Supporting College Students with Asperger's Syndrome

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Little has been written to date about both the nature of Asperger's Syndrome (AS) for college-aged individuals or about strategies and therapies for helping at this age level. Yet the challenges for these individuals are great: Thrust into an "adult-like" community with little or no parental-type supervision, the college student with AS is like a boat without sails that has been set off to sea. The transition from high school to college is momentous for any student. For many, it means leaving home, sometimes far away, to embark on his or her most significant transition to adulthood. However nurturing or challenging the home environment has been, it is familiar, and family members are accustomed to one another's differences, and have established rituals and routines. Any student going off to college must not only deal with leaving the familiar, often supportive home environment, but must learn a new set of skills that affect all aspects of daily living. These range from learning how to monitor and make choices about food intake and sleeping patterns, dealing with health problems, creating and following a schedule that changes from day to day and is dictated by classes, assignments and social pressures, and remembering to show up for meetings and appointments. Of course, for any student, negotiating the social life of college and living full-time with one's peers may be the most extraordinary undertaking. Roommates, shared bathrooms and dining facilities, drugs and alcohol consumption, sexual norms, and the desire to make new friends initially overwhelm even the most socially competent students.

For students with Asperger's Syndrome, the change is daunting. If they have been successful enough to make it to college, they have almost certainly had intensive support from parents, relatives, teachers, counselors and special educators, all of who have put systems in place to maximize their success. Often they have received daily assistance with organization, routine, personal hygiene, and negotiating the social world. One high school student commented that his mother had been his "Week at a Glance." Most importantly, they have been able to leave their peers and return to the sanctuary of their homes and bedrooms at the end of every school day.   This all changes when students go off to college. For those living on campus, negotiating the social scene is primary. For the student with Asperger's this means unceasing over-stimulation and stress, as well as new opportunities for social development when needed support systems are in place. In this chapter we will provide case studies and anecdotal reports of college students with AS who are receiving support from our campus-based program.

Case Description: Arnold

Arnold is a twenty-year-old college student majoring in geography at Keene State College. He was diagnosed with Asperger's at age 14 and spent much of his high school days in the Principal's office, typically for explosive or threatening behavior that followed being teased or not being allowed to do as he pleased in class. In addition to his special interests and abilities in geography (he excelled at geography competitions), Arnold became very interested in the college radio station where he worked for a time as an on air Disc Jockey. Because of his abilities in solving technical problems at the station, Arnold quickly became an

invaluable member of the station's governing board and was generally accepted by his fellow station members, many of whom could be described as "quirky" or "artsy" compared to most students. Because of his work at the station, Arnold was able, for the first time, to establish friendships and began to feel hopeful about having a more successful social life. Following a relatively minor conflict with the station manager, Arnold lost his temper, made threatening remarks, and was terminated from the station by a Board comprised of student peers. Angry at their decision, Arnold has most recently decided to seek revenge by initiating a strike of the station. He has been spending more time with his parents in recent months so that they can monitor his activities more closely.

While college and university-based counseling centers typically offer pre-paid psychotherapy services unfettered by managed care restraints, a sympathetic ear of a well meaning counselor unfamiliar with AS may not be sufficient to help the student survive the social and academic pressures of college.

Colleges and universities across the country are just beginning to face the problems of accommodating students with spectrum disorders (Prince-Hughes, 2003). As secondary students of the "IEP" or "Individual Education Plan" generation (i.e., students who received services and accommodations under the Individuals with Disabilities Education Act or IDEA) grow up and now begin to enter college, questions loom as to the degree to which higher education will grant these new levels of assistance, especially to students with Autism or Asperger's Syndrome. Whether colleges are ready or not, students such as Arnold who have become accustomed to receiving "social" or

other supportive services, are beginning to pursue higher education, and their success or failure may be dependent on the degree to which they can be identified and helped by college communities.

While it is commonly accepted that transition from high school to college is an extremely stress producing period (e.g., Baker, McNeil, & Syrk, 1985), and we know that this change can be particularly difficult for those with Asperger's or high functioning Autism (Glennon, 2001), we are trying to understand and confront these difficulties. To begin with, college staff and faculty have not been expected to provide the level of social support needed by this population, as opposed to academic support that has been increasingly provided by on-campus disability offices and learning centers. Similar problems may lie with college residential life staff that may be unfamiliar with AS or hesitant to work with these individuals. At Keene State College, we (faculty in Psychology) have embarked on an "experiment in living" that is designed to mobilize the college community to provide interest in and support for individuals with Asperger's Syndrome. This effort has been funded by a foundation grant and has helped us begin to direct efforts to shifting students with AS from "outsider" social status to "insider" status. In working hard to help students with AS it is hoped that we will not only positively impact the experience of the affected student, but that we as a community (professors, staff, neurotypical students) will change as well.

With the help of a grant from the Doug Flutie, Jr. Foundation, we (authors Welkowitz and Baker) have been experimenting with a multi-faceted peer mentor program designed to provide social support and friendship, as well as help develop the interpersonal skills needed to survive in a residential college campus community. In this

chapter we will focus on the hallmark features and themes of the program as well as identify pitfalls and areas of success.

Case Description: Gabby

Gabby is a 20 year old college student diagnosed with autism in early childhood and currently diagnosed with high functioning autism (HFA). Because of his remarkable abilities in computer science several faculty have taken an interest in helping him to plan his professional future. And, while he also has exceptional abilities in art and graphic design, he has generally had difficulties succeeding in the classroom due to a variety of odd behaviors, including speaking out of turn, asking too many questions, and touching other students' notes or class materials. While Gabby appears to enjoy campus life, he has been particularly vulnerable to teasing and other forms of social humiliation. Despite his social awkwardness, Gabby's outward friendliness has slowly gained him a number of social contacts and he is now maintaining a fairly high profile on campus.

College Support Program: Overview

As faculty members in the Psychology Department, we are known for our focus on AS, and this has led to increasing connections with diagnosed students who are struggling with symptoms that interfere with functioning at college.   Students with AS/Autism that have indicated the need and the interest, are assigned one or more peer mentors who are hired on an hourly basis to provide social support and problem-solving assistance. In some cases, the peer mentor is also receiving course credit through the Department of Psychology's practicum (internship) program. Peer mentors have typically been motivated students, often psychology majors, who have approached one of

us and expressed an interested in working with individuals with autism or Asperger's Syndrome. They have also agreed to attend regular group supervision meetings and to maintain contact with assigned "mentees." The mentors in turn "contract" with their mentees to meet on a regular (at least weekly) basis. This is especially important for individuals with AS who may fail to appear for appointments due to poor organizational abilities or conflicting feelings about regular exposure to social activity. In addition to "in person" meetings, peer mentors and mentees eventually correspond by email and telephone as well.

Group supervision meetings for mentors provide an opportunity to review the progress of each mentee, discuss roadblocks to promoting new social behaviors, and to plan for the "next step" in their program. They are also an opportunity to discuss a range of issues including confidentiality, maintaining boundaries, dealing with co-occurring psychiatric problems (e.g., depression, anxiety, conduct problems). While these meetings were originally viewed as a time for supervising faculty to provide clinical-type supervision, we have discovered that much of our own clinical training does not quite fit these new types of relationships, which clearly are not quite of the "therapist-patient" or "therapist-client" sort. As a result, we have shifted more to the role of "facilitator" in which we raise issues, but try to create an environment that supports "idea flow" in a less hierarchical manner (Peterson & Peterson, 1997). Student mentors often initiate discussion that is enlightening for all of us.

Students with spectrum disorders are referred to the peer mentor program in a variety of ways, including referral from the College's disability office or counseling center or by self initiated contacts with one of the two supervising faculty. Most recently,

parents of incoming students have made the initial contact as a result of hearing about our grant funding on various Internet websites. Because of the variability of awareness of one's own condition among college students with AS, it is most likely the case that numerous potential participants never make it to our offices. Some may remain unidentified because their symptoms do not include disruptive or explosive behaviors and they may struggle quietly on their own, isolated and lonely. Others may not have been previously identified as having AS since this syndrome has only recently been recognized and discussed in the United States. In some cases, potential participants are being newly labeled as having "non-verbal learning disability" (Rourke, 1995) which they probably do not see as being a related "spectrum disorder."

Program Elements: I. Social Support and Friendship

<u>Social Support</u>

The notion that social networks provide important buffers against stress and depression has become a truism of psychology. Simply put, friends and other helpful individuals such as therapists and caring teachers serve as important sources of validation, empathy, and reflection (Rogers, 1951), as problem-solvers (Shure & Spivak, 1978), coaches (Foa, 2001), and models of new behaviors (Bandura, 1997). When individuals with AS arrive at college they tend to isolate themselves by staying in their rooms and failing to initiate social contacts with neighbors or other students in class or elsewhere. Or, they may initially make some attempt to talk and socialize with others but may be excluded due to their social awkwardness. In either case, social avoidance becomes a reinforced behavior in that it produces removal of aversive social interactions,

and rarely leads to friendships or even friendly acquaintances. As a result college students with AS do not reap the benefits of even small social networks.

Instant social contacts and friendships provided by a peer support program help to create these networks. Because peer mentors are providing services in "real life" contexts (i.e., in the dorms, classes, student union, college gym), they usually end up introducing the individuals with AS to their friends and roommates, which in turn causes exponential growth in social networks. In our staff meetings we have referred to "Insider mentors" (those who receive regular supervision and are paid to do this work) and "outsider mentors" (those who become friends and informal mentors as a result of being introduced to the individual with AS by the original mentor). In some cases, "outsider mentors" have eventually become "insider mentors. In one case, an individual with AS receiving mentor services simultaneously became a mentor himself to another, more seriously affected student. This "insider/outsider" distinction has been useful when addressing such issues as confidentiality, in which case, insiders are held to a higher level of standard than are outsiders.

It is important to note that there have been unforeseen difficulties that arise from creating social networks as well. Since individuals with AS find social interaction stressful (even with supportive, friendly peers) there is often a tendency to retreat into isolation. As Arnold has put it, "When I go in to my cave, which is what I call my apartment, I feel more relaxed. I think when I took last semester off and stayed home it actually prevented me from becoming more depressed." Gabby's mother described a recent two week vacation for Gabby as being a stress-free respite from the pressures of school: "He was in heaven…he slept until noon each day and would hang out in shopping

malls by himself." Since escape will invariably occur, we have found it important to advise mentors to "back off" but also to be available to help the mentee for re-entry into the social world. Mentors are told to become a bit more assertive regarding contact only when the retreat has lasted for a prolonged period (more than a few days).

There are also challenges to maintaining social networks related to the mentee's difficulties with social reciprocation. Put simply, friendships are two-way streets that require mutually reinforcing activities. For example, individuals living in the social world expect that a telephone call will be returned by another call, or that an invitation to one's dormitory room will be reciprocated in kind. Individuals with AS do not understand how to maintain such mutually compatible agendas, leading to what Skinner (1969) referred to as "ratio strain" or too low a rate of reinforcement of other people's behavior. The advantage of regular group peer mentor meetings is that they afford the opportunity to "reinforce the reinforcer" or at least validate the frustrating feelings of peer mentors who may not feel rewarded by the behavior of their mentees.

Mentors as Coaches

Changes in the U.S. health care system have led to an increased emphasis on shorter-term therapies, as insurers and others became concerned about containing the high costs of mental health care. This, combined with increased empirical support for more active types of therapies, including behavioral therapies, lead to the development of new roles for psychotherapists, including the idea of the "therapist as coach" (e.g., Hallowell & Ratey, 1994) or the therapist as personal consultant or "co-active coach" (Whitworth, House, Sandahl, & Kimsey-House, 1998). These ideas are increasingly being adopted in educational settings in which children coded with various mental or

social disabilities, such as AS, are provided with an aide or other staff person who holds brief "check-in" meetings with the affected child in order to quickly assess any problems, offer quick solutions, and provide emotional support.

In mentoring college students with AS or Autism, we have found this model particularly helpful. Both Gabby and Arnold have found it helpful to make brief contacts with a mentor to help interpret a social interaction that occurred that day or to review organizational issues, including blockades to complying with a daily schedule or completion of a homework assignment. Brief meetings serve as buffers against stress and also keep help seeking behaviors under some sort of scheduling (or "stimulus") control. Gabby has remarked that he has been particularly distressed about a particular problem, but knew that he could talk about it during his brief morning meeting with a mentor, and therefore did not have to call his parents or another dormitory resident very early in the morning or in the middle of the night. A coaching approach also promotes accountability by providing another person who serves as a judge of whether certain social tasks have been carried out. When two of our students with AS were recently coached about handling difficult negotiations with professors, our mentors were able to provide immediate follow-up meetings to listen and to provide feedback about their performance.

Social Skills Training

While it is commonly accepted that individuals with AS require some type of social skills training, it is unknown how effective programs designed for children will be for college-age individuals. Goldstein and others (see Goldstein & McGinnis, 1997) have done extensive studies on the effects of behavioral programs on social skill development and their programs are widely utilized in secondary schools in the U.S. The basic

approach of these programs is to break down social behaviors into clearly identified steps. So, for example, having a conversation might include a greeting, some small talk, making a plan to talk again, and a closing. The trainer helps the student practice these different parts and carries out role-plays of simulated social conversations. Therapists and guidance counselors have learned over the years that, while effective in the short run, skills learned in these programs do not generalize to real life situations. Gray (1995) has addressed this issue by replacing such a "scripted" approach with one in which general rules and various perspectives are reviewed and implemented in real life situations.

While we utilize elements of all of these types of programs, the advantage of a mentoring program that takes place in the context of where the person with AS lives and attends school, is the opportunity for repeated social practice in the natural or "real life" environment. Peer mentors can analyze the steps or basic approaches to a social behavior, and teach them to mentees, who can then try them out with the mentor's friends. Regular group meetings with mentors also allow for some planning so that one or two social behaviors at a time become the focus, rather than letting both the mentors and College students with AS become overwhelmed by trying to fix too much too quickly. Group meetings include some time for analyzing mentees' strengths as well as weaknesses so that new social goals are linked to what behaviorists refer to as current social repertoires (Welkowitz, Bond, & Anderson, 1989).

Another advantage to systematic support for students with AS, is that parts of the community that have been unfamiliar with the disability can learn more about the social styles of those with AS. This educative process includes presenting workshops to the campus community on the nature of AS, showing an educational videotape

(*Understanding Asperger's* by Welkowitz & Baker, 2000), speaking about AS in the context of multiculturalism, and being available to staff and faculty for consultation whenever problems arise. The goal then is not just to improve the social skills levels of college students with AS, but to raise the awareness of those around the individual with AS so that the community becomes more understanding and appreciative of these people. This educative process was one we began even before receiving financial support for the peer mentorship program. We were aware of the importance of creating a "web of support" on campus for students with AS.

<u>Learning Styles</u>

While it is difficult to make across-the-board statements about the learning styles of individuals with AS compared to those of more "typical" individuals, there are certain common themes that arise with many of our identified college students. A number of investigators have pointed out difficulties in identifying faces as well as the emotion expressed in faces. We have observed our student with HFA, Gabby, having difficulty identifying newly introduced friends in situations or places that are very different (e.g., meeting someone for the first time on campus and then seeing that person again in town). In her collection of personal stories of college students with Asperger's and Autism, Prince-Hughes (2002) presents a student named Darius who refers to similar events as problems in "context-based learning." Arnold, for example has learned to limit inappropriate remarks in certain social situations, but not in others. Another student, Craig, will remember to use verbal greetings whenever he is with his mentor, but "forgets" to do so when he is on his own. In such cases, the use of social scripts, while useful initially to teach a social behavior, do not ensure transfer to other situations. In

addition to use of prompts and other reminders, we have been experimenting with Gray's social stories approach that provides more general rules, descriptions of social scenarios, and various perspectives for addressing this problem (Gray, 1995).

College students with AS, just like younger individuals with AS, often have problems in non-verbal communication. For college-aged individuals, an inappropriate eye gaze or out of sequence comment may be seen as inappropriately sexually aggressive. In our program, several of our adult males have been accused of sexually harassing behaviors, when their intentions may have been otherwise. Our approach has been to encourage a social communication style that emphasizes *asking questions*. For example, we coach adults with AS interested in pursuing romantic interests, to ask others such questions as "Are you going out with anybody?" or "Would it be alright if I asked you out?" In terms of physical contact, we encourage using the questioning approach to *obtain consent* at every new level of contact (e.g., "Is this alright with you?"). While neurotypicals rely on more subtle cues for obtaining consent, we urge our students with AS to be more verbal and overt about this (see Antioch College Sexual Offense Prevention Policy, 1996).

We also encourage our students with AS to follow a careful stepwise or hierarchical approach to developing both romantic and non-romantic friendships. Following such a step-by-step program is at the heart of a behavioral approach to building new behaviors (Goldstein & McGinnis, 1997; Watson & Tharp, 2001). When Craig became interested in developing an intimate relationship with a woman on campus, we talked with his peer mentor about encouraging him to start by asking a fellow student out for coffee after class. The mentor may even need to do some advance coaching that

involves modeling, role-playing, and providing feedback about his performance. While this idea of making new social contacts in a graduated fashion may seem obvious, a pervasive focus of our students with AS has been on "end results" rather than "process." For example, college students with AS often need help understanding that making friends is an integral part of developing a romantic relationship; this is particularly challenging for those who don't yet know how to make friends. Learning how to relate to one's peer mentor can be seen as the opportunity to learn skills and have experiences that enhance any relationship.

<u>Dealing with Stress</u>

Glennon (2001) has noted that in order to help the College student with AS manage stress in an optimal manner, it is important to understand how each student experiences stress. She notes that interventions must be tailored to the individual to take into account personal experience. For example, excessive worry about social interactions and their ensuing stress, seems to be more relevant to our students with AS than to those with high functioning autism (HFA). It seems that individuals with autism do not worry excessively about what others think about them, probably out of a general notion among more individuals with autism that all individuals have access to the same information and therefore think as they do. So, while social interactions may be somewhat exhausting for a person with autism, the person with AS experiences a greater amount of social anxiety. As a result, we may utilize more cognitive techniques for reducing social anxiety with individuals with AS, while focusing more on behavioral skills based approaches with individuals with HFA.

Arnold (AS), who receives peer mentoring, also serves as one of several peer mentors for Gabby (HFA). Arnold's concerns about what other people think of him are often so extreme as to seem paranoid. After a recent episode that lead to his expulsion from a campus organization, he became preoccupied with the idea that everyone in that organization either hated him or was trying to harm him in some way. Several mentors spent a lot of time helping Arnold to challenge these highly irrational ideas (i.e., a form of cognitive therapy). In a similar fashion, Gabby was nearly expelled from the dormitory following an incident in which he reportedly made threatening remarks. Following a disciplinary hearing, he became confident that everyone would rally to his support. While it was true that several people did come to his defense, it was also true that he misjudged the degree to which people felt supportive. In the latter case, a more behavioral program was devised to help Gabby deal with anger, which included walking away from high-risk situations.

While it is commonly accepted that physical exercise is an excellent stress reducer, it is an equally common observation that individuals with spectrum disorders avoid exercise. Simple instructions to go to the gym or increase walking simply do not work. We have, however, found success in assigning students with AS (both at the high school and college level) to mentors who serve as personal trainers. By developing a close relationship with our physical education program, we have recruited several students who supervise students with AS in the gym. Since spectrum individuals tend to be visually oriented (Attwood, 1998), we encourage our physical trainer/mentors to set weekly and long-term goals and to chart their mentee's progress. We also encourage our trainers to be assertive in insisting that students with AS increase the amount of exercise

completed each week. Of course, making regular trips to the college gym also serves a social purpose by providing opportunities for increased contacts with students. On the negative side, we have had to monitor teasing of our students with AS by other students, as well as inappropriate behaviors by students with AS, such as taking naps on the exercise mats or making inappropriate comments to staff.

Internet Addiction and Other Isolating Special Interests

Excessive use of computers, especially time spent on the internet, is a common concern of parents of both high school and college aged individuals with AS. During high school years parents are better able to monitor and control time spent with electronics, including video games and Internet based activities, while college students living in dormitories or apartments are on their own. For high school students, scheduling of computer time along with parent delivered consequences for compliance (or non-compliance) is effective, while self-directed instructional approaches are rarely helpful. Rather than prodding college students with AS to limit computer time, we instead rely on the development of alternative behaviors (AB's). Put simply, we see that non-social computer time is reduced only when the student with AS has more viable agendas to assert for himself or herself. This "non-pathological" approach argues that rather than eliminating or removing non-adaptive behaviors, we instead build or construct more viable alternatives (Goldiamond, 1984; Welkowitz et al., 1989). Thus, meeting a mentor or other friend for coffee at the student center or a movie becomes "habitual" or part of new "behavioral repertoires" that serve as more attractive alternatives to isolating home activities.

Collaborative Teaming

While a team based approach to managing a student's academic and social problems is usually relegated to secondary schools as mandated by IDEA in the U.S., we have found it helpful in some cases to have contact with a student's professors. For Gabby, who has HFA, these meetings helped faculty vent about odd behaviors (taking naps or not paying attention; getting up frequently and walking out of class; asking too many questions), and provide a forum for group problem solving. While some problems may be difficult to solve, these gatherings are always welcomed opportunities to educate faculty about spectrum disorders. Again in Gabby's case, one faculty member was upset that he seemed not to be listening at times, which provided an opportunity to talk about how people with autism may seem not to be listening when in fact they are doing so. When several professors expressed concern about Gabby asking too many questions, the entire group agreed to ask Gabby to limit himself to a certain number of questions and to write down any others so that he may ask them after class. Another professor agreed to use a hand signal to let Gabby know that he should wait until after class to ask any more questions that day.

While there are two psychology professors (Baker and Welkowitz) who make themselves available for consultation and meetings with faculty, it is important to note that these meetings take up time and that professors are not required to attend. As members of our disability office and counseling center become increasingly familiar with AS, they have taken increased responsibility in organizing and running these meetings. It is important for these and other student-support related activities to become a natural part of regular staff activities. Peer mentors, for example, can be supported primarily through

internship or independent study credits that are already a part of a psychology department. Glennon (2001) has reported using students from a department of occupational therapy.

In a college setting it is important to recognize that professors are not required to attend such meetings and that academic freedom issues must be respected. This differs notably from the IEP requirements mandated by federal law for primary and secondary school students. Colleges do understand, however, that there are unresolved legal issues regarding the provision of services to students with disabilities, and administrators worry both about "doing too little" (setting themselves up for litigation by students) and "doing too much" (setting precedents beyond what they can afford to provide). For now, we rely upon the good will of faculty and staff who are, in many cases, interested in learning more about how to help students with AS in their classes. In our opinion, it is best to spend precious time working with interested faculty, rather than spending time trying to convince disinterested faculty to get involved.

Sophie is a twenty-one year old history major with AS whose passion is economic analyses of pre-war Germany. She had some difficulties in doing oral presentations required in a particular class, primarily because she became anxious when the professor would provide feedback about her inappropriate eye contact or odd movements. She became depressed following "debriefing" sessions in the professor's office during which she felt strongly criticized: "He made me feel like all the progress I had made since I was a kid was for nothing…all that work and I must be just as awkward and odd as ever." Since the professor did not appear to be interested in meeting with us, we simply encouraged Sophie not to take any more courses with him.

Boundary Issues

As clinical psychologists, we are very concerned with the ethical issue of maintaining appropriate boundaries with those with whom we work. We are especially mindful of the pitfalls of "dual" or "multiple relationships." For example, we are concerned about the problems associated with being both a "friend" and a professor to a particular student since it may complicate perceptions of delivery of a fair grade. And, we certainly work to avoid the dual role of professor and "therapist." For peer mentors, however, the lines become blurry by necessity. Student mentors do become friends, albeit hired ones, to our students with AS so that their lives become entwined. They eat together, go to ball games together, and generally "hang out" in their dormitory rooms or apartments. While we continually raise the issue in group supervision meetings, the peer mentors have convinced us that their relationships are different from the ones psychologists have with patients and they insist on utilizing "friendship" as a model.

Problems, of course do arise. While Craig makes regular visits to his mentor's dormitory room, the mentor's girlfriend felt neglected and began to pressure him to make up for lost time. While such problems clearly mirror those of real life, the ethical issue raised is to what extent should a college support program be responsible for creating these dilemmas. Furthermore, to what extent should group supervision of mentors in an academic setting address such "personal" issues. As psychologists, our comfort level in dealing with a range of personal issues is great, but we do wonder how other departments, such as sociology or health science would handle them.

Another boundary issue that has been raised relates to the line between friendships and romantic relationships. While we have paired males and females in peer

mentor/mentee relationships, we encourage both to avoid intimate or romantic relationships. We remind all involved that the purpose of the program is to provide support and social skills training, rather than finding a boy or girlfriend. We also consider the psychosexual history of an individual when assigning a mentor, avoiding matches that may lead to unwanted behaviors. For example, in one case an individual with AS had repeatedly told us how desperate he was to have an intimate relationship with a woman. As a result, we paired him with a male mentor with the hope that he could provide more objective advice about dating and related activities.

Housing Problems

In some instances our collaborative consultation models have extended to the area of residential life and problems related to living in college dormitories. As a rule of thumb, we recommend that college students with AS have their own rooms, unless they indicate a desire for a roommate. Our thinking has been that our participants with AS receive sufficient social exposure by simply attending college and living on campus. A single room can provide a much-needed refuge in an otherwise stressful life. Problems that arise in the dormitories have included a tendency toward isolation, inappropriate or offensive remarks made at social gatherings, and making excessive requests for assistance from residential advisors. Many of these issues have been resolved through consultation with relevant staff, which is seen as opportunities to educate more people about the nature of Asperger's Syndrome, as well as provide practical advice for particular problems.

Peer Mentoring as a Cross-Cultural Experience

Largely as a result of internet-based communication, individuals with AS are beginning to share the details of their lives with one another. Prince-Hughes (2002) has referred to an emerging "culture of autism" in which this group of individuals is beginning to connect and discuss plans for surviving in a neurotypical world and even thriving in circles dominated by people with autism and AS. A common theme is one of feeling like an oppressed minority with frequent reports of being humiliated and put down by others, denied access to jobs, and given limited access to certain social groups. Internet sites, such as Oasis (www.oasis.com) have become clearing houses for their concerns and patient advocacy groups have sprung up in many places in the U.S., U.K. and elsewhere. Numerous books have recently been published in which the personal stories of individuals with AS or autism are presented (e.g., Prince-Hughes, 2001; Willey, 1999).

Colleges and Universities are logical places for incorporating the "next phase" of this cultural movement. Since these communities hopefully value new ideas and are especially receptive to those related to diversity and multi-culturalism, it makes sense that individuals with AS may find a safe haven in these places. We have been fortunate to have ideal conditions to support our venture, including psychology faculty with an academic interest in spectrum disorders, collegial relationships with a number of cooperating programs and departments, a college community that emphasizes the importance of diversity, and a larger community that has been supportive of individuals with a range of disabilities. While there have been individual staff or faculty who have been wary of our efforts, we have found that some have responded with unexpected

enthusiasm. We have also dealt with administrative concerns that our efforts may have the "negative effect" of attracting even greater numbers of students with disabilities, resulting in increased liability and costs in terms of disability services. While these conflicts are far from being resolved, we are confident that we can forge ahead by coming to some reasonable resolution based on the positive effects of our work.

Our strongest argument in favor of continuing support programs for individuals with AS is not just that we are able to provide an essential and effective service, but rather the impact it has on us. We have discovered that even when we make limited progress in helping these students with AS to change, we find that our own attitudes and behaviors are transformed. Specifically, we have found ourselves to be more understanding and appreciative of both our differences and similarities, and we regard students with AS or autism has having a great deal to contribute both to our own learning and personal growth, as well as to our College community as a whole. Spending time with and befriending these students is not just about delivering an essential clinical service, but about what kind of people we want to be and what kind of communities we want to create.

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