

Back-to-School Playbook

Evidenced-Based Strategies for Helping Neurodiverse Kids and Teens Succeed

Introductions



Laura Rowley, PhD

- Program Director of Assessment and Testing
- Specializes in assessing ADHD And Autism in children and adults
- Conducts parenting interventions

Nicholas Schollars, PsyD

- Assessment & Testing Team Member
- Specializes in assessing ADHD and Specific Learning Disability
- Experience working in schools to develop educational plans



Why focus on Neurodiversity?

- Individuals with ADHD and/or autism have differences in executive functioning and socioemotional skills that affect school functioning
- Neurodivergent students are at increased vulnerability to environmental stressors
- Neurotypical students also have shown cognitive and emotional effects from COVID-19 pandemic that require support

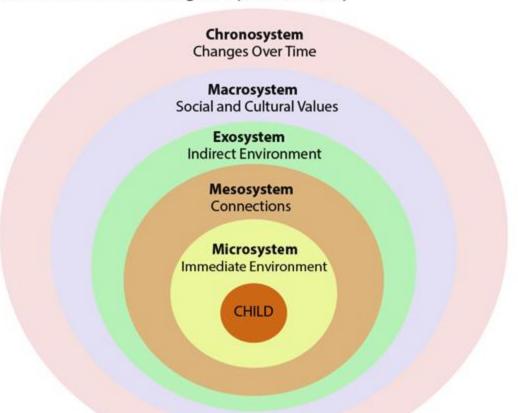
slido



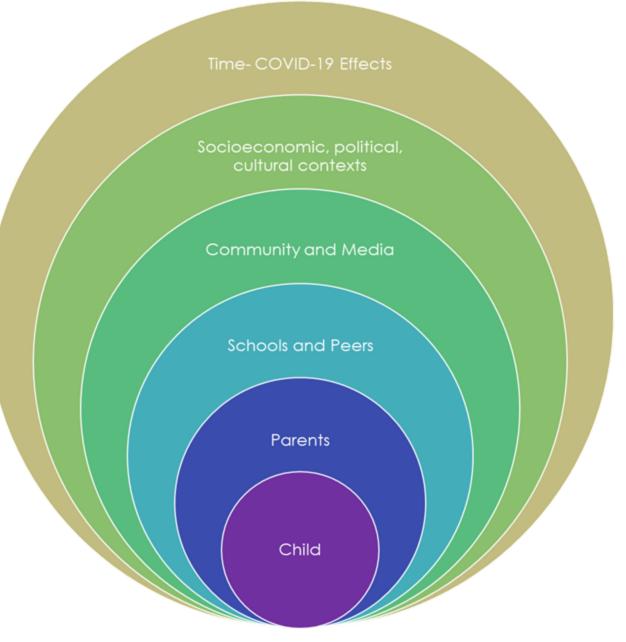
What are you hoping to learn here today?



Bronfenbrenner's Ecological Systems Theory







Definitions-Diagnostic Criteria

Attention Deficit Hyperactivity Disorder

- inattention to details
- difficulties with sustained attention
- problems following through on tasks
- not listening
- avoiding tasks with sustained effort
- fidgeting and restlessness
- interrupting others
- always "on the go"
- excessive talking

Autism Spectrum Disorder

- difficulties with social reciprocity such as back and forth conversation and sharing emotions
- poorly integrated verbal and nonverbal communication and inconsistent eye contact
- problems maintaining relationships
- repetitive movements
- inflexibility
- fixated interests
- sensory-seeking behaviors

Diagnostic and Statistical Manual of Mental Disorders, 5th Ed.



Attention Deficit Hyperactivity Disorder

- creativity
- taking in a lot of information at once
- jumping in to new experiences
- sense of humor
- hyperfocus
- energetic
- spontaneous

Autism Spectrum Disorder

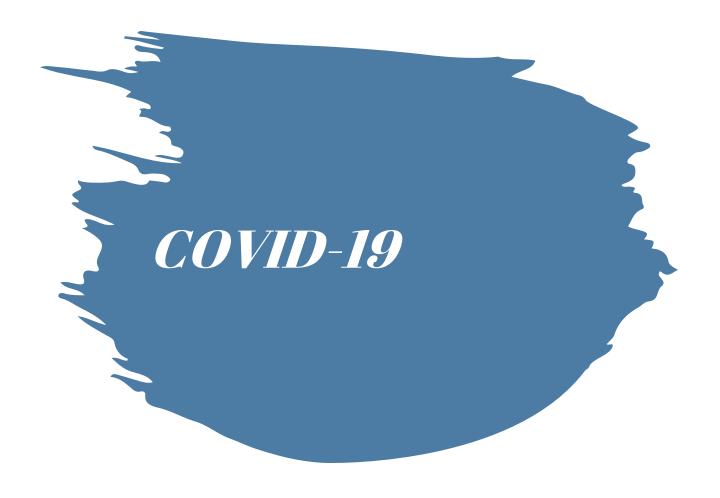
- talks passionately about interests
- noticing details
- developing routines and systems
- researching deeply about topics
- noticing and mimicking other people's behavior
- memorizing information
- Logical thinking
- Visual-Spatial skills
- Hyperfocus

Angonoff; Boot el al, 2017Meilleur et al 2015

slido



What differences have you noticed for students pre- vs. post-COVID-19?



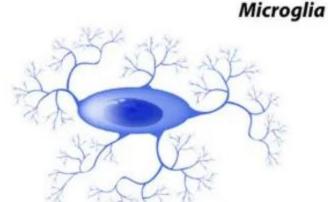


- COVID-19 influence on students can be viewed through two types of long-term effects
 - Biological changes due to contracting the disease
 - Residuals of experiencing environmental stress

COVID-19 Neurological Effects

COVID-19 can affect microglial development in a way that is similar to rubella or the flu (da Silva Chagas et al., 2021)

- Microglia originate from the same origins as white blood cells (Rogers, 2019)
- In child development, microglia
 play a major role in synaptic
 pruning (Wake, Moorehouse, & Nabekura, 2011)
- While children have historically been more resistant to respiratory symptoms in COVID-19, v are still unsure how COVID-19 will affect their brains in the long term.



COVID-19 Neurological Effects

- At a base level, COVID-19 could be a risk factor for all people who are in a process of neurological development
 - · Even more true for individuals with comorbid medical diagnoses
- Neurodivergent children are more likely to have comorbid medical diagnoses
- Neurodivergent kids are at higher risk for having their brain development affected by the COVID-19 virus—even in the absence of hospitalization, intubation, or serious symptoms.

Muskens, Velders, & Staal, 2017

COVID-19 Psychosocial Effects

In all cases of microglial disruption (whether by COVID-19 or other factors), some common obstacles can arise:

- Disrupted phonological processing
- Disrupted vocabulary development
- Emotional dysregulation and anxiety

Kolb & Gibb, 2011; Shigemori, Sakai, Tamkumi, Itoh, Suzuki, 2015

COVID-19 Psychosocial Effects

- Neurodivergent kids experienced more COVID-19 related anxiety than neurotypical kids
- Stress related behaviors included meltdowns, behavioral regress, and difficulty returning to school
- School closures also contributed to losses in educational milestones
- Effects are compounded for families that were lessresourced

Engzell, Frey, & Verhagen, 2022; Sideropoulos et al., 2022

Returning to School After COVID-19

This is likely where teachers and students will intersect for the first time since COVID-19 school closures, and with several challenges

- Reimplementation of routines that were severed at school closure
- Routines may now require behaviors that were not relevant prior to COVID-19 (e.g. social distancing or wearing masks)
- Developmental and educational expectations may have increased now that the children are older and more educated
 - For example, kids who were in 8th grade when COVID started are now entering their junior year of high school.

Returning to School After COVID-19

UNC School of Education School of Education introduced helpful programming for supporting neurodivergent kids in uncertain times:

- Seven Strategies for Emotional Support
- Six Strategies for Returning to School

UNC Frank Porter Graham Child Development Institute Autism Team, 2021



Seven Strategies for Emotional Support

Understanding
 Support understanding
 Offer opportunities for expression
 Skills
 Prioritize coping and calming skills
 Maintain
 Maintain routines
 Build
 Build new routines

Foster connections

Be aware of changing behaviors

Connections

Awareness



Six Strategies for Returning to School

Schedule

Physical Structuring of the **Environment**

Provision of a social narrative for why they are doing the task

Video Modeling

Signs or Cards

Reinforcement



Interdisciplinary Team

Child

Parents

School- teachers, school counselors, administrators

Occupational therapist

Pediatricians

Mental health Specialiststherapists, psychiatrists, psychologists

Federal Law for Accessibility

Individualized Education Plan (I.E.P.)

- Individuals with Disabilities Education Act (IDEA)
- Provides support, accommodations, and specialized instruction
- Includes specific goals based on present levels of academic achievement and functional performance
- Services provided in Least Restrictive Environment
- Used in grades K-12

Section 504 Plan

- Section 504 of the Rehabilitation Act ensuring an individual cannot be discriminated against due to disability
- Provides support and accommodations
- Used in K-12 and college

\(\foralle{\cappa}\) IEP Classifications

- Autism
- Deaf-blindness
- Deafness
- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities

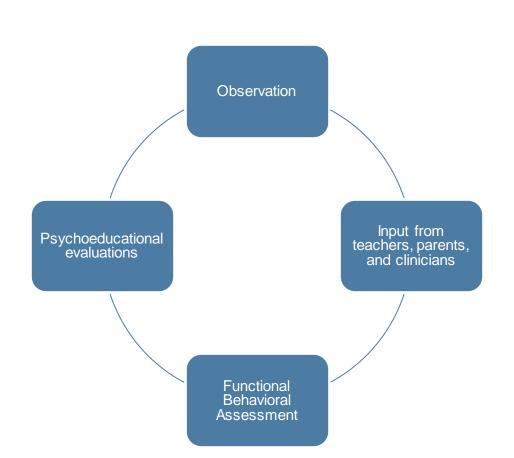
- Orthopedic Impairment
- Other Health Impairment (OHI)
- Specific Learning Disability (SLD)
- Speech or Language Impairment (SLI)
- Traumatic Brain Injury (TBI
- Visual Impairment (VI)

TEP Classifications

- Autism
- Deaf-blindness
- Deafness
- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities

- Orthopedic Impairment
- Other Health Impairment (OHI)
- Specific Learning Disability (SLD)
- Speech or Language Impairment (SLI)
- Traumatic Brain Injury (TBI
- Visual Impairment (VI)

Assessment





Princtional Behavioral Assessment

- Define the behavior in objective terms
 - Instead of stating "student is defiant" clarify "the student does not complete math worksheets when asked"
- Identify context
 - When is the behavior happening and not happening? What happens right before and right after?
- Determine the function
 - Is the student avoiding something? Eliciting support?
- Identify the need
 - "Student avoids math worksheets because they struggle to show their work"

Gresham et. al, 2019

Psychoeducational Evaluation

- Formal testing with standardized measures of cognitive abilities, academic achievement, executive function, etc.
- Standardized report measures from parent and teachers
- Integration of data to formulate diagnosis and strengths/weaknesses

Why Evaluation is Important

Allows us to understand where child's abilities are currently Helps to set appropriate expectations for behavior change Diagnosis provides directions to start with targeting intervention

The same outward behavior can have multiple possible causes

Neurodiversity in ASFAB individuals

- Less repetitive behaviors or restrictive interests
- Special interests may be socially acceptable
- •Impairment in relationships are qualitative, rather than a complete lack of forming friendships
- Deficits don't often show up until later childhood or adolescence
- Stronger verbal abilities



Hendrix, 2015; Leedham et al., 2020; Nichols, 2009; Wilson et. Al, 2016

This can look like...

- •Having friendships in childhood and not keeping up with demands of complex relationships in adolescence
- Not recognizing signs of relational aggression or not being aware of when others are taking advantage
- Appearing immature for their age and fears of growing up
- Watching on the sidelines, copying and practicing, expending a significant effort on appearing "normal"
- Sensory overload leading to intense emotions, being called "dramatic" or "emotional"
- Issues with gender and not connecting with traditional gender roles
- •Intense interest in animals, TV shows, celebrities, fashion, fantasy novels

BIPOC individuals

- Prevalence rates occur similarly across racial and ethnic groups
- BIPOC children, esp. black and Hispanic, more likely to be misdiagnosed with conduct disorders
- Even when diagnosed, less likely to receive services



Becerra et al., 2014; Imm, White, & Durkin, 2019; Madell, et al., 2009

\langle

Community Stigma and Provider Bias

- Mistrust of systems
 - Not necessarily unwarranted by research on provider bias
 - Medication providers more likely to prescribe stronger drugs like antipsychotics
- Problems aren't seen as requiring formal intervention
- "Frog Pond" Effect- children are identified by comparing to their context

Hibel, et al., 2010



Childhood Age (6 to 12) Milestones

- Sitting still and sustained focus to build reading comprehension
- Checking work to complete math calculations
- Perspective taking and inhibiting impulses to have positive relationships with peers and teachers
- Complete multi-step instructions for daily routines and homework
- Observation and repetition to build organizational skills

Rogers & Pesantez, 2021

Adolescence (13 to 17) milestones

- Organizational skills and systems to navigate complex schedules
- Prioritizing goals and estimate time accurately to meet deadlines for projects
- Self-motivation and self-regulation to support long-term goals over short-term gratification
- Metacognition-reflecting on thinking processes and effects of behaviors on others
- Self-advocate for accommodations and support for emotional issues

Young adulthood milestones

- Communicate needs effectively
- Manage obligations independently
- take responsibility for daily self-care, including meals, medications, sleep schedules
- Building reminder and scheduling systems
- Harnessing focus and attention where they are needed
- Mastering emotional regulation



Specific

Measurable

Achievable

Relevant

Time-Bound

Doran et al., 1981

Communication Goals

- The student will take four back-and-forth turns in conversation with another individual on four out of five opportunities
- The student will be able to relate five events that took place that day on four out of five opportunities.
- The student will ask for help from teachers and peers on four out of five opportunities.
- The student will be able to describe the meaning of eight non-verbal communication behaviors, such as turning away, frowning, smiling, crossing the arms, and raising the voice, one four out of five opportunities.
- The student will be able to suggest three or more different ways to start a conversation or interaction with another individual on four out of five opportunities.

National Association of Special Education Teachers

Social Skills Goals

- The student will identify his or her own emotional state on four out of five opportunities.
- The student will be able to describe the reason for three social behaviors, such as using appropriate table manners, saying "excuse me," saying "please," and others, on four out of five opportunities.
- The student will identify when another child is displaying an emotional state, such as happiness, sadness, anger, etc., on four out of five opportunities.
- The student will not interrupt other speakers on four out of five opportunities.

National Association of Special Education Teachers

Behavior Goals

- The student will follow a three-step direction on four out of five opportunities.
- The student will accept a change in the normal daily routine 70% of the time.
- The student will follow the rules in the classroom 80% of the time.
- The student will behave appropriately outside the classroom (in hallways, the lunchroom, before and after school, etc) 80% of the time.
- The student will identify when he or she needs to take a break and will independently request a break on four out of five opportunities.

Occupational Therapy Goals

- The student will identify objects or situations that cause sensory discomfort and communicate that discomfort to an adult 80% of the time.
- The student will be able to write letters, numbers, and symbols with a pen or pencil on four out of five opportunities.
- The student will be able to request a sensory break when needed 80% of the time.
- The student will be able to write legibly 80% of the time.
- The student will be able to follow a set schedule and navigate the school building 80% of the time

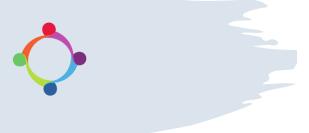
National Association of Special Education Teachers

Accommodation Examples

- Safe space for regulation
- Break card for leaving the classroom
- Modifying length of assignments or workload
- Peer modeling
- Daily visual reinforcement program
- Social stories

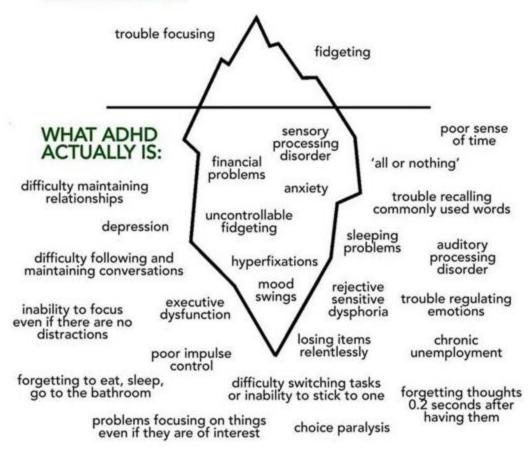
National Association of Special Education Teachers





THE ADHD ICEBERG

WHAT PEOPLE THINK ADHD IS:









Deficits in self-regulation underlie ADHD and autism Children develop self-regulation in relationships

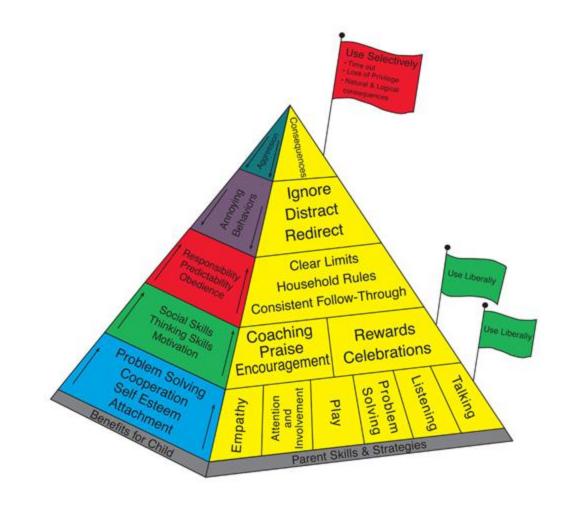
Intervention must be based in relationships

Evidence-Based Intervention

- Most support parent training/behavioral training methods
- Some support for Cognitive Behavioral Therapy and Acceptance and Commitment Therapy
- Positive effects include:
 - reduction of inattentive/hyperactive symptoms
 - decreased irritability
 - decreased emotional lability
 - improved social adjustment
 - decreased antisocial behavior

Vacher et al., 2020





Parenting Pyramid®



PRIDE Skills for parents and teachers

Praise behaviors to increase them
Reflect talk to show understanding
Imitate to provide opportunities for child lead
Verbally describe to build sustained attention
Show excitement to foster positive feelings

\(\forall \) Labeled Praise for all ages

Nice work taking turns with your sister

Thank you for using your words to tell me what you need
You're doing well concentrating on your homework

Thank you for doing the dishes right after dinner
You thought through your options very carefully

Thank you for asking before leaving

Selective Attention

Negative attention (like yelling or punishing) is still attention!

Neurodivergent kids like stimulation- getting an emotional reaction from parents is interesting Ignore minor/irritating behaviors

Reingage right away when behaviors are appropriate or when inappropriate beahvior stops

Giving Effective Commands

Be specific- not just "behave" or "listen"
Focus on what to do rather than what not to do
ensure its developmentally appropriate
individual instead of compound
Provide a reason
Neutral tone of voice
praise after compliance

Reinforcement- not a bribe

Neurodivergent kids and teens often need support in building internal motivation for nonpreffered tasks
Reinforcement connects a nonpreffered task to something they want

Over time, success in maintaining behaviors builds their self-efficacy and motivation to continue

Selecting reinforcements

Talk with children and teens- what do they want? initially reinforcements should be small and frequent As skills are consistent, increase expectations before reinforcement

Give opportunities for earning larger rewards

Pair ALL reinforcement with labeled praise/positive attention



Older kids and teens especially need to feel their perspective is understood Separate emotions from behaviors Validation does not equal agreement

Rathaus & Miller 2015

Steps of Validation

- 1. pay attention
- 2. reflect words back
- 3. voice what's not being said- nonverbals
- 4. look for how the person's emotions make sense given their past experiences
- 5. acknowledge how their emotions fit the situation
- 6. be genuine

Shifting Common Commuincation Habits

- Call each other names. > Express anger without hurt.
- Put each other down. > Say, "I am angry that you did..."
- Interrupt each other. > Take turns; keep it short.
- Criticize too much. > Point out the good and bad.
- Get defensive. > Listen, then calmly disagree.
- Lecture. > Tell it straight and short.
- Talk in sarcastic tone. > Talk in normal tone.
- Dredge up the past. > Stick to the present.
- Read others' minds. > Ask others' opinions.
- Command, order. > Request nicely.
- Give the silent treatment. > Say what's bothering you.
- Make light of something. > Take it seriously.

Robin et al., 2002



Families have different parenting styles and parent-child relationship expectations

Many evidence-based parenting interventions can lack cultural sensitivity

Aligning on shared values can

create goals that they buy into

increase trust

Values vs. Goals

In a journey, values are like the compass keeping us in a desired direction and goals are the destinations

The same value can have multiple behaviors that would fit Examples include:

- Responsibility
- Independence
- Learning

slido



What are some shared values among parents?

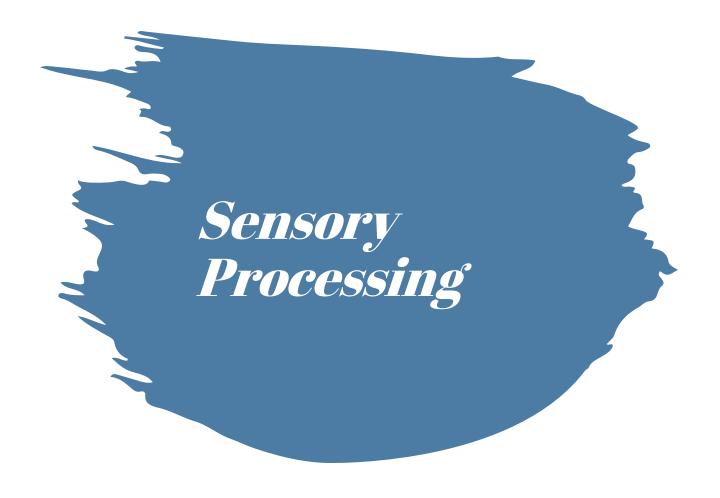
Values between parents and teens

- Parents and teens can often disagree, but may have shared values
- Example- parents want their teen to get good grades but the teen want to focus on their relationships
 - teen focuses on relationships to have a sense of belonging and feels support
 - parents want teen to be able to go to have opportunities for success
 - college would be a good way to have a sense of belonging and increase social relationships AND provides opportunities

Parent-Teacher Collaboration

- Conversation starters
- "I am concerned about..."
- "Do you have any suggestions about..."
- "I've noticed [child] responds to..."
- "How do you implement [accommodation] in the classroom?"

ADDitude



Understimulation

Neurodiverse individuals need sensory input to stay focused and alert
Misbehavior may reflect a need for more sensory input

- Proprioceptive- pressure
- Vestibular- swinging, rocking
- Tactile- fidget tools
- Auditory- listen to music
- Visual- light and moving objects
- Smell/taste- chewing gum, snacks, scented markers

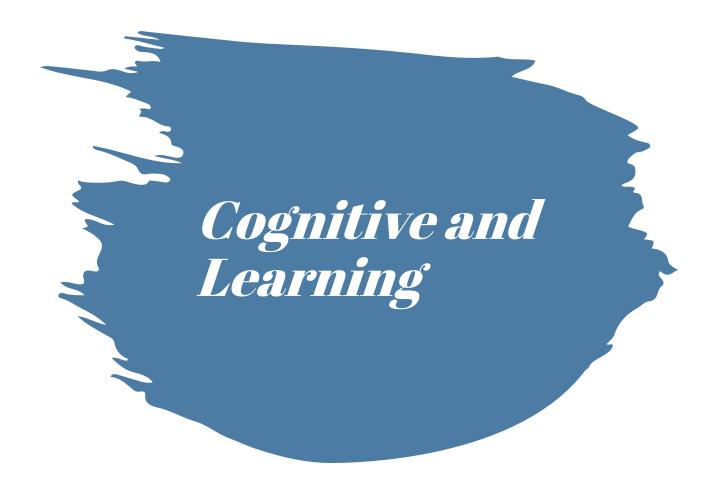
Overstimulation

- Neurodiverse kids and teens may have strong emotional reactions when sensory input is overwhelming
- may be misinterpreted as defiance, tantrums, panic attacks
- Need to identify triggersusually not a single thing, but the stacking of multiple simultaneous experiences



Support for Sensory Overwhelm

- Noise cancelling headphones
- testing in a quiet location, separated from others
- comfortable clothing
- snacks that feel safe
- lighting adjustments to decrease strain
- taking a break to calm down and step away





Classroom Strategies for Redirecting Focus

- 1. walk around the class while teaching
- 2. gently touch students' shoulders or tap on their desks
- 3. use student names in examples
- 4. give students different jobs/errands to help out
- 5. start a discussion
- 6. establish eye contact
- 7. get entire class to move
- 8. develop secret signals with students as cue to redirect without reprimanding in front of others
- 9. Use multiple modalities- verbal, visual, tactile information

Zeigler & Bailey, 2022

Starting work

- Use visual reminders
- use auditory reminders- alarms
- Set dedicated time to break barriers to task initiation- 5 minutes, 10 minutes, or 15 minutes
- Have peer accountability partner
- Talk through a plan

Organization

- Provide step-by-step instructions for organization
- Regularly check in with students' systems
- Have a dedicated place for homework completion
- Write deadlines (big assignment deadlines, and deadlines for preliminary steps) on a visual place

Time Management

- Help students estimate how long tasks will take- reflect afterwards if estimates were accurate
- Give warnings for task transitions
- Have students access a watch/phone/clock to keep time awareness

Processing Speed

- Shorten assignments or tasks
- Give extended time
- Give students time to think before requiring a responsecome back if they don't answer right away
- Give initial prompt and then reminder
- use visual aids

Writing Papers

- Use verbal dictation- either software or have person type the words
- Give feedback after each step- topic selection, outline, introduction, arguments, and conclusion
- Build in editing time
- Support student in evaluating quality of sources

College Planning

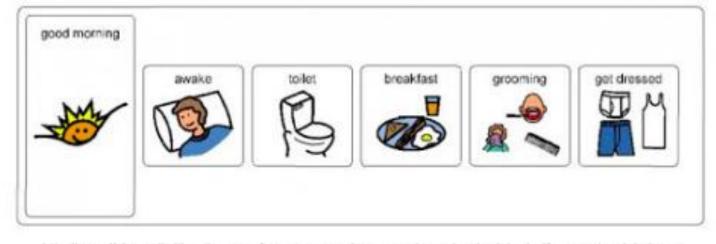
- Gradually build independence by increasing tasks teens are responsible for- such as managing medications and schedules
- Support teens in building effective routines of identifying tasks that need to be done and checking in on them at regular intervals
- Communicate with college about accommodations
- Find colleges with programs for students with disabilities
- Continue to check in and ask questions when they start college

Hallowell & Ratey, 2011; Zeigler & Bailey, 2022



Norning Routine Example

- Using visual schedules can be helpful with teaching your child how to get ready for school in the morning.
- These tasks can be broken down further if needed.
- They can also be adapted for older children by adding teenager-specific tasks (e.g. "put on deodorant").



http://www.livingwellwithautlam.com/how_to_uss_picture_cards_and_achedules/self_care_visual_helpers

Homework Routines

- Set start and finish times (either consistent daily or by day of the week)
 - Follow child's daily rhythms- when do they tend to be most awake and engaged?
- Have a dedicated homework spot
- Start with a list of tasks and prioritize
- Schedule 5 minute breaks for every 20 minutes of work
- Have an activity to look forward to after homework

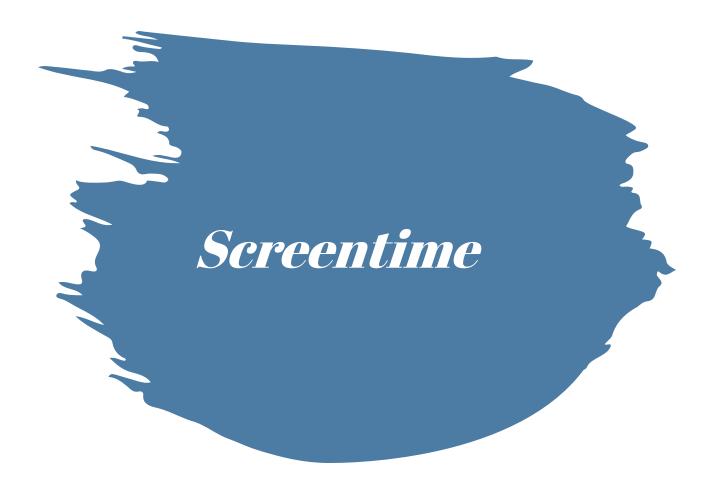


Bedtime Routine Example





https://myslumberyard.com/



How Much are Kids on Screens?

CDC 2021 study of daily use:

- Ages 8 10: 6 hours
- Ages 11-14: 9 hours
- Ages 15-18: 11.5 hours

Evidence indicates that screen time may be higher in neurodiverse populations

Westby, 2021

How Much is Too Much?

- American Academy of Pediatrics recommends 2 hours as daily limit for screens
- Adverse effects on physical and mental health shown for daily use
 3-4 hours or more daily



Current Research

- What is screen time?
- Limited comparisons between neurotypical and neurodiverse children
- Research on screen time discounts socioeconomic context
- Methodologies focus primarily on self-report
- Limited longitudinal studies
- Recommendations overlook potential benefits

Kaye et al., 2020

Benefits of Screen Time

- social connection for individuals who struggle in other environments
- digital media can support exploring interests and learning skills
- provides a platform for self-expression
- stress relief

Changing Screen Habits

- increase opportunities for off-screen activities
- practice regular technology breaks family-wide
- have dedicated time for undivided attention
- have conversations about social media safety
- use parental monitoring and block technology



Setting Boundaries with Devices for Teens

- · A phone is a privilege, not a right
- Note acceptable and unacceptable use of technology
- Restrict devices at bedtime
- Explain reasons for limits
- Only take away devices when not being used appropriately according to the rules parents set up
- Don't use screen time for an unrelated consequence

Crenshaw, 2022



Putting it all together

- COVID-19 has had long-term implications on cognitive and emotional development
- Thorough assessment is needed to understand individual children's strengths and weaknesses
- Self-regulation deficits underlie neurodiverse children's school difficulties
- Parent-child and teacher-child relationships are key to behavior change and maintaining effective habits



- ADDitude <u>www.additudemag.com/</u>
- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) chadd.org/
- The Asperger/Autism Network <u>www.aane.org</u>
- Autism Speaks <u>www.autismspeaks.org</u>
- National Association for Special Education Teachers: <u>www.naset.org</u>



Adams, D., Young, K. & Keen, D. Anxiety in Children with Autism at School: a Systematic Review. Rev J Autism Dev Disord 6, 274–288 (2019). https://doi.org/10.1007/s40489-019-00172-z

ADDitude. Success at School for Children with ADHD and Learning Disabilities. 2012. Additudemag.com.

Boot, N., Nevicka, B., Baas, M. Creativity in ADHD: Goal-Directed Motivation and Domain Specificity. Journal of Attention Disorders. 2017 24(13): 1857-1866. doi.org/10.1177/1087054717727352

da Silva Chagas, L., Capucho Sandra, P., Cohelo de Velasco, P., Marcondes, H., Riberio, N., Barreto, A., Mauro, L., Ferreira, J., & Serfaty, C.A. (2021). Neuroinflammation and brain development: Possible risk factors in COVID-19-infected children. Neuroimmunomodulation, 28, pp. 22-28.

Davis, N.O., Kollins, S.H. Treatment for Co-Occurring Attention Deficit/Hyperactivity Disorder and Autism Spectrum Disorder. Neurotherapeutics 9, 518–530 (2012). https://doi.org/10.1007/s13311-012-0126-9

Doran, G., Miller, A., Cunningham, J. "There's a S.M.A.R.T. way to write management goals and objectives. Specific, Measurable, Attainable, Realistic and Timely (SMART) Specific: What are you trying to do." 1981.

DuPaul GJ, Chronis-Tuscano A, Danielson ML, Visser SN. Predictors of Receipt of School Services in a National Sample of Youth With ADHD. Journal of Attention Disorders. 2019;23(11):1303-1319. doi:10.1177/1087054718816169

References pt. 2

Engzell, P., Frey, A., & Verhagen, M.D., (2021). Learning loss due to school closures during the COVID-19 pandemic. PNAS, 118(17), pp. 1-7.

Eyberg, S. M., Boggs, S. R., & Algina, J. (1995). Parent-child interaction therapy: A psychosocial model for the treatment of young children with conduct problem behavior and their families. Psychopharmacology Bulletin, 31(1), 83–91.

Gresham, F., Watson, T., & Skinner, C. (2001) Functional Behavioral Assessment: Principles, Procedures, and Future Directions, School Psychology Review, 30:2, 156-172, DOI: 10.1080/02796015.2001.12086106

Hallowell, E. & Ratey, J. (2011) Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder.

Hibel, J., Farkas, G., & Morgan, P. L. (2010). Who is placed into special education? Sociology of Education, 83(4), 312–332. https://doi.org/10.1177/0038040710383518

Hume, K., Waters, V., Sam, A., Steinbrenner, J., Perkins, Y., Dees, B., Tomaszewski, B., Rentschler, L., Szendrey, S., McIntyre, N., White, M., Nowell, S., & Odom, S. (2020). Supporting individuals with autism through uncertain times. Chapel Hill, NC: School of Education and Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill. Retrievedfrom:https://afirm.fpg.unc.edu/supporting-individualsautism-through-uncertain-times

References pt. 3

Kaye, L., Orben, A., Ellis, D., Hunter, S., Houghton, S. The Conceptual and Methodological Mayhem of "Screen Time." *International Journal of Environmental Research and Public Health*. 2020, 17(10), 3661; https://doi.org/10.3390/ijerph17103661

Keen D, Webster A, Ridley G. How well are children with autism spectrum disorder doing academically at school? An overview of the literature. Autism. 2016;20(3):276-294. doi:10.1177/1362361315580962

Kolb, B. & Gibb, R. (2011). Brain plasticity and behaviour in the developing brain. Journal of Canadian Academy of Adolescent Psychiatry, 20(4), pp. 265-276

Mayes, S.D., Waschbusch, D.A., Calhoun, S.L. et al. How Common are Academic Overachievement and Underachievement in Children with Autism or ADHD?. J Dev Phys Disabil 32, 775–783 (2020). doi.org/10.1007/s10882-019-09719-8

Meilleur, AA.S., Jelenic, P. & Mottron, L. Prevalence of Clinically and Empirically Defined Talents and Strengths in Autism. J Autism Dev Disord 45, 1354–1367 (2015). https://doi.org/10.1007/s10803-014-2296-2

Muskens, J.B., Velders, F.P., Staal, W.G. (2017). Medical comorbidities in children with autism spectrum disorders and attention deficit hyperactivity disorders: A systematic review. European Child and Adolescent Psychiatry, 26, pp. 1093-1103

References pt. 4

National Association of Special Education Teachers. Examples of IEP Goals and Objectives. Naset.org.

Rando, Heather; Huber, Mary J.; Oswald, Gina R.. An Academic Coaching Model Intervention for College Students on the Autism Spectrum. Journal of Postsecondary Education and Disability, v29 n3 p257-262 Fall 2016

Rathus, J.H. & Miller, A.L. DBT skills manual for adolescents. 2015. New York: The Guilford Press,

Robin, A., Foster, K., O'Leary, D. Negotiating Parent-Adolescent Conflict: A Behavioral-Family Systems Approach. 2002.

Rogers, K. (2019, April 3). microglia. Encyclopedia Britannica. https://www.britannica.com/science/microglia

Shigemori, T., Sakai, A., Takumi, T., Itoh, Y., & Suzuki, H. (2015). Altered microglia in the amygdala are involved in anxiety-related behaviors of a copy number variation mouse model of autism. J Nippon Medical School, 82(2), pp. 92-99

Sideropoulos, V., Dukes, D., Hanley, M., Palikara, O., Rhodes, S., Riby, D.M., Samson, A.C., & Van Herwegen, J. (2022). The impact of COVID-19 on anxiety and worries for families of individuals with special education needs and disabilities in the uk. Journal of Autism and Developmental Disorders, 52, pp. 2656-2669

Vacher, C., Goujon, A., Romo, L., Purper-Ouakil, D. Efficacy of psychosocial interventions for children with ADHD and emotion dysregulation: a systematic review. Psychiatry Research. 2020; 291. doi.org/10.1016/j.psychres.2020.113151.

Wake, H., Moorehouse, A.J., & Nabekura, J. (2011). Functions of microglia in the central nervous system—beyond the immune response. Neuron Glia Biology, 7(1), pp. 47-53

Westby C. Screen time and children with autism spectrum disorder. Folia Phoniatr Logop. (2021) 73:233-40. doi: 10.1159/000506682

Ziegler Dendy, C., &Bailey E. The Ultiamte ADHD Toolkit for Parents & Teachers. Additu.de/school