



## AUTISM ON CAMPUS: QUESTIONS & ANSWERS

### (1) Are there any promising models for peer mentoring and group support within the post-secondary sector?

Peer mentoring can be a valuable component of a support system for students with ASD at the post-secondary level. The program provides students with the opportunity for peer interaction and guidance, a relationship they may not be able to form independently due to social skill deficits. The peer mentorship program also introduces senior level college and university students to the rich experience of supporting an adult with ASD. It is hoped that this relationship could potentially increase the awareness of the strengths of people on the spectrum and inspire a career in the field. Another relationship that is worth exploring is utilizing senior students with ASD as peer mentors.

York University is one example of a post-secondary institution with an established peer mentorship program. Dr. James Bebko and his team created a handbook that can assist other colleges and universities to replicate the model. This can be accessed at:

<http://www.counselling.net/jnew/pdfs/handbooks-munuals-guides/YORK%20UNIVERSITY,%20A%20Mentoring%20Program%20for%20Students%20with%20Asperger%20and%20ASDs.pdf>

The fundamental components of a peer mentorship program are:

- ✓ Institutional support and infrastructure – staffed by professionals with ASD expertise, space to meet, budget for events and supplies
- ✓ ASD Training for mentors including how to respond in crisis
- ✓ Recruitment – engaging students with ASD to see the value in the peer mentorship model, recruiting mentors who are motivated and committed to helping young adults with ASD
- ✓ Clear rules and expectations – purpose of mentorship, appropriate conversation topics, frequency and method of communication, person-centred goal oriented
- ✓ Established support network for mentors - supervision
- ✓ Consistency
- ✓ Parent involvement? Discuss with students whether parents should be involved, and if so to what extent.
- ✓ Evaluation – measure dropout rate, social participation, isolation



**Dori Zener**, MSW, RSW,  
Individual, Couple and Family  
Therapist, [The Redpath Centre](#)

### **Additional Peer Mentoring Manuals:**

National Autistic Society: Supporting students on the autism spectrum: student mentor guidelines (PDF)  
<http://www.autism.org.uk/studentmentors>

### **Peer mentoring in the media:**

[http://usatoday30.usatoday.com/news/education/2008-07-08-autistic-college\\_N.htm](http://usatoday30.usatoday.com/news/education/2008-07-08-autistic-college_N.htm)

[http://www.thestar.com/news/investigations/2012/11/17/the\\_autism\\_project\\_york\\_university\\_students\\_with\\_aspergers\\_thrive\\_in\\_mentorship\\_program.html](http://www.thestar.com/news/investigations/2012/11/17/the_autism_project_york_university_students_with_aspergers_thrive_in_mentorship_program.html)

### **(2) Can you discuss the issue of those students with ASD who seem not to be able to apply lessons learned in one situation to another and continue to make the same errors in judgement. How does one address this in a person who is an adult?**

People with ASD often have difficulty taking lessons learned in one setting and transferring them to another. The technical term for this is weak central coherence. This occurs because people with ASD are detail oriented systematic thinkers who make sense of information by building from the details up. They often have difficulty understanding whole-to-parts and parts-to-whole relationships. It is almost like each situation they encounter is novel and unique. In social situations the individual with ASD tries to gather clues in an attempt to recognize familiar cues that give them rules on how to behave. It is very helpful to teach people with ASD how the details fit into a broader context. This can feel very awkward to the professional because it seems that you are explaining something that is common sense. For the person with ASD they find it is very helpful to be explicit about the link between details and big picture. Once someone with ASD understands this connection, they are able to make sense of the situation and can often recognize similar patterns when circumstances may arise.

### **Here is an example of how to help a student generalize a strategy:**

A student you have been counseling has been struggling to get to class on time. After doing an analysis of her morning routine you realize that she is spending 45 minutes each day trying on clothes to decide what to wear. You strategized together about having her choose her clothes the night before. She has made this change to her routine and now arrives to class on time. This brief sketch will demonstrate reinforcing success and generalizing a strategy.

C = Counselor, S = Student

C: It looks like choosing your clothing the night before has really helped you get to school on time in the morning.

S: Yes, definitely. I've been to class on time every day this week.

C: Amazing! Can you think of any other situations where planning ahead might be helpful?

S: Well, I'm having trouble remembering to bring everything to school. One day this week I left my computer at home and another time I forgot my midterm assignment.

C: What do you think is getting in the way of you remembering these items?

S: In the morning, I'm half asleep and in such a rush to get to school that I just forget.

C: How could you use planning ahead to help you remember to bring everything you need to school?

S: Choosing my clothes the night before really helped cut down the time it took to get ready in the morning. Maybe if I packed my bag at night before I go to sleep I will be more awake and less in a hurry so I'll be less stressed.

C: That sounds like a good idea. How will you remember what you need to put in your backpack each day?

S: I don't know.

C: Do you tend to need to bring the same things to school each day?

S: Um.. I always bring my computer, notebook and agenda to school. I need to bring different textbooks on different days depending on the class.

C: Remember how you made a checklist to help remind you of what to pack when you go on an overnight? Do you think having a checklist of the items you need to pack for school might be helpful?

S: Definitely.

C: Would you like to make that checklist together or is that something you think you can do on your own?

S: I can do it myself. I'm going to put a reminder in my phone right now to make the list when I get back to residence.

### **(3) Autism spectrum disorder and the correlation to the development of psychosis? How does this differ from other forms of psychosis? What is the treatment recommendation?**

The link between psychosis and autism spectrum disorders is an interesting one. In the past, autism was conceptualized as childhood-onset schizophrenia. It was not until the 1970s that they were conceptualized as different conditions, and in 1980 autism first appeared as a distinct disorder in the DSM-III. There are definite overlaps in the presentation of the disorders. Schizophrenia can be thought of in terms of negative and positive symptoms. Negative symptoms, such as lack of motivation, flat affect, reduced speech and social interaction can all be features of ASD. When an individual with ASD undergoes extreme stress or anxiety, some of the positive features of schizophrenia may emerge such as disordered thoughts, speech and behaviour and inappropriate affect. Some people with ASD also experience hallucinations, delusions and paranoia. ASD expert Tony Attwood (2007) suggests that delusional beliefs or grandiosity may be seen in people with ASD immersing into fantasy to cope with the world.

The development of paranoid thinking can be linked to theory of mind deficits (Stoddart, Burke and King). If an individual has a history of hostile or negative interpersonal interactions, or they have difficulty reading social cues and making social judgements they may protect themselves by believing that no one can be trusted. Perseverative thinking can contribute to development of intrusive thought loops. Comorbid schizophrenia is hard to rule out because it relies on individuals to relay their inner

experience, which can be a challenge for people with ASD. One individual with ASD thought he had schizophrenia because his psychiatrist prescribed him antipsychotics. Anti-psychotics have been used to treat challenging behaviour, sleep disturbance and emotional volatility in individuals with ASD, with and without psychotic features.

Teaching a person how to identify and regulate their emotions, developing effective coping strategies and support networks and expanding restrictive and challenging thought patterns are all therapeutic techniques that can help someone with ASD.

Attwood, T. (2007). *The Complete Guide to Asperger's Syndrome*. London: Jessica Kingsley Publishers.

Stoddart, K.P., Burke, L. & King, R. (2012) *Asperger Syndrome in Adulthood: A Comprehensive Guide for Clinicians*. New York, NY: W.W. Northon & Company.

**(4) RE: Case Study Michael - as part of a team working to support this student, are you able to share information/plans as part of a "Circle of Care" campus team, or typically - do you work with the student in isolation as an "external" support?**

In Michael's situation, we received signed consent to share information between the members of his circle of care. Often, communications take place through email, and Michael is cc'd on the emails so he is informed and can participate in the discussion. The phone calls that take place between professionals are briefly reviewed with him as well. It would be ideal for all of us to meet together as a team, but this has not worked out logistically.

Michael's case is unique in that the Disability Counselor has taken on an active leadership role to find supports and coordinate services. She even created a chart for Michael and the team to delineate who does what, and who to call when. This has helped him have clarity in understanding the role of each member of his support team. It also helps the professionals involved with him so that we are consistent and each focusing on a different area of need.

**(5) Is the Good 2 Talk helpline <http://www.good2talk.ca/> for university students only or is it available to younger teens and children with ASD and mental health issues along with adults?**

Good2Talk is specifically designed to address the needs of post-secondary students. Good2Talk is a free, confidential and anonymous helpline providing professional counselling and information and referrals for mental health, addictions and well-being to post-secondary students in Ontario, 24/7/365.

Good2Talk is a partnership between four organizations: ConnexOntario, Kids Help Phone, Ontario 211 and the Ontario Centre of Excellence for Child and Youth Mental Health, and is funded by the Ontario Ministry of Training, Colleges and Universities. Younger children and teens with ASD can contact **Kids Help Phone** <http://www.kidshelpphone.ca> phone in urgent matters or post a message online for less time sensitive matters and receive a response in a few days.

**(6) What suggestions would you recommend for a student with ASD who are having difficulty with group work and are in film production? Possible resources or suggestions?**

Group work can be challenging for students with ASD. Having rules or guidelines to follow can help the student navigate successfully through group dynamics. Here are some sites that offer guidance on what to expect and how to behave when working in a group. Encourage your student to become aware of their learning style and what they can contribute to the project. Help them anticipate issues that may arise in group work. Together you can problem solve and practice how to approach challenging situations. If the experience of group work is too distressing, talk to your professor and disability counselor about positive alternatives.

<http://www.speaking.pitt.edu/student/groups/smallgrouptips.html>

<http://sites.harvard.edu/fs/html/icb.topic58474/wigintro.html>

**(7) Would love to have comment with respect to the role of physical activity and considerations for ASD students. Many benefit from being involved in physical activity but campus rec and sport groups are often not connected to these discussions.**

Exercise and physical activity can have a lot of benefit for individuals on the spectrum. Medications to target sleep and mental health issues can cause weight gain. Exercise can help maintain a healthy body weight and combat those extra pounds. Moving your body is a great way to relieve stress, boost energy and release endorphins. In addition to the positive impact on mood, exercise can help individuals with ASD build proprioceptive awareness. Some people on the spectrum are natural athletes while others are clumsy and have to work building coordination. If group sports are not the right fit, people with ASD can excel at individualized activities such as swimming, running, skiing and weight lifting.

One obstacle to keeping fit is the overwhelming experience of being at the gym – loud music, bright lights, crowds and stinky people can all deter students from accessing the on campus facilities. Offering designated “sensory- friendly” classes and times where the lights and music are lower may encourage more students with ASD to utilize these athletic opportunities. Sport and recreation can be a great way to meet others with similar interests.

**(8) Is there funding and scholarships for students with disabilities?**

A great overview of all of the scholarships, awards, grants and supports available to students in Ontario is available at:

<http://www.transitionresourceguide.ca/resources/financial-information>

**(9) What evidence-informed programs are available to actually sensitize the classmates, residence roommates, faculty...to ensure group work, improved understanding of ASD behaviours that appear "weird"?**

There are many resources available to educate school age children about the unique strengths and needs of their peers with ASD, but there is very little out there for students at the post-secondary level. A program to educate post-secondary students is an excellent idea. Is anyone in our community of practice aware of any resources?

**Additional ASD Resources:**

**Autism Spectrum Specialists, The Redpath Centre**

<http://www.redpathcentre.ca/>

**Common Traits of Asperger's Syndrome**

<http://www.aspergers.ca/what-is-asperger-syndrome/common-traits/>

**Video: A College Professor's Introductory Guide to their Students who are on the Aspergers Spectrum**

<http://www.youtube.com/watch?v=fnLdEKfDQ2o>

**Confronting Asperger's in the classroom**

<http://www.universityaffairs.ca/confronting-aspergers-in-the-classroom.aspx>

**Identifying Trends and Supports for Students with Autism Spectrum Disorder Transitioning to Post-Secondary (Report/PDF)**

<http://www.heqco.ca/SiteCollectionDocuments/ASD.pdf>

**Dori Zener** is an Individual, Couple and Family Therapist at The Redpath Centre. She has been working with families affected by Autism Spectrum Disorder (ASD), learning disabilities and intellectual disabilities for over ten years. As a Social Worker in the Child Development Program at Holland Bloorview Kids Rehabilitation Hospital, she supported families following a diagnosis of ASD. There, she spearheaded the implementation of 'Stepping Stones Triple P', an evidence-based parenting program that increases parenting confidence and reduces challenging behaviour in children with disabilities. She has been interviewed by national media regarding the impact of diagnosis and support options for families of children with ASD and has presented at national and provincial conferences on special needs parenting, eating disorders and autism spectrum disorder.