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FOUNDATION

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Part One

# Getting Started

## Thank you

Thank you for participating in The Pinnacle Foundation's mentoring program. We deeply value the time you will invest to mentor your assigned scholar and hope you find the opportunity uplifting and rewarding.

Before commencing as a mentor, you must sign a volunteer (mentor) agreement and complete an online induction. The online induction provides a vital orientation into The Pinnacle Foundation and its mentoring program.

Pinnacle Foundation scholars participate in a separate induction into The Pinnacle Foundation to help them understand the three core elements on the Pinnacle program:

1. Funds to study
2. A mentor to support their study journey
3. Support from the wider Pinnacle community (we use the term "Pinnacle family").

Providing the necessary guidance, support and encouragement will not always be easy. This handbook will help you to:

- Understand your role and responsibilities as a mentor
- Refresh or acquire the knowledge and skills to build and maintain an effective mentoring relationship
- Understand the resources available to you and your scholar
- Appreciate what constitutes a successful mentoring relationship.

## How are mentors matched?

We are often asked about how we match mentors with incoming scholars. We start by exploring what things a scholar may benefit from most. In some cases, this may be support as they navigate a particular field of study and subsequent transition into the workplace. In other cases, a scholar may feel they have their studies well under control but may value a mentor who identifies in the way they do, especially if their connections into the LGBTQIA+ community are limited. Having similar life experiences and understanding how others have navigated them is often invaluable for a scholar to understand.

Usually, we seek to identify a mentor who works in the same field the scholar is studying – and based ideally in the same location to enable face to face meetings. We also seek to match a scholar with a mentor who identifies in the same way they do (gender/ sexuality/ sexual characteristics.) For example, we would seek to match a same-sex attracted woman studying medicine in Adelaide with a same-sex attracted woman doctor more progressed in their career and based in Adelaide.

As our matching process is highly personalised, we usually get things right. Sometimes, the first few meetings between scholar and mentor may feel a bit clunky but usually resolve into effective and enriching sessions. If for any reason you believe the match may not be adding value to the

scholar's study journey and rounded development, then please contact the scholarship & mentoring programs manager.

### Why do we need mentors?

Research shows that mentoring improves young people's learning, social and emotional outcomes. Young people involved in mentoring are likely to experience:

- Improved relationships with family and peers
- Better communication skills
- Reduced feelings of isolation
- A reduction in risky behaviour
- Enhanced social and emotional development
- Increased opportunities for community participation
- Increased resilience.

### Your role as a mentor

Your main role as a Pinnacle Foundation mentor is to be a sounding board, providing guidance on academic and related issues to a scholar.

Your aim is to help your scholar navigate the everyday challenges of long-term studies, society and the community by drawing on your greater knowledge and experience, and your genuine concern for young people.

Your role as a mentor includes:

- Offering support, encouragement, optimism and hope
- Offering guidance and realistic advice as requested
- Assisting with goal setting, suggesting possible courses of action and support in making choices
- Helping the scholar to identify their strengths and thereby strengthen their self-esteem
- Being a sounding board for ideas and problems
- Helping the scholar to develop their skills and knowledge in their area of study
- Offering a consistent, non-judgmental relationship
- Where appropriate introducing them to your work environment, and engaging in some social and recreational activities with them

- Helping them deal with any sense of alienation and loneliness.

### Your responsibilities as a mentor

#### **Scholar Care Commitment**

You must adhere to [The-Pinnacle-Foundation-Scholar-Care-Commitment-August-2025.pdf](#), exercising reasonable care, and being mindful of the need to interact with scholars in a manner which is respectful and appropriate.

The Pinnacle Foundation is not a provider of health services, mental health or otherwise, and thus does not have any therapeutic or medical relationship with scholars.

If you are concerned about the safety of your scholar, and fear that the scholar may be a victim of external harm or contemplating self-harm or harm to others, please immediately contact individuals qualified to assist. This may include people formally trained in counselling or mental health issues.

In an emergency call 000.

For support, guidance and referrals please contact The Pinnacle Foundation's scholarship & mentoring programs manager.

A list of additional resources is available at [Mental Wellbeing - Pinnacle Foundation](#).

#### **Mentor undertakings**

- I will adhere to [The-Pinnacle-Foundation-Scholar-Care-Commitment-August-2025.pdf](#) conducting myself professionally, respecting the dignity, privacy and rights of others, and observing all relevant laws.
- I acknowledge a power differential exists between mentor and scholar, and that as a mentor I have a higher level of care and responsibility to set and maintain appropriate boundaries in the scholar / mentor relationship. Setting and maintaining appropriate boundaries includes not inducing nor allowing any form of intimate or sexual relationship to develop with my assigned scholar during the mentorship period and for a further year thereafter.

### Your first mentor / scholar meeting

#### **You've been matched with or as a mentor. What do you do now?**

Becoming a part of The Pinnacle Foundation family is exciting, but we know that it can make some people nervous.

Scholars will typically be aware of the financial support they will receive but feel less sure of being assigned a mentor. Mentors may also feel a little apprehensive before the first meeting.

You may feel unsure about how to approach one another – and to commence the mentoring relationship. The following tips and suggestions may help you feel relaxed and confident before you meet for the first time and at your first meeting.

## **Before you meet**

You may like to send your mentor/scholar a short note to introduce yourself and share something about your work/study and (if you feel comfortable) personal circumstances. You may also consider sharing your resume or LinkedIn profile (if you have one).

### *Scholars*

To help your mentor understand you a little better you may like to give your mentor an idea of what you would like to focus on in your mentoring sessions and let your mentor know what is on your mind about your studies and future. For example, "I'm really interested in talking to you about my course and where I go professionally once I graduate" or "I'm not sure if I'm ready to be professional and feel a sense of imposter syndrome."

You may like to do some online research of your mentor to understand more about their background and interests. (Stick to a Google search and LinkedIn, because the relationship you are fostering is a professional one. Their Facebook page may be more personal, and it is good to have some boundaries.)

Consider asking your mentor how they would prefer to be contacted and when usually will suit them to meet. Do they prefer text, email, WhatsApp? Do they have an assistant who may assist with establishing meeting times, dates and locations? Share when is usually easiest for you to meet.

Once a time has been agreed, make sure to confirm you will attend, and be on time. Importantly, relax, and remember your mentor wants to get to know you. It may take a little time to understand their frame of reference.

### *Mentors*

Some scholars will not feel confident to make the first contact, so sharing your background in an email, and explaining why you have chosen to volunteer your time as a mentor, will often help to open a dialogue. Share if you are feeling a little apprehensive, because your mentee may be feeling that way too. You may consider asking your scholar what they would like to get out of the mentoring relationship, and perhaps an achievement they are especially proud of.

You may need to ask your scholar about their general availability to meet, and then suggest a time, date and location. Check the proposed arrangements work for your scholar. Reinforce that you are looking forward to meeting them and that you hope to foster a productive mentor/scholar relationship.

## **The first meeting**

Be on time. Call or text if you are running late. Respecting each other's time is important always.

The first meeting is where you will get a better sense of one another. This meeting is a chance to explore each other's personality, communication and approach. Try not to be too self-conscious. Try to keep the session to time. Sometimes, you may need to draw the session to a close because you are running out of time. Other times, you may finish a little early. Thank your mentor/scholar for their time.

### *Scholars*

Your mentor wants to get to know you. You may like to share your academic journey, any work experiences you have had, your professional aspirations, and the current situation you are navigating. Help your mentor to understand you by sharing important details of your life. For example:

- Are you moving out of home?
- Navigating your first relationship?
- Trying to establish a friendship group?
- Do you have family support?
- Does your dog/pet rabbit interrupt your online meetings?

Remember there are big and small things that affect us all. Your mentor does not need to know everything about you, but it will help them if they understand where you feel confident and where you may face challenges that may sometime keep you awake at night.

You will probably want to ask your mentor some questions too. For example:

- Why did they volunteer to be a mentor?
- What is their professional background?
- What are they most proud of?
- Who and what helped them to succeed?
- Did they have mentors who help them on their journey?

Try to let your personality come through. This is not a job interview nor speed dating! We cannot stress this enough. You have already been matched with your mentor because we think you have something to offer one another.

### *Mentors*

Sometimes, your scholar may be keen to share their background, achievements and experiences with you. Sometimes, asking just a few questions will be enough to stimulate the conversation. In other cases, your scholar may feel unsure about sharing this information with you, so it may help for you to start by explaining why you volunteered to be a mentor and a little more of your background and professional journey, and some of the challenges you may have faced and overcome or be working to overcome. You may want to ask your mentee:

- How did they hear about the Pinnacle Foundation scholarship program?
- When did they find out they had been successful in being awarded a scholarship?
- What have been their study highlights to date?

- Where did they grow up?
- Do they live at home, or have they moved out?
- Do they have any professional aspirations or are they unsure currently?
- What would they like to get out of the mentoring relationship?

### **After the first meeting**

When you leave the first meeting, spend some time thinking how it went.

- Did you see a connection?
- Did you enjoy the conversation?
- Did you feel listened to?
- Did you have fun?
- Did you enjoy the unique perspective/wisdom of your mentor/scholar?

Your scholar/mentor will be asking the same questions!

Follow up the meeting with a brief thank-you note and express your appreciation for your scholar's /mentor's time. Express appreciation for any specific things you discussed that you found helpful. Suggest a time for your next meeting, perhaps a month hence.

Please contact The Pinnacle Foundation's scholarship & mentoring programs manager if you have any questions or concerns.

### **Tips for subsequent meetings**

Scholars often face challenges with:

- Creating a study program which I can maintain
- Swatting/cramming for exams
- Accessing assigned library material
- Getting through the assigned reading material
- Comprehension of reading material
- Preparing for tutorials
- Work and study balance
- Delivery of assigned work on time

- Preparing assignments
- Coping with stress
- Managing my financial situation
- Developing friendships.

As a mentor, it is important to:

- Stay patient, positive and non-judgmental
- Be curious about them – What are they saying? Why? What matters to them?
- Listen and use encouraging language
- Ask open-ended questions rather than telling them what you think is best
- At the end of the conversation: summarise and have a 'where to next' conclusion
- Ask the scholarship & mentoring programs manager for help if things feel like they might be becoming repetitive.

### Mentor accountability and involvement

We operate a structured engagement and monitoring process to ensure mentor and scholar relationships remain productive and of value. During your time as a mentor, you will be asked to complete short online evaluations and participate in biannual reviews with the scholarship & mentoring programs manager. These reviews are not onerous, and are designed to identify and resolve issues, celebrate successes along the journey and understand how we can better support you.

Outside of our structured engagements, if you have any concerns about the mentoring relationship with your scholar, please immediately call the scholarship & mentoring programs manager.

If your contact details change, or if your personal situation is changing and may necessitate a review of the mentoring relationship, please contact the scholarship & mentoring programs manager.

As a mentor, you will usually be invited to an annual scholar & mentor welcome event held during February/March in your closest capital city location. You may also receive invitations to other events over the course of each year. We understand that some mentors enjoy attending events of this nature while others may prefer to focus solely on their one-on-one mentoring relationship with their assigned scholar.

Part Two

# LGBTQIA+ Glossary

**Aromantic:** People who experience low levels or no romantic attraction. Sometimes shortened to 'aro'.

**Asexual:** People who experience low levels or no sexual attraction. Sometimes shortened to 'ace'.

**Bisexual:** the attraction to two or more gender identities. Sometimes shortened to 'bi' or 'bi+'.

**Cisgender:** Any individual who exclusively identifies with their gender assigned at birth. Sometimes shortened to 'cis'.

**Coming Out:** The process of first recognising one's sexual identity, gender identity or intersex status and then sharing it with others.

**Endosex:** People who do not have an intersex variation.

**Gay:** The attraction to people of the same gender, historically used to describe men attracted to other men, however, people of any gender may use this term.

**Gender Affirmation:** Describes the process of affirming one's gender identity to match one's internal sense of self. There are many ways trans and gender diverse people may affirm their gender identity, and each are equally valid as the other. Some people also refer to these processes as 'transitioning'.

**Gender Expression:** Behaviours, mannerisms and presentations that are associated with gender in a particular cultural context.

**Gender Identity:** One's internal sense and expression of being a man or woman, both, neither or in-between.

**Intersex:** People who are born with physical or biological sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns) that are more diverse than stereotypical definitions for male or female bodies.

**Lesbian:** Typically used to describe women attracted to other women, however people of different genders may also use this term to describe an attraction to women or feminine people.

**LGBTQIA+:** An acronym that stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual plus a spectrum of identities and experiences. This acronym can be shortened or lengthened depending on the communities you're working with.

**Non-binary:** A broad term for gender identities that are not exclusively male or female, includes gender identities such as gender queer, agender, bi gender, & gender-fluid.

**Pansexual:** The attraction to people regardless of gender identity. Sometimes shortened to 'pan'.

**QTPOC:** Queer, Transgender, Indigenous and/or People of Colour. Being LGBTQIA+ is not just a 'Western' thing or a modern thing. LGBTQIA+ identities have existed across the world and across time.

**Queer:** A broad term that can refer to any or multiple LGBTQIA+ identities and experiences. It can also be a political term about the resistance to heteronormativity and celebration of LGBTQIA+ culture. As queer is a reclaimed slur, some members of the LGBTQIA+ community don't use this word and may find it offensive, whilst others may celebrate its use.

**Questioning:** Someone who is unsure of their sexual orientation or gender identity and questioning the identity of their feelings.

**Sexuality:** Describes our romantic and/or sexual attraction.

**Straight-Ally:** A heterosexual person who accepts, promotes, and supports the rights of LGBTQIA+ people.

**Transgender and Gender Diverse (TGD):** A broad term referring to any individuals who do not exclusively identify with their gender assigned at birth. Sometimes shortened to 'trans'. TGD people who are assigned female at birth might identify with the terms trans man, man, trans masculine, trans masc, non-binary etc. TGD people who are assigned male at birth might identify with the terms trans woman, woman, trans feminine, trans femme, non-binary etc.

Part Three

# Mental Health Guide

## Supporting scholars' mental health

Many LGBTQIA+ young people experience mental health issues. This section explores what issues might arise and how they might be recognised. The Pinnacle Foundation does not expect its mentors to be counsellors, psychiatrists or psychologists and they should not seek to intervene as such. However, if your scholar does experience a mental health issue, we hope that you will be able to recognise it and to contact the scholarship & mentoring programs manager to seek assistance for your scholar.

In an emergency call 000.

A list of additional resources is available at [Mental Wellbeing - Pinnacle Foundation](#).

Mental health and well-being can be undermined by stressful experiences in our lives. For scholars these may include exams, relationship issues, a traumatic event, bullying, unrealistic expectations and establishing themselves in the LGBTQIA+ community.

The following characteristics are simple indicators of good mental health:

- Feeling comfortable about trying new things
- Thinking clearly and having ability to solve problems
- Feeling ok about making mistakes and asking for help
- Forming good relationships with other people
- Enjoying the company of friends
- Feeling good about oneself or having good self-esteem
- Feeling positive and having the energy to do normal daily tasks
- Taking care of oneself and making good choices about personal health
- Sleeping well, exercising regularly and having a good appetite.

While these are indicators of good mental health, not identifying with a few does not necessarily mean the person has a mental health problem.

What we should be concerned about is if there is a significant change in the normal behaviour or mood of a scholar. If someone is usually sociable and enjoys spending time with friends, and they start to withdraw and aren't interested in going out, this may be an indicator that there is a mental health problem. A helpful question to ask yourself is: *Is this behaviour out of character for this person?*

## Understanding mental illness

Mental illness causes people to think, act and feel differently from how they usually do. Valuable information about mental health and mental illness can be found at:

<https://www.beyondblue.org.au/>.

A growing body of evidence from overseas and Australia reveals significant disparities in the mental health status of LGBTQIA+ communities and individuals relative to either the general community or heterosexually identifying samples. The most significant findings are:

- Higher rates of anxiety and depression among LGBTQIA+ people
- Higher rates of attempted suicide, suicidal ideation and self-harm, especially among younger people

At Pinnacle, we focus on helping LGBTQIA+ students to overcome challenges arising from their identity. Scholars might have experienced mental illness and/or may be still grappling with its impact. They are very likely to have peers who have been affected by mental illness.

Some mental illnesses are more severe than others, and some will have more noticeable symptoms. In most cases they are manageable, and do not prevent people from living happy and successful lives.

There are many factors associated with the development of mental illness, including:

- Family history. Most illnesses have a genetic component. This means that if a family member has experienced a mental illness, other family members may be at higher risk
- Chemical imbalance. An imbalance of brain chemicals (called neurotransmitters) can cause symptoms of mental illness to develop. Most drugs used to manage mental illnesses try to correct this
- Stressful life events. Stressful experiences such as grief or loss, experiencing violence or a traumatic accident may trigger a mental illness
- Drug use. Research has shown that using drugs may lead to a mental illness. For example, there is evidence of a link between psychosis and the heavy use of cannabis and amphetamines.

### **Physical signs**

- Loss of appetite; increase in appetite; changes in eating habits; unexplained weight loss or gain
- Slowed or staggering walk; poor physical coordination
- Inability to sleep; awake at unusual times; unusual laziness
- Red, watery eyes; pupils larger or smaller than usual; blank stare
- Cold, sweaty palms; shaking hands
- Puffy face, blushing or paleness
- Smell of substance on breath, body or clothes

- Extreme hyperactivity; excessive talkativeness
- Runny nose; hacking cough
- Needle marks on lower arm, leg or bottom of feet
- Nausea, vomiting or excessive sweating
- Tremors or shakes of hands, feet or head.

### **Behavioural signs**

- Change in overall attitude/personality with no other identifiable cause
- Changes in friends, new hangouts, sudden avoidance of old crowd, doesn't want to talk about new friends, friends are known drug users
- Change in activities or hobbies
- Drop in grades at school/university or performance at work; skips classes or is late for classes
- Change in habits at home, loss of interest in family and family activities
- Difficulty in paying attention; forgetfulness
- General lack of motivation, energy, self-esteem, an "I don't care" attitude
- Sudden oversensitivity, temper tantrums, or resentful behaviour
- Moodiness, irritability, paranoia or nervousness
- Silliness or giddiness
- Excessive need for privacy; unreachable
- Secretive or suspicious behaviour
- Chronic dishonesty
- Unexplained need for money, stealing money or items
- Change in personal grooming habits
- Possession of drug paraphernalia.

### **Harm minimisation**

A harm-minimisation approach considers the actual harms associated with the use of a particular drug (rather than just the drug use itself), and how these harms can be minimised or reduced. It recognises that drugs are, and will continue to be, a part of our society.

The best a mentor can do is to share clear information (or know where to find it) with the scholar in a calm, non-imposing and non-judgmental way.

The mentor should never engage in conversation that condones the use of alcohol or other drugs. If the scholar asks their advice about drug use, the mentor can offer it, but based on sound knowledge rather than emotion, or generalising from one experience or story.

A mentor should understand that their friendly and supportive presence in a scholar's life is the strongest protection they can give that scholar.

If a mentor believes their scholar is under the influence of substances, the quality and value of their time together is likely to be diminished. The mentor might be tempted to "talk it through" with the scholar but should be aware that the young person's ability to do that is likely to be compromised. Suggesting, or stating, if need be, that this is not the best time to meet is a sensible alternative.

If the scholar tells you that they have an alcohol or drug problem, the mentor should contact Pinnacle's scholarship & mentoring programs manager for a referral to a drug and alcohol service.

### Suicidal thoughts or actions

If you are concerned that your scholar may be suicidal, the most important thing is to ask them a direct question: Are you having thoughts of suicide? or, Are you thinking about killing yourself? This won't put the idea into their head but will encourage them to talk about their feelings. The scholar's safety is your main concern. All threats of suicide must be taken seriously and require follow up action (see How to Respond below).

Sometimes young people may not tell you they are contemplating suicide although they are more likely to if you ask them a direct question. Some of the key warning signs that indicate a person is suicidal include:

<p><b>Situations</b></p> <ul style="list-style-type: none"> <li>• Relationship problems</li> <li>• Poor academic performance</li> <li>• Trouble with the law</li> <li>• Sexual or physical abuse</li> <li>• Recent suicide of a famous person, friend or family member</li> </ul>	<p><b>Thoughts</b></p> <ul style="list-style-type: none"> <li>• "All my problems will end soon."</li> <li>• "No one can do anything to help me now."</li> <li>• "I just can't take it anymore."</li> <li>• "I wish I were dead."</li> <li>• "Everyone will be better off without me."</li> </ul>
<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Giving away possessions</li> <li>• Withdrawal (family, friends, school)</li> </ul>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Lack of interest/pleasure in all things</li> <li>• Lack of physical energy</li> </ul>

<ul style="list-style-type: none"> <li>• Abuse of alcohol and drugs</li> <li>• Reckless behaviour and impulsivity</li> <li>• Extreme behavioural changes</li> </ul>	<ul style="list-style-type: none"> <li>• Disturbed sleep</li> <li>• Loss of appetite</li> </ul>
<p><b>Feelings</b></p> <ul style="list-style-type: none"> <li>• Desperation</li> <li>• Anger</li> <li>• Worthlessness</li> <li>• Sadness</li> <li>• Hopelessness</li> <li>• Disconnection</li> <li>• Loneliness</li> </ul>	

### How to respond

It will be very distressing to hear that your scholar may be thinking about taking their own life. It is often difficult to know what to say and do, and how to make sure the person is safe.

A mentor must immediately inform Pinnacle's scholarship & mentoring programs manager if they are concerned that a scholar is at risk. This is not a breach of confidentiality as risk of harm to self or others always overrides confidentiality. Care for the individual over-rides other concerns.

You can also encourage your scholar to:

- See a mental health professional. Psychologists, psychiatrists, counsellors and other health professionals are trained to deal with issues relating to suicide, mental illness and well-being. As a mentor your role is to provide general support, but you should never act as a counsellor. [In the event that you or your scholar do not know who the right person is to provide help then please contact Pinnacle's scholarship & mentoring programs manager and they will assist in finding the right help for your scholar.]
- Make a promise or "contract" with you. For example, "I want you to promise me that you won't do anything after I leave you, and I want you to ring me first thing in the morning." Some research shows that even people who intend to do something soon will "contract" and keep their promise
- Set goals that are achievable, even if it is on a day-by-day or hour-by-hour basis, is a great way to stay focused
- Suggest that they write down their feelings by keeping a journal. It can be a great way for your scholar to understand their feelings, situation and alternative solutions to problems
- Encourage regular exercise and good eating and sleeping patterns as this will help them feel better, and stronger to manage difficult things in their life. Suggest they start by doing

something small a couple of times a week (e.g. a 15-minute walk or two or three laps of a pool)

- Avoid alcohol and other drugs. They don't help to solve problems, and they can make young people do things they wouldn't normally.

### Supporting a scholar with mental health difficulties

Someone who has experienced a mental illness is usually able to live a successful, full life, particularly if they are receiving treatment and support to manage their illness.

However, there is often a stigma associated with mental illnesses. Our scholars are generally very open about their mental struggles, nevertheless they may still feel embarrassed. There are some things you may want to do to help your scholar to feel more comfortable about this topic:

- Avoid being judgmental
- Be aware of the stigma. Keeping an open mind may help to create a safe environment for your scholar to open-up and talk about what they are experiencing
- Talk about what they find helpful
- Try asking about what has helped previously when things were tough. By talking openly, you are letting your scholar know you support them
- Respect your scholar's limits
- There may be times when your scholar says they are not able to do something because of their mental health. It is important that you respect this and don't put extra pressure on them
- Encourage interaction with their doctor / psychologist / counsellor when more support is needed.

### Getting help for your scholar

A mentor should inform the scholarship & mentoring programs manager at Pinnacle as soon as possible if they have concerns about a scholar, especially if the scholar could be a danger to themselves or someone else. An appropriate mental health counsellor will be identified, and the scholar should be encouraged to contact the counsellor.

Most universities offer free or low-to-no cost student counselling to students enrolled at that institution. One avenue for support could be gently encouraging your scholar to reach out to student support services at the institution where they are enrolled for a judgment-free conversation with a qualified and trained professional.

### Looking after yourself

Sometimes when we are helping someone else, we forget to look after ourselves. It is important to also take care of your own needs as well as being there for your scholar. Make sure you keep focused on the things that you enjoy, and if you are feeling tired or overwhelmed take some time

out to relax. If at any stage the mentoring relationship feels as though it is impacting your own personal wellbeing, speak with Pinnacle's scholarship & mentoring programs manager about how to manage this. This information will be acknowledged and treated confidentially.

### Common mental illnesses

The most common mental illnesses are mood disorders (depression), anxiety disorders, and substance use disorders. There are also other disorders which may be relevant to your scholar. We know from interviews with applicants for scholarships that depression and anxiety can be a major issue, so the more you know about the subject, the better equipped you are to assist the scholar.

#### **Depression**

Everyone experiences days when they feel sad or down. This is usually a reaction to a sad or difficult experience. When someone feels sad and down nearly every day for at least two weeks they may have depression.

- Common symptoms of depression are:
- An unusually sad mood (key indicator)
- Loss of interest in activities that used to be enjoyable (key indicator)
- Problems with sleep, appetite or energy levels
- Feelings of hopelessness or helplessness
- Lack of energy and tiredness
- Changes in sleeping and eating patterns
- Crying a lot for no reason
- Feeling worthless or feeling guilty for no real reason
- Difficulty concentrating or making decisions
- Moving more slowly
- Becoming agitated or unable to settle.

#### **Bipolar Disorder**

People with bipolar disorder have extreme mood swings. They experience periods of depression, periods of mania and long periods of normal mood in between. Someone with mania will have an elevated mood, little need to sleep, be overconfident and full of energy. It may lead to risky behaviours such as excessive spending, fast driving and sexual disinhibition. In severe cases, someone with bipolar disorder might become psychotic when manic and have grandiose delusions, for example, believing they are a famous person or having extraordinary powers to change the world. Psychotic depression may also occur, and the person will be at high risk of suicide. Any psychosis associated with bipolar disorder usually requires hospital treatment.

## **Anxiety Disorders**

Everyone experiences anxiety at some time and may use terms such as anxious, stressed, nervous, frazzled or worried. An anxiety disorder differs from normal anxiety because it is more severe, it lasts longer, and it interferes with the person's work, other activities or relationships.

Anxiety disorders are the most common mental illnesses. There are five main types of anxiety disorders: generalised anxiety disorder, panic disorder, post- traumatic stress disorder, obsessive compulsive disorder and social phobia.

### **Generalised Anxiety Disorder (GAD)**

The main symptoms of GAD are overwhelming unfounded anxiety or worry that things might go wrong, and that one will be unable to cope. They may worry excessively about their health, family, friends or study when there are no signs of problems. It is accompanied by multiple physical and psychological symptoms of anxiety or tension and lasts most days for at least six months.

### **Panic Disorder**

A person who experiences recurrent panic attacks may have a panic disorder. A panic attack is a sudden onset of intense apprehension, fear or terror. Symptoms may appear like a heart attack, and can include racing heart, sweating, shortness of breath, chest pain and dizziness. Once a person has had a panic attack, they may fear another attack and avoid places where they have experienced a panic attack. This may lead to agoraphobia, where a person avoids any situation where they feel they may have a panic attack and thus find it difficult to leave home.

### **Post-Traumatic Stress Disorder (PTSD)**

Everyone reacts to traumatic events and most people will return to normal life within a month. A person is more likely to develop PTSD if their response to the event involves intense fear, helplessness or horror. A major symptom is re-experiencing the trauma. This may take the form of recurrent dreams of the event, flashbacks or intrusive memories. This can in turn lead to avoidance behaviour, emotional numbing, constant watchfulness, jumpiness, outbursts of rage and/or insomnia. PTSD can last for months or years if not effectively treated.

### **Obsessive Compulsive Disorder (OCD)**

This is the least common anxiety disorder but can be very disabling. Obsessive thoughts are recurrent thoughts and impulses which are intrusive and cause marked anxiety. Compulsive behaviours commonly involve behaviours such as constant cleaning, checking and counting which a person is driven to perform to reduce their anxiety.

### **Social Phobia**

A person with a phobic disorder avoids or restricts activities due to fear. The most common phobia is social phobia, or extreme shyness, where a person fears any situation where they may become embarrassed or humiliated. This may include speaking or eating in public, dating or social events.

A phobia can develop in relation to practically any object or situation. Other common phobias include fear of flying, storms, heights, spiders and blood.

## Psychosis

If someone becomes very confused and appears out of touch with everyone else's perception of the world, they may be experiencing a psychotic episode. Psychosis may be part of various disorders including bipolar (see above), schizophrenia, schizo-affective disorder or drug induced psychosis.

- Common psychotic symptoms can include:
- Delusions or false beliefs such as paranoia
- Hallucinations, usually auditory hallucinations, or
- Thinking difficulties, such as difficulty with memory, concentration and planning.

Other symptoms can include loss of drive, blunted emotions and social withdrawal. Psychotic symptoms can be associated with mood problems.

A drug induced psychosis can occur following use of amphetamines, hallucinogens, alcohol or cannabis. Common symptoms include visual hallucinations, disorientation and memory problems.

## Other conditions

### Attention Deficit Disorder (ADD)

When someone has problems concentrating and staying focused on tasks, they may have an attention deficit disorder. The condition may have started in early childhood. They may be easily distracted, excessively active, or tend to go off into daydreams more than others.

### Eating Disorders

"Eating disorder" is the term used to describe a group of illnesses where someone has a distorted body image and a preoccupation with eating, food and weight. The most common eating disorders are anorexia nervosa (restricted food intake because of extreme fear of obesity), bulimia nervosa (binge-eating followed by purging) and binge eating disorder (out of control eating leading to obesity).

### Self-Harm

Self-harm refers to people deliberately hurting their bodies. It is usually done in secret and on places of the body that may not be seen by others. The most common type of self-harm is cutting, but there are many other types of self-harm including burning or punching the body, picking skin or sores.

### Substance Abuse

Many people with depression or anxiety use drugs and alcohol to try and cope. It is very common, for men to try to mask or block out the symptoms of depression or anxiety by using alcohol or other drugs, which only makes the symptoms worse.

Part Four

# Life Skills and Strategies

## Coming out versus inviting in

Some young people and LGBTQIA+ people of all ages do not necessarily agree nor identify with the emphasis and pressure that can be placed upon them to 'come out'. This is as many of our heterosexual cisgender friends and family do not need to 'come out' as a straight person. In some instances, the more resonant terminology for a young person might be about 'inviting in' about how you experience your sexuality or gender identity. For example, some young people come from backgrounds or experiences in which it may never be safe for them to 'come out' and as such they may have a select few individuals in their life who they have 'invited in' to how they experience their sexuality or gender identity. This is a valid approach. We appreciate some people have unique safety concerns, often around the intersections of culture, religion and the important need for confidentiality with respect to their gender identity / sexuality.

"Coming out" refers to the process of LGBTQIA+ individuals letting one's sexuality or gender identity be known both privately and publicly. The narrative of "inviting in" challenges the concept of "coming out." "Inviting in" gives LGBTQIA+ individuals the power and choice to choose who they want to share their sexuality or gender identity with. This narrative removes the overwhelming connotations of "coming out" and supports the idea that sexuality and gender identity are yours to share when you'd like to.

The following might be relevant to someone going through the process of "coming out". As an LGBTQIA+ person, we understand the act of "coming out" is often a difficult one. Because of homophobia, biphobia, transphobia and inter(sex)phobia, LGBTQIA+ individuals often experience fear and trepidation about telling others of their sexual or gender identity or sexual characteristics. "Coming out" often takes place over a long period of time, and some LGBTQIA+ people never actually share their true identity. This constant pressure to decide on disclosure can be challenging for many LGBTQIA+ people.

What follows is a model for people who are exploring their same sex attraction and may also be considered as part of a person's exploration of their identity.

### **Stage 1 - Sensitisation**

The person, often at a very early age, experiences feelings of being different from others.

### **Stage 2 – Identity confusion**

The person feels in turmoil and uncertain about their sexual identity. This often occurs in adolescence though, as with all the stages, it could occur earlier or later. They begin to think they are probably not heterosexual - this stage can last anywhere from a month to the rest of the person's life. They may develop problems of guilt, secrecy, self-hatred, and isolation because of homophobia and stigmatisation that is being internalised.

### **Stage 3 – Identity assumption**

This may occur in adolescence or later. The person begins to define and understand themselves and their sexual identity, and begins to accept this, especially as they begin to find and interact with other like persons. The person begins to find ways to cope with being an "other" in society.

### **Stage 4 - Commitment**

The person begins to feel comfortable with who they are and begins to act on relationships, disclosing their identity to other persons, and living a more complete and honest life despite the pressures of society. The person is probably willing to acknowledge their sexual identity to persons who ask and who offer some safety. Some become involved in educating other people to help eliminate discrimination and stigmatisation.

### **Stage 5 - Identity pride**

The person has developed a sense of internalised pride and accepted that the sexuality or gender identity that they have is not a limitation or inhibition, but something to be proud about. It may involve a level of seeking out more community connections and finding sub-cultures within the broader LGBTQIA+ community that provide a sense of belonging.

### **Stage 6- Identity synthesis**

The person integrates their sexual identity with all other aspects of self, and sexual orientation becomes only one aspect of self rather than the entire identity.

This model is not without criticism and is somewhat dated but has very real meaning and application in the lives of many scholars. If you wish to discuss this further, please contact Pinnacle's scholarship & mentoring programs manager.

## **Self esteem**

People's thoughts and feelings about themselves fluctuate depending on daily experiences, such as how others treat them, and what happens on campus or at work. These factors all temporarily affect our well-being and may result in a range of feelings from anger to joy and from frustration to elation.

Self-esteem goes beyond situational "ups and downs". Good self-esteem mitigates the daily fluctuations in our well-being. For people with poor or low self-esteem these ups and downs can make all the difference in the world.

Self-esteem develops and evolves throughout life as we build an image of ourselves through our experiences and relationships. Childhood experiences play a crucial role in shaping self-esteem. Successes and failures, and how young people are treated by family, teachers, peers and others, all contribute to people's evolving self-esteem.

Low self-esteem can be very damaging and can have negative consequences, such as:

- Anxiety, stress, loneliness and increased likelihood of depression
- Problems with friends and relationships
- Impaired academic and job performance
- Under-achievement and increased vulnerability to drug and alcohol misuse
- A downward spiral of lower self-esteem, and non-productive or self-destructive behaviour

- Becoming withdrawn or disengaged from people trying to assist or encourage them.

### **Strategies for building your scholar's self-esteem**

- Avoid references to "shoulds". Concentrate on advocating for doing what is possible and what feels right instead of paying attention to the "shoulds" of others
- Respect your scholar's personal needs. Self-care is about identifying longer-term fulfilment, not just immediate gratification. By respecting personal needs, individuals can increase self-worth and well-being
- Assist in the setting achievable goals and working step by step to get there
- Encourage your scholar to engage in positive self-talk and to try to stay positive and not allow the "inner critic" to take over. Telling them they are ok and can succeed can be very powerful
- Suggest to your scholar that they can experience success by doing things that stretch but don't overwhelm their abilities
- Take chances. New experiences are learning experiences and mistakes are part of the process. Encourage your scholar to feel good about trying something new
- Solve problems. Address rather than avoid problems your scholar may be experiencing. Identify ways to solve or cope with challenges with them
- Make decisions. Practise making decisions with them and encourage your scholar to trust in their ability to deal with the consequences
- Develop skills. Identify what your scholar can and can't do. Assess the skills they need
- Emphasise their strengths. Focus on what your scholar can do, rather than what they cannot. Encourage them to live comfortably with limitations and consider what strengths to develop next
- Help them to rely on their own opinion. Listen to feedback from others, but do not rely on it. Encourage them to apply their own values to making decisions about what is right for them.

### **Resilience**

Resilience is another strength that needs to be fostered by mentors. Someone explained resilience as being "the happy knack of being able to bungy jump through the pitfalls of life."

Again, for LGBTQIA+ young people, maintaining their ability to bounce back is even harder, and as mentors, we need to build this capability.

Protective (or resilience) factors are key to young people being able to navigate through life's challenges. Access to protective factors can lessen the impact of risk factors in a person's life. Protective factors are like a safety net which prevents young people from falling hard.

### **Strategies to build your scholar's resilience**

- Help your scholar to set realistic goals and take small steps to achieve them
- Be a positive person and reinforce their sense of success and efficacy
- Encourage your scholar to identify and spend more time with optimistic people, for example, with people who do positive things like playing sport, joining environmental groups and similar
- Help them recognise the good things around them
- Admit that sometimes there are things you can't do yet but which show that you still try
- Encourage and join them in exercising, learning new skills and being active
- Role model how you accept your mistakes and apologise when it is appropriate
- Take time to reflect on and celebrate even small achievements
- Try new things together and keep an open mind.

### **Communication**

In our everyday social encounters, we communicate verbally and non-verbally.

Verbal communication transmits the content of messages. 20 per cent of communication is expressed via the spoken word. The remainder comes through non-verbal communication, including pitch, speed, tone and volume of voice, gestures and facial expressions, body posture, stance, and proximity to the listener, eye movements and contact, and dress and appearance.

As a mentor it is critical that your communication skills are well honed to pick up vital indicators of what your scholar is thinking about, even if they do not express their thoughts to you.

It is also important to clarify and use your scholar's preferred name and pronouns.

### **Verbal communication**

Before considering non-verbal communication consider the following process that we undertake when we verbally communicate with another person:

- Idea. A speaker has an idea. There is a piece of information they want to get across, such as what happened on a TV program, or what they think of such and such
- Encoding. They must then encode the message. That is, they must choose how they will get the message across – which words they will use
- Message transmitted. They then send the message – saying or demonstrating what they've planned
- Decoding. The listener then interprets the words, body language, facial expressions, voice, and so on that make up the message

- Message decoded. The listener understands the message in a certain way and may then provide feedback to the speaker about what has been heard.
- Successful verbal communication doesn't always happen. Sometimes the receiver of the message interprets/decodes it inaccurately. When this happens, the sender of the message has been misunderstood, and communication has broken down.

### **Non-verbal communication**

How we use our bodies plays a big role in communicating our attitudes and feelings.

Our pitch, speed, tone and volume of voice, gestures and facial expressions, body posture, stance, and proximity to the listener, eye movements and contact, and dress and appearance are all very important to getting your communication right.

These non-verbal behaviours may not always read in the same way due to cultural or other reasons. For example, Indigenous young people might not use eye contact as it is a cultural sign of disrespect. Also, young people who have a disability in the autism spectrum will often find eye contact difficult.

Here are some insights which may help you:

- Openness is shown by facing a person
- A relaxed posture conveys receptivity, however, being too relaxed (slouching) can suggest lack of interest
- Leaning too far forward or sitting too close can be an invasion of someone's personal space and conveys aggression or dominance
- Excessive fidgeting may indicate nervousness, impatience, or boredom
- Eye contact signals that the listener is interested and really listening
- Infrequent eye contact can be interpreted as boredom or lack of interest, but could also indicate shame, unfriendliness or guilt
- Too much eye contact can make the other person feel uncomfortable and could be interpreted as aggression or dominance
- Physical appearance – clothes, hair style, attention to fashion – can offer cues about role, status and power
- Head nods are messages that a person is paying attention, but do not necessarily signify that they agree with everything being said.

### **Active listening**

Listening is the mentor's greatest tool for developing relationships. Being listened to makes the scholar feel valued, important and respected.

Active listeners:

- Suspend judgement and criticism
- Don't interrupt
- Respect the speaker's viewpoint and value system
- Resist distractions
- Let the speaker know if they are inaudible, ambiguous or incongruent
- Are open and deal with any negative emotions they might be hearing.

So, when communicating with your scholar:

- Clear your mind of unnecessary thoughts and distractions
- Make (culturally appropriate) eye contact
- Check your body language
- Pay attention to the scholar's facial expressions, gestures and body language
- Read between the lines for implicit feelings
- Ask open-ended questions that provoke conversation
- Paraphrase what you think they've said
- Clarify what you don't understand
- Put yourself in the scholar's place and get their perspective
- Put aside preconceived ideas and pass no judgments
- Nod your head and say things like, "I see".

Mentors sometimes wonder if they're listening and responding effectively. If a scholar talks with their mentor about personal issues, shares their joys and woes, and occasionally their feelings, a mentor will know they are being understanding and helpful.

Just as there is effective listening, there is also ineffective listening. There are many causes of ineffective listening, including:

- Environmental limits, such as places that are noisy, cold, badly lit, poorly ventilated or badly arranged, and have constant distractions like mobile phones or television
- Language or cultural limits such as multiple or ambiguous meanings of words, poor command of vocabulary due to age, education, jargon, slang, dialect, or English being a second language

- Being critical or making moral judgments puts the other person on guard and usually reduces their willingness to share and be honest
- "Should-ing", telling the other person what they should do, is extremely judgmental behaviour. It is guaranteed to create distance
- Put-downs and patronising statements that ridicule or shame the other person. They are likely to be countered by aggression at one extreme and withdrawal at the other
- Explaining something away, looking for causes and excuses. Interpreting or intellectualising are talking about the experience rather than experiencing it
- Interruption that shows an unwillingness to listen, being more concerned with dominating or impressing the other person than achieving understanding
- Generalising, using "people", "we", "you" or "one" instead of "I", impersonalises the conversation and avoids responsibility for the view expressed
- "Always-ing", using always, is a sure sign that a sweeping generalisation is on the way and discussion is almost impossible
- Using clichés, using those tired and worn-out phrases like "better late than never" and "can't see the wood for the trees", results in little value or significance
- Asking pseudo-questions. These are questions that attempt to manipulate, influence or control, such as "Would you agree that ...?", rather than questions that elicit information or opinion
- Shifting to move the focus away from oneself and introducing red herrings to divert the discussion and avoid dealing with anything uncomfortable.

### Anger management

As a mentor you need to make sure you understand the issue and how to handle it.

We may feel angry when:

- We feel our rights have possibly been violated
- We feel we are threatened with loss
- We feel we are powerless and not respected.

Many people, including young people, are angry because they feel used or pushed around. Anger has a real purpose in our lives but needs to be managed, not ignored.

When you experience anger, your body goes into a fight-or-flight response; that is, you want to attack or run away.

Anger can be expressed through passive, aggressive, and assertive behaviour.

**Passive behaviour**

Some people escape by being passive. They ignore their rights or allow others to violate them. They don't express their needs, feeling and ideas. They allow others to choose or make decisions for them. Many people become resentful or angry with themselves.

Passive behaviour reduces self-esteem and is less likely to earn the respect of others. It may invite others to exploit or bully the person who is displaying passive behaviour.

**Aggressive behaviour**

Aggressive behaviour can be triggered by extreme anger or anxiety. A person may be standing up for their rights, but in doing so they attack others, violate others' rights, or force decisions on them.

Following aggressive behaviour, a person may experience guilt about dominating or humiliating another person, and the aggressor's self-respect diminishes. Constant aggressive behaviour leads to ineffective relationships.

**Assertive behaviour**

Assertive people stand up for their rights without attacking or violating others' rights. They make choices and decisions and give others the same right. Healthy self-assertion does not mean forcing opinions or decisions on others, or vice versa. Having been assertive, people feel calmer and their self-respect and confidence grow.

**Managing difficult behaviour**

Sometimes mentors have to manage anger – their own and that of the scholar. It can be self-directed or expressed towards a particular person or the world in general.

**Responding to difficult behaviour**

In inflamed and emotive situations, how things are perceived may be temporarily distorted because thoughts are highly charged. In these situations, it is useful to take a deep breath and try to stay calm so that problems can be addressed in a way that protects the relationship.

Using a calm tone of voice and just being "ordinary" can help relax people. "Let's go get a coffee and talk about this."

A calm, assertive statement about listening and trying to find an answer to the problem is a good way to go. "Tell me what the problem is. Maybe together we can find a solution."

Try not to take the anger personally (even if it is personal) and stick with "I-messages" and low-key language. Mentors are encouraged to keep the focus on the issue and not be side tracked. Try not to change your scholar's mind by arguing or debating – a person who is angry is less likely to respond to logic or reason.

If at any stage mentors/scholars feel unsafe, they should remove themselves from the situation immediately and speak with Pinnacle's scholarship & mentoring programs manager.

### **Making things worse**

The following actions may have a negative impact on the scholar / mentor relationship:

- Criticising or insulting the scholar with "you-messages". "You're being really silly about this."
- Trying to make them feel guilty. "You're not the only person who has rights here."
- Insisting on the supremacy of logical argument. "Don't you realise that ...?"
- Interrogation. "Did that really happen? Are you sure?"
- Empty reassurance. "I'm sure it's not as bad as you think."
- Inappropriate humour. "Guess who got out of the bed on the wrong side!"

### **Additional tactics**

- An angry person usually needs and benefits from more personal space
- Body language needs to match verbal language. A relaxed stance says the mentor is listening and is calm
- Eye contact shows interest and attention but staring can increase anxiety
- The ability to not take on other people's issues enables mentors to step back from difficult behaviour. It allows them to see the behaviour for what it really is, while assisting the other person to understand their own behaviour
- The scholar may be exploring their values and might experience some conflict while sorting this out. An important way the mentor can assist is to negotiate with the scholar about how they will treat each other, and to keep consistent expectations about behaviour within the mentoring relationship.

In summary, scholars need to know that there are:

- Clear and fair expectations
- Definite limits about acceptable behaviour
- Consequences for inappropriate behaviours
- Sometimes disagreements within relationships that provide opportunities for understanding and honest reflection.

## Managing conflict

Conflict is usually about values, beliefs and needs and may occur when people have opposing interests or opinions. Behaviours resulting from conflict may include arguments, fights or disagreements that may be verbal or physical. While there are benefits in managing conflict, to be clear, the Foundation will not tolerate mentors/scholars acting in an inappropriate or abusive manner towards the other.

Formal conflict resolution is a skill for trained counsellors, but everyone can learn to manage conflict by practising a few personal skills.

Advantages of conflict:

- It brings about change
- It presents an opportunity to learn
- It encourages a person to do better
- It helps people to see and understand differences
- It helps people to become more flexible
- It clears the air and helps people to move on.

Disadvantages of conflict:

- People can become hurt and angry
- People can become confused
- It can be scary
- It can stop people taking risks.

### **A possible formula for mentors to manage conflict**

Step 1: Treat the person with respect.

- Address the behaviour, not the person
- Use appropriate language. Don't swear
- Don't dismiss their concerns.

Step 2: Listen until you experience the other side

- The goal is to understand the other person's thoughts and ideas
- Understand content. What meaning do you think it has for them?

- What feelings do you think they are experiencing?

Step 3: State your feelings, needs and views briefly

- State your point of view
- Avoid loaded questions
- Say what you mean and mean what you say
- Disclose your feelings.

Step 4: Move on to problem solving if required.

### Problem solving

Some scholars may have yet to fully develop their problem-solving skills. Mentors can use the following model to solve problems with scholars and to help them to improve their problem-solving skills:

Define the problem: Begin with wants. What does the scholar want? If it is a big problem, it may need to be broken down into sub-problems that can be looked at one at a time

Brainstorm possible solutions: Come up with as many solutions as possible, without criticism or evaluation of the suggestions. To relieve tension, a mentor might throw in some deliberately silly solutions, if they feel the scholar would be comfortable with this

Evaluate the possibilities: Go down the list of solutions, noting the pros and cons and the probable consequences of each one. Write them down if it helps

Select the solution: Explore whether one solution emerges as the best option. Does one clearly have more pros?

### Cultural considerations

There are many issues concerning culture to be mindful of when working with young people. All individuals have differences. Life gives useful clues about an individual family or community, and all individuals, families and communities are different.

Culture is:

How we meet • Metaphors we use • Our humour • The clothes we wear • Our stories • Our rituals • Our use of space • The food we eat • How we greet strangers • How we communicate • Our gender roles • How we view time • How mistakes are dealt with • Our celebrations • Our heroines and heroes • How we learn • How we view hurdles • Our religion • How we understand family • How we approach new problems • How we view authority • Our status symbols • Our use of eye contact • Our values • The language we speak • Our worldview • Our music, and many more...

While we try to match the cultural background of our scholars and mentors this is not always possible. Key points to consider when communicating with scholars with ethnic or Indigenous backgrounds are:

Do:

- Listen attentively
- Explain technical terms
- Demonstrate an interest in the cultural background of the scholar by asking questions about their heritage
- Recognise the influence of culture on communication styles and meanings, for example, the degree of directness or indirectness, formality and informality, non-verbal/body language.

It would be incredibly boring if we were all the same. So, while understanding culture:

Don't:

- Shout, mumble or speak really slowly
- Show impatience
- Replicate the scholar's accent
- Use technical terms, abbreviations, slang or jargon.

# THE P/NNACLE FOUNDATION

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