

MENTOR HANDBOOK

PROJECT ACCESS AT THE ENRICHMENT PLACE

Enrichment Alliance of Virginia
September 2006-June 2007

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The Enrichment Place

At the Enrichment Place, children will be exposed to the arts and sciences in an environment that emphasizes exploration and enjoyment, not accountability and competition.

Children will expand their repertoires of meaningful, engaging, and healthy leisure activities as alternatives to television and other passive forms of entertainment.

There will be opportunities for positive social interactions among children of varied socio-economic backgrounds and among children with a wide range of gifts, talents, interests, and challenges.

Project Access

Project Access will provide children with disabilities opportunities to participate in enriching, safe, and meaningful activities during out of school hours. We will do this by:

- ❖ Training enrichment program staff and volunteers to support and accommodate children with disabilities.
- ❖ Piloting afterschool and summer inclusion programs.
- ❖ Increasing exposure to and understanding of children with special needs among afterschool and summer enrichment communities.
- ❖ Working collaboratively with other community organizations who share our goals.
- ❖ Helping connect professionals such as occupational therapists and special educational teachers with enrichment programs for the purposes of direct services and consultations.

Program Staff

Project Access and The Enrichment Place are staffed entirely by volunteers.

Program Director, Mary Anna Dunn, Ed. D. 295-1002 madunn@enrichva.org

Special Education Advisor, Jean Botts, M.A. 973-9465 jeanbotts@hotmail.com

Section One

Background and General Procedures

What is The Enrichment Alliance of Virginia?

The Enrichment Alliance of Virginia, Inc. (EAVA) is a 501©(3) nonprofit corporation. We consist of a board and volunteers who work together to expand enrichment opportunities to all children, regardless of income, geography, or cognitive or physical disabilities. Current activities and initiatives include:

- Providing and supporting enriching, engaging, and healthy activities during out-of-school time.
- Increasing accessibility of enrichment programs to children with neurocognitive disabilities by providing mentors and other forms of support.
- Supporting and collaborating with other agencies whose work supports our mission.
- Linking underserved communities to quality programs.

Mission

The Enrichment Alliance of Virginia provides opportunities for children to spend their time involved in enriching and highly motivating activities, regardless of income, geographic location, or disability.

What is Project Access?

Project Access is a support program designed to provide children with disabilities the opportunity to participate in enriching, safe, and meaningful activities during out of school hours. Project Access may provide services to EAVA sponsored programs or to other programs. Currently, we assist children of normal intelligence who are struggling with neurological disabilities that impact learning, impulse control, or self- regulation. We do not attempt to provide any form of remediation. We are available to help support and accommodate children so that they can participate in the same enriching activities outside of the school day that typical children already enjoy. We believe that by doing this we can build children's self confidence by introducing them to activities which may begin to become lifelong talents or skills and thereby help them balance some of the frustrations in their own lives which they feel in other environments.

What is The Enrichment Place?

The Enrichment Place is an afterschool enrichment program run by EAVA. The Enrichment Place is offered in conjunction with Project Access in order that we can provide opportunities for special needs children to enjoy enrichment activities along with neurologically typical children. Currently, the Enrichment Place serves up to 8 second to fifth graders on Monday afternoons from 3:00 to 5:30 p.m. The Enrichment Place and Project Access are both pilot programs offered for the first time this fall.

Program Goals

The Enrichment Place was created in order to provide an inclusion afterschool program in which children are encouraged to explore meaningful leisure time activities. It is not a remedial or academic program. It is a place for children to discover that healthy and intellectually challenging choices are actually fun! It is a place where adults help manage obstacles that prevent typically developing as well as neurologically challenged children from enjoying creative, active, meaningful activities during their leisure time.

- At the Enrichment Place, children will be exposed to the arts and sciences in an environment that emphasizes exploration and enjoyment, not accountability and competition.
- Children will expand their repertoires of meaningful, engaging, and healthy leisure activities as alternatives to television and other passive forms of entertainment.
- There will be opportunities for positive social interactions among children of varied socio-economic backgrounds and among children with a wide range of gifts, talents, interests, and challenges.

Why aren't you focused on academics and remediation instead of enrichment?

How children spend their non-academic time directly impacts their academic experiences. Research suggests two reasons for this:

- 1) What children are formally taught in school is more likely to be retained, and to have meaning to them, if they have had previous experience with the topic. A child studying Virginia history, for example, will have a better chance of remembering where the first African Americans in Virginia came from if that child has had hands-on experiences with West African art. Moreover, a child who has already experienced the full richness of West African culture can be expected to have a deeper appreciation for the horrors of the centuries of abduction and enslavement that followed the arrival of the first indentured servants.
- 2) Studies demonstrate that children who regularly participate in *any* meaningful, engaging activities outside of regular school time perform better on standardized tests and earn higher grades. The current theory is similar to theories on mental agility among the

aging. Brain research shows that active minds stay active. Children and adults who use their brains to solve problems and acquire and assimilate new information during their leisure time will build and maintain neural pathways that they will need in formal learning situations. These activities do not have to be academic to have this affect. Encouraging children to follow their own interests and enjoy active, meaningful pastimes helps to develop young minds.

For these reasons, we believe that improving opportunities for *all* children means looking beyond the school day and beyond traditional academic activities to help children have equal access to engaging and meaningful activities they will naturally seek out and enjoy on their own.

What is the role of the mentor?

The role of the mentor is to provide support and encouragement for children in order to help them become more comfortable and successful at activities that might otherwise prove challenging The mentor is not a professional and is not there to address the underlying problems that create obstacles for the child. The mentor is a friend who provides support and suggestions while at the same time encouraging children to function as independently as possible.

What are the requirements for becoming a mentor?

A mentor must fill out a brief application, provide two references and complete a criminal background check. Mentors commit to at least one session and must make every effort to come each Monday during the session. Mentors who are volunteering through service organizations must meet the expectations of those organizations as well. For example, if a service organization requires a semester long commitment, the mentor will sign-up for an academic semester, not a six week session.

Calendar

October 16		West African Decorative Art
October 23	(county closed)	West African Decorative Art
October 30		West African Decorative Art
November 13		West African Decorative Art
November 20	Guest Artist Donna Washington	Story Telling with Music and Movement
November 27		Story Telling with Music and Movement
November 04		Story Telling with Music and Movement
December 11		Story Telling with Music and Movement
December 18		Story Telling with Music and Movement
January 22		Creating Comics and Graphic Novels
January 29		Creating Comics and Graphic Novels
February 5		Creating Comics and Graphic Novels
February 12		Creating Comics and Graphic Novels
February 26		Creating Comics and Graphic Novels
March 5	(UVA closed)	Creating Comics and Graphic Novels
March 12		The Care of Magical Creatures
March 19		The Care of Magical Creatures
March 26		The Care of Magical Creatures
April 9		The Care of Magical Creatures
April 16		The Care of Magical Creatures
April 23		The Care of Magical Creatures
April 30		A Downtown Sampler TJMC
May 7		A Downtown Sampler Ice Park
May 14		A Downtown Sampler TBA
May 21		A Downtown Sampler VDM
June 4		A Downtown Sampler McGuffy

Typical Daily Schedule

3:00 –3:45 Free play, outdoors when possible. Open-ended arrival. Mentors encourage children to choose physical activities that promote fitness, balance and coordination. Mentors support developing social skills. Mentors may be asked to assist with healthy snacks or help set up for programmed activities that follow.

3:45-4:30 Scheduled programmed activities according to the session theme. Mentors are available to provide support as needed for students who may need extra help with skills such as motor planning, information processing, or self-regulation.

4:30-5:00 Open-ended pick-up. Focused mentor time. Mentors and mentees will spend time together either choosing from activities provided by EAVA or assisting with homework if requested by parents.

5:00-5:30 Assist with clean-up. Brief “check-in” with program leaders and other mentors.

General Procedures

Beginning of session. Talk with one of the program leaders, Jean or Mary Anna, about the students you will be mentoring.

Daily. Sign-in on arrival. Greet your mentees and help them sign-in as they arrive. Be available to assist on the playground or help with snack and set-up. Help children sign-out. You will also sign-out on leaving. If there were any incidents you feel we need to be aware of or concerns you need to talk about, indicate this on the mentor sign-out sheet.

If you need to arrange a substitute. Call or e-mail Mary Anna as soon as possible. Office 295-1002, home 823-4633. E-mail madunn@enrichva.org.

If you need suggestions for accommodations. Call Jean Botts at 973-9465.

For questions about program administration. Call or e-mail Mary Anna.

Taking a break with your mentee

There may be times when your mentee needs to take a break from the group to reduce stimulation or gain control over his or her emotions. *You may not leave the room with a child unless you have turned in your criminal background check.* If your child needs to leave the room, please follow these guidelines:

- Children may not be in the building or on the grounds unattended. Please accompany your mentee if she or he needs to leave the classroom.
- Please remember that we are guests of the church and need to respect their boundaries. We have been assigned to Room 1. Other rooms in Summit House may be in use by other groups. They are not available to EAVA. You and your mentee may take some calming time in the hallway, on the stairs, on the porch, or in the yard.
- Mentors are not allowed alone behind closed doors with a child.
- Further guidelines for taking a break with your mentee are discussed under accommodations.

Guidelines for physical contact

A gentle, brief touch on the arm, shoulder, or head can help focus a child's attention. Mentors may not:

- **Touch the torso or below a child's waist.**
- **Stroke or touch a child longer than is necessary to gain his or her attention.**
- **Squeeze, pull, or strike a child.**
- **Restrain a child.**
- **Please remember that children with sensory integration dysfunction are often hypersensitive to physical touch. Contact that might not appear to cross boundaries to neurologically typical adults may seem threatening to these children. If a child expresses discomfort with touch, stop immediately.**

Children seek out and expect physical affection, such as hugs, and they will be likely to seek physical contact with you. Some children with neurological disabilities may be particularly physical. You have as much of a right to physical space and privacy as they do. If you are not comfortable with something let the child know. Not only does this protect you, it is positive role modeling. In particular, the child needs to maintain the same respect for your safety and privacy as you need to maintain for the child and some children, such as children with Aspergers, need to be told this directly. **If a child touches you in any of the ways described on the bulleted list above, for your protection we require that you calmly redirect the child by saying something like, "It's okay to touch my arm, but not my leg," and move quickly into close vicinity of another adult.**

If a child needs first aid assistance, get the attention of the program director.

If you suspect abuse or are otherwise concerned about a child's welfare

Bring your concerns to the attention of the program director.

Discipline and Interventions

The mentor is there to provide support and encouragement, not discipline. Program leaders will take responsibility for discipline. You will be trained in some very simple techniques to refocus a child, for example handing a child an acceptable “fidget”, but you are also not responsible for learning and behavioral interventions. These are ultimately the responsibility of EAVA program leaders and the parents or guardians.

Section Two

Support for the Child with Special Needs

What do you mean by neurocognitive disabilities?

We use the term to describe neurologically based disabilities that have an impact on a child's ability to learn, regulate impulses and attention, and/or experience and express emotions appropriately.

What types of neurocognitive disabilities are we likely to see?

First, it is important to stress that neurocognitive disabilities are difficult to categorize and label adequately. There is likely to be much overlap among labels, moreover children may be labeled with neurological conditions even though they do not meet many of the criteria. These labels can be useful in helping us talk about these disabilities and plan for accommodations, however the child is always more important than the label and in your interactions with the children, we urge you to look first at the child.

In your training sessions and in this handbook, we will focus on conditions described in *Kids in the Syndrome Mix*, (Kutscher, 2005). Italicized definitions are from this text unless otherwise noted.

Attention Deficit Hyperactivity Disorder (ADHD or ADD) According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV) a child or adult must meet at least one of the following criteria to be diagnosed with ADHD:

- A. Inattention
- B. Hyperactivity
- C. Impulsivity.

Kutscher further explains:

- ***Attention and distractibility problems are a core symptom of ADHD.*** *There is an inability to inhibit distractions in order to stay focused on the task at hand. The person does not seem to listen or pay close attention. There may be frequent careless mistakes.*
- ***Organization difficulties are an equal part of the problem.*** *This includes difficulty organizing, sustaining, or completing tasks. The person may be forgetful, "absent-minded" or easily lose things.*
- ***Hyperactivity difficulties include fidgeting or talking excessively.*** *The child may run, climb, seem "on the go" or be out of seat excessively. Additionally, he may have difficulty playing quietly.*
- ***Impulsivity difficulties include blurting out answers, difficulty waiting turn, intruding, or interrupting.***

Learning Disabilities

The Individuals with Disabilities in Education Disability Act (IDEA) defines learning disability as:

... a disorder in one or more of the basic psychological processes using language, spoken or written, which may manifest itself in an imperfect

ability to listen, think, speak, read, write, spell, or do mathematical calculations.

This I.D.E.A. definition implies that learning disabilities all in some way involve language impairments. In practice, most professionals would find that while some children experience only language disabilities, the impact can be much broader. Students may experience any or all of the following perceptual impairments that directly impact their ability to perform with age and grade level peers on academic tasks primarily in the areas of reading, math and written language: auditory processing, auditory memory, visual processing, visual memory, visual motor integration, and language processing skills.

Sensory Integration Dysfunction

Sensory Integration Dysfunction is the brain's inability to process senses correctly. This leads to *over or under* sensitivity to sound, movement, and touch, as well as low muscle tone, and gross and fine motor coordination delays. Sensory Integration Dysfunction is common among children with the Pervasive Developmental Disorders discussed below, but may present itself in otherwise typically developing children.

Pervasive Developmental Disorders

Currently, educational, psychological, and psychiatric communities do not have consensus on whether autism is a subset of Pervasive Developmental Disorders (PDD) or Pervasive Developmental Disorders is a subset of autism. For the purposes of your training, we will discuss autism as a subset of PDD. We will not describe subgroups of the PDD label, such as Aspergers, as forms of autism.

- ***autistic disorder*** - *severely disordered verbal and non-verbal language; unusual behaviors such as repetitive motions*
- ***Asperger's syndrome*** – according to Gillberg and Gillberg, (1989) (reprinted in Attwood, 1998) children with Asperger's syndrome have social impairment with extreme egocentricity, narrow interests, repetitive routines, and speech and language peculiarities. They may be very bright, but their interest in specific topics is extremely excessive and may interfere with normal relationships.
- ***Rett's syndrome*** – *a neurodegenerative disorder of girls who have initial normal development but then show marked loss of developmental milestones and social interactions, along with slowing of head growth, and [the emergence of] hand-wringing gestures.*
- ***PDD-NOS*** - (not otherwise specified) some combination of symptoms involving significant impairments in social interaction and/or communication skills, restricted range of interests, and unusual and inappropriate behaviors. Children and adults with a diagnosis of PDD-NOS lack some of the specific characteristics of other forms of PDD.

- **Childhood disintegrative disorder** – children with this condition *develop normally for the first two years then have a deterioration sufficient to meet the criteria for autistic disorder.*

Anxiety and Obsessive Compulsive Disorders

- **Anxiety disorder** refers to *worries and anxieties ... sufficiently severe to interfere with functioning in life.*
- **Obsessions** are *repetitive thoughts that are experienced by the person as unwelcome and basically senseless.*
- **Compulsions** are *behaviors that the person feels obliged to carry out in order to ward off anxiety caused by the obsessions. These behaviors – such as counting, touching, rechecking, or repeating words silently – are clearly excessive and unrealistic in their ability to head off the dreaded worry.*

Tics and Tourette's

- **Tics** are *rapid, repetitive actions that just happen to the child. They occur without any prolonged forethought by the person. Typically, tics come and go, and change from one to another over time. They may be motor or vocal and may involve repetition of simple or complex actions.*
- **Tourette's** is *basically a mixed vocal and tic disorder, involving at least two motor tics and one vocal tic.*

Tics are involuntary. Children are unable to stop, even though they often want to. Asking them to stop will not help and increases their stress.

Mood Disorders

Definitions and criteria used by child psychiatrists and other medical professionals in practice may differ from DSM- IV guidelines, developed for adults. While adult cycles, as defined by the DSM-IV, last weeks at a time, children may cycle through extremes of sadness, anger, and mania multiple times in a single day.

- **Depressive episodes** are *marked by sad, flat, down, empty, hollow feelings where nothing seems to matter or be exciting.*
- **Manic episodes** are *marked by a high mood. There are expansive, unrealistic, disorganized and grandiose behaviors. Her ideas may be loosely connected...Like a spinning hurricane, the uncontrolled energy can leave a huge wake of bewilderment and destruction.*

Children with mood disorders may show excessive irritability, periods of extreme rage, and hypersexual behavior. Psychiatric mood disorders are organically based in brain chemistry and NOT the result of parenting or emotional trauma. The children are not choosing to behave this way, however deliberate their actions may seem to others.

Central Auditory Processing Disorders

Individuals with CAPD, or APD, have difficulty turning *unrefined auditory information from coming from the auditory system* into something useful. These children will have difficulty discriminating words and pitch, determining where a sound is coming from, sustaining attention to sound, separating primary sounds from background noise, blending phonemes into words, associating sounds and meanings, and remembering what they have heard.

How can I help?

First and foremost, talk to the child's parents or guardians to find out what helps this particular child. It may be appropriate to talk to the child, too, but please make sure you talk to the parents first to be sure you know what kind of understanding the child has of his/her challenges. Avoid embarrassing the child or making a point of the fact that you are there to provide accommodations. In most cases, it would be best to take your cues from the child as they come up naturally. For example, you might say, "Today during music it seemed like you were uncomfortable with some of the noise. Is there anything we might be able to do to help you with that?"

The child may volunteer accommodations or raise concerns independently. These concerns should be taken seriously. Some children will be more appropriate and sophisticated about raising concerns than others. One child with sensory integration dysfunction may simply balk at using liquid glue, while another may calmly ask for a glue stick instead. Subtly or directly, this child is letting you know s/he needs accommodations and already has some idea what will help.

Sometimes a child's behavior may be very irritating. You will undoubtedly have times when you are feeling frustrated and impatient. These feelings are reasonable, but it is important that you not communicate them directly or indirectly to your mentee. Not only does this mean you need to communicate with your mentee in positive terms, but also that you need to avoid verbally or non-verbally communicating your frustration with other adults (examples, eye-rolling, exaggerated sighs). If you need to, take a break or make a note to call a staff member later, but please keep it positive during meetings.

The remainder of this section will include some suggested strategies for addressing particular problems that may arise.

THE CHILD	TRY	OR	OR	OR
Fidgets to the point that she is distracting others or damaging materials.	Passing her a flour balloon.	Quietly removing the object he is fidgeting with.	Using a prearranged signal, such as patting her hands.	
Seems unable to be still.	Provide her an active task.	Provide her with an appropriate space if she really cannot sit still. This should not appear to be a punishment or time out.		
Rocks in seat.	Offering a cushion.	Sitting on the floor.	Getting up and taking a stretch break with him.	
Has difficulty with fine motor tasks.	Modeling the activity.	Providing alternate materials. For example, provide stiff wire for beading instead of thread.	Taking turns.	
Misinterprets someone's spoken statements.	Finding out what she heard.	Altering the phrasing.	Relying less on intonation and other non-verbal cues when you communicate	
Does not seem to <i>understand</i> the instructions.	Modeling the activity.	Adding visual cues.	Rephrasing instructions.	
Understands but has difficulty <i>following</i> directions.	Having him repeat instructions.	Reducing the number of instructions.	Numbering the steps.	

THE CHILD	TRY	OR	OR	OR
“Lectures” on a narrow topic.	Suggesting, “Save a little bit for latter.”	Using a prearranged signal, such as holding three fingers to limit her to 3 facts.	Encouraging him to think of questions to ask someone.	
Becomes excessively angry.	Reduce anxiety by opening with the good news. Say, “You can have your snack after we clean-up,” instead of “After we clean-up, you can have snack.”	Choose your battles wisely. Don’t insist a child do something unless it is <i>really necessary</i> and you <i>know she can</i> .	Be a “surrogate executive function”, in other words, walk the child through the process of addressing the problem. He is in what Ross Greene calls a “vapor lock” and cannot remember how to solve his problems right now.	
Does not want to join a group.	Discussing concerns about the activity.	Watching the group.	Completing the activity in another setting or with only one other child..	
Does not want to perform.	Discussing concerns about the activity.	Watching the group	Developing an alternate activity, such as set design.	
Has difficulty with transitions.	Going through the good news.	Giving advance warnings and make sure she has processed them.	Provide clear directions for new task.	
Is disturbed by sounds.	Allow her to explain to the class how this affects her.	Allow him to work away from the group.	Provide noise filtering headphones.	

Section Three

Walking Through a Typical Day

Arrival

Children may be dropped off anytime between 3:00 and 3:30. We will be outside as much as weather allows. At this time, we are only authorized to use the outdoors property behind Summit House. We will let you know if and when we are authorized to use the playground also.

Our goal is to encourage children to play actively and to support positive social relationships. The role of adults during this time is to provide supervision and to support these goals. We will have equipment available such as balls, jump ropes, hula hoops and other sports equipment. It is not necessary for adults to direct activities if children are playing well together on their own. Remember, we are trying to foster independence. There may be times, however, that some suggestions, encouragement, or modeling will help a reluctant child become more involved. Stay positive and remember to suggest and encourage without insisting. In Section Two, you will find some specific suggestions that will be useful for helping a child who is reluctant or struggling.

Weaknesses in social skills and self-regulation may be especially apparent at this time, and this is why we are providing trained mentors to help children with disabilities. Please remember, EAVA staff will handle behavioral problems. Your presence will be helpful to the child as you provide encouragement and support and offer simple accommodations. You are here as a mentor, not as an expert or therapist.

At 3:30, we will clean up the play area and, if we have not already done so, have a light snack. Some children will need help with this.

Programmed Activities

Programmed activities will occur from 3:45 to 4:30 on most Mondays. During this time, your mentees may need support in order to get the most out of this activity without disrupting others. However, there may be times when your mentee does not need support. If this is the case, you can help the group by being alert to the needs of the program leader or EAVA staff. You can also prepare for Your Time, help Mary Anna pack supplies we are finished with, or look over reading materials we provide. Some days there will be an occupational therapist or a special education teacher available and if you and these advisors are not otherwise occupied, you may confer quietly with them in the hallway or outside with a special education specialist or occupational therapist about areas of concern. We also encourage you to participate directly in activities yourself. Your enthusiasm for the activities and willingness to take risks will carry over to the children.

Your Time

Programmed activities will end at 4:30. Following clean up, you will be with your mentees until their parents pick them up anytime before 5:30. You and the child's parents may have already spoken about things they want you to do with their child during this time, such as homework assistance or building conversational skills. If not, we will have a variety of enriching materials available for you and your mentees to explore

together. Our goal is to help children become more willing and able to be actively engaged in enriching play during their free time. Explore our materials with your mentees. Look for what interests them. Try to identify what discourages them.

Assist as needed, this is why you are here, but remember the goal is that your participation and encouragement today will prepare them to independently pursue similar activities at home another day. You will want to find a happy balance between reducing frustration and increasing autonomy. Your role is to help your mentees gain exposure to the activities and confidence in their ability to enjoy them. In this way, they will become increasingly willing to pursue these activities on their own.

Feel free to bring activities to share with your mentees. Remember to look for activities that are high interest and enriching. Avoid rote educational activities, such as educational “games” that focus primarily on recalling information. At the same time avoid games and activities that do not promote creative thinking, develop specific skills, or expose children to the sciences or humanities. Many simple and very popular games of chance are entertaining but not purposeful and do not meet the goals of this program. By contrast, Labyrinth Jr.©. and Clue © are an examples of motivating games that encourage planning and reasoning skills. Coloring activities should be meaningful and enriching. A wildlife book is preferable to cartoon styled animals. We encourage you to look for activities children might be able to do at home. An activity book that uses found items such as toilet paper rolls and string is more likely to carry over into the home environment than one involving Plaster of Paris and silicon gel! If you bring in an item that is successful, please let us know, we are eager to expand our collection and share your ideas with parents and other afterschool program leaders.

Section Four

**Don't Skip This Section Just Because It Says
RESOURCES
You need this. Really!**

All of the books and DVD's in this section are available through our lending library:

Primary Resources

Greene, Ross W. and (1998). *The Explosive Child*. New York: Harper and Collins.

Greene, Ross W. and Ablon, J. Stuart. (2004). *Parenting the Explosive Child*. DVD. Newton Corner, Mass; The Center for Collaborative Problem Solving

Kutscher, Martin. (2005) *Kids in the Syndrome Mix*. London: Jessica Kingsley Publishers.

Additional Resources

Attwood, Tony. (1998). *Asperger's Syndrome*. London: Jessica Kingsley Publishers.

Birmaher, Boris. (2004). *New Hope for Children and Teens with Bipolar Disorder*. New York: Three Rivers Press.

Flick, Grad. (1998). *ADD/ADHD Behavior-Change Resource Kit*. San Francisco: Jossey-Bass.

Myles, Brenda Smith (2005). *Difficult Moments for Children and Youth with Autism Spectrum Disorders*. (DVD). Shawnee Mission, KS: Autism Aspergers Publishing Co.

Moyes, Rebecca. (2001). *Incorporating Social Goals in the Classroom*. London: Jessica Kingsley Publishers.

Internet Resources

The Enrichment Alliance of Virginia www.enrichva.org

General <http://www.PediatricNeurology.com>

ADHD www.chadd.org

Aspergers www.tonyattwood.com.au

Bipolar Disorder www.bpkids.org

Learning disabilities www.ldonline.org

Tics and Tourette's www.tourettesyndrome.net