteem.
- Devise strategies for dealing with change.
- Consider issues regarding disclosure & confidentiality.
- Investigate procrastination (and other issues) & identify strategies that will address the root cause of the problem.



- Ask group to find and explain any points on slide that weren't covered in previous discussion.
- Explain areas that need clarification with the group.
- Remind Mentors again of the CCI website (link in their toolkit) that can help mentees address ongoing difficulties.
- Centre for Clinical Interventions (CCI) WA (Consumer Resources Section)
<http://www.cci.health.wa.gov.au/resources/consumers.cfm> – with InfoPax modules on Social Anxiety, Worrying, Assertiveness, Depression etc..



First Meetings with your Mentee



- Ask mentors to discuss with the group what things they will do during their first meetings with their mentee.
- See next two slides for further ideas.



First Meetings

- Discuss your mentee's interests & hobbies to develop trust / rapport.
- Exchange contact details / establish preferred communication channels (No Facebook).
- Book communication / meeting times & places (encourage face-to-face if possible).
- Explain the mentoring role / boundaries (also in Mentee Booklet).
- Review & sign off 'Mentor / Mentee Responsibilities Form' with mentee (see Toolkit) and return to Coordinators.
- Encourage them to attend Social Group with you (if possible) .



- Ask group to find and explain any points on slide that weren't covered in previous discussion.
- Explain any points that need clarification.



First Meetings

- Check mentee is registered with Disability Services & has appropriate access plan in place (accommodations / modifications).
- Answer any initial queries they may have.
- Discuss and establish their short, medium & long term goals and how they can be achieved.
- Help mentee review & plan their class, study & assignment schedule & syllabi for the semester.
- Link them with appropriate academic & social support (services / clubs).
- Help them navigate the institution website.
- Tailor your support to their individual needs and progress.



- Ask group to find and explain any points on slide that weren't covered in previous discussion.
- Explain any points that need clarification.



Scenario One

Beth is complaining that she cannot do her assignment. She is pacing up & down as she speaks. She explains that she does not understand the essay question being asked. She wants you to help her complete it over the weekend.

Beth tells you that her mother is very ill & in hospital. Beth is finding it difficult to concentrate at home. She has not been sleeping well. She is convinced she is stupid & will fail her unit. The assignment is due in a couple of weeks.



- Read through Scenario One with mentors.
- Ask group to discuss how they would mentor Beth.



Appropriate Mentoring Support

- Calm Beth down with techniques she finds relaxing (see intake form / safety plan).
- Validate & normalise Beth's situation (appropriate self-disclosure).
- Analyse together essay requirements & break down task into manageable segments (with timeline).
- Work out ways Beth can access appropriate support through her tutor, learning support, Disability Advisors, counsellors.
- Help Beth draft and review any emails she may want to send about her difficulties.
- Give Beth future tools to succeed without doing the work for her.



- Ask group to find and explain any points on slide that weren't covered in previous discussion.
- Reinforce the boundaries of the mentor role.



Scenario Two (Real World)

Throughout the year, it was difficult to see the impact that I was having on X & his time at university. X is a very quiet & reserved individual, which worried me when one weekend during the second semester, I received a text telling me that he was very anxious & didn't know what to do.

Unexpectedly, he opened up to me & was able to discuss very personal stressors that were impacting on his anxiety levels & therefore his overall well-being. He did not want to speak on the phone, so we continued messaging & I was worried that he was a risk to himself as he felt he had no other supports.



- Read through (CSMP real world) Scenario Two with mentors.
- Ask group to discuss what they would you do in this situation.
- What did the mentor actually do?
- See next slide.



Appropriate Mentoring Support

I then met with X on the Sunday & was able to listen to how he was feeling & with the help of the coordinators I was able to organize a meeting with his Disability Advisor a couple of days later. I think it made me realize that X had trusted me with a very personal secret & that over time (without realizing) I had developed a good rapport with him.

I think it was so important for X to have someone to talk to during such a complicated & stressful time in his life & I was glad that I could be there for him. Over the coming weeks, myself & the coordinators helped to organize counselling support for X at the University. The amount of support given to me by the coordinators was very reassuring, & being able to discuss my worries or concerns with others made me more confident in my abilities to help X.



- Read through with mentors.



Positive Mentor Traits

Discuss the positive mentor traits that this mentor showed in her response to this situation.



- Ask mentors to identify the positive mentor traits (see next slide).
- Remind mentors of other 'Real Life Scenarios' examples from previous mentors available in their Toolkit.



Positive Mentor Traits

- Followed Institution Crisis Management Protocol.
- Checked suicidal ideation & sought immediate help from Coordinators.
- Remained calm / patient & did not escalate or force the situation.
- Met face-to-face ASAP, used active listening techniques & validated her mentee's perspective.
- Was authentic & non-judgmental in her response.
- Reassured her mentee that any information shared would be treated as confidential (unless there was risk of harm to self or others).
- Reminded mentee of the boundaries of her role and suggested gaining help from qualified sources.
- Gained support for mentee and self from other qualified services ASAP.



- Ask group to find and explain any points on slide that weren't covered in previous discussion.



- Ask group to indicate where they would find the recommended crisis management protocol for their institution (available in Appendix B of their Toolkit).
- Remind them of their mentee’s safety plan. They and their mentee should have details or a copy (also available in the mentee file).



Crisis Management Protocol

- Follow the Emergency Response Plan Information (see Toolkit – Appendix B).
- At time of crisis record any important info. for Police / Campus Security Personnel / Coordinator / Disability / Counselling staff.
- Contact emergency personnel and / or Coordinator ASAP.
- After event refer mentee onto appropriate campus personnel and services ASAP (especially if suicidal thoughts have been expressed).
- Debrief during individual meetings with Coordinator and at the supervision meetings.



- Reiterate your specific institution Emergency Response Plan Information and some of the other suggested actions directly after the crisis event.



Post Crisis Management

Discuss what you could do to help your mentee reduce their likelihood of experiencing further crisis situations?

SUPPORT



- Ask group for ideas that they may have on reducing likelihood of mentee experiencing future crisis situations.
- See next slide for further ideas.



Post Crisis Management

- Identify and discuss potentially stressful situations with mentee.
- Determine what precipitates crises.
- Identify how stress manifests itself (e.g. what behaviours are demonstrated).
- Identify calming methods and useful strategies to reduce / avoid the crisis (see mentee intake form and safety plan).
- Encourage mentee to seek out appropriate information and services on and off campus where their situation can be further investigated and addressed.



- Ask group to find and explain any points on slide that weren't covered in previous discussion.



Mentor Self-Care

Why is self-care important when mentoring another student? Discuss ways to help provide self-care.



- Ask group to give their views on why self care is important when mentoring another student.
- Self Care is important because it:
 - Recognises everyone needs self-care over their lifetime.
 - Helps to sustain mentor involvement with their mentee over time.
 - Helps keep life in balance with the correct priorities.(Next slide gives ways to help provide self care).
- Ask Group to discuss ways they can help to provide self-care (see next slide).



Mentor Self-Care

- Ensure appropriate work / life balance.
- Maintain the boundaries of your role.
- Ensure your own studies take precedence.
- Progress your own short, medium and long term goals.
- Use recommended relaxation techniques (see toolkit).
- Contact Program Coordinators if you need extra mentoring support.
- Debrief regularly with coordinator and other mentors during supervision meetings.
- Contact Counselling Services if you need ongoing personal support.



- Ask group to find and explain any points on slide that weren't covered in previous discussion.



Questions



- Answer any final questions that the mentors may have.



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