I think this student is 2e…
But what kind?
Now what?

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Agenda

• What is 2e?
• Misdiagnosis & Missed Diagnosis
• IEPs & 504 Plans
• Common Diagnoses
  • Clues & signs to look for
  • How to get it diagnosed
  • What to do: accommodations, interventions, etc.
What is 2e? – “Twice Exceptional”

• Gifted IQ – PLUS some kind of disability or other challenge
  • Blindness, physical disability, ADHD, Autism, Dyslexia, mental health, ...
  • Surprisingly high incidence
  • But under-identified
• Compensation can mask disabilities
  • Challenges may be subtle or situation-dependent
  • Initial diagnosis in middle or high school is common
• School evaluations often don’t help
  • Usually need an evaluation by an expert in giftedness
  • IQ subtest patterns can help point the way
  • A full neuropsychological evaluation doesn’t tell you everything
  • May need more than one type of specialist
SENG Misdiagnosis Initiative
SENG = Supporting Emotional Needs of Gifted

Misdiagnosis and Missed Diagnosis:
- OVER-diagnosed
- UNDER-diagnosed
- MIS-diagnosed
- 2e kids not recognized as being gifted OR for their disability/challenge

It’s really important to find an expert

http://sengifted.org/programs/misdiagnosis-initiative/

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Teachers are in a tough spot

- You can’t “diagnose” or even suggest
- But you definitely see symptoms and challenges
- Figuring out accommodations that work makes everyone’s life easier

NWGCA can help! Grab a stack of cards to give to parents
Why bother chasing it down?

• Early intervention matters
• Frustration and misunderstanding leads to:
  • “You’re being lazy”
  • Anxiety, depression, motivation issues
  • Middle & high school can see a dramatic downturn
• Teach
  • Self-awareness
  • Self-advocacy
  • Enable a positive self-image
• Get an IEP or 504 Plan in place at school

Individual Education Plan (IEP)

• When a student needs DIFFERENT INSTRUCTION
• Student must perform 2 grade levels below standard to qualify
  • Reading, Math, Social/Emotional, Speech, Behavioral…
• Request a full eval in writing
  • Or bring results from a specialist
• IEP contains specific yearly goals, interventions, accommodations
• Updated yearly (3 year re-eval)
• Only in public schools (federal funding)

Section 504 Plan

• When a student needs ACCOMMODATIONS in the classroom
• Student must have a diagnosed disability or health issue
  • Get a doctor’s note
• Contact teacher and/or school principal to start the process
• Best to establish before you really need it
• Updated yearly
• Only public schools (federal funding)
### Auditory Processing Disorders (CAPD)

<table>
<thead>
<tr>
<th>Clues</th>
<th></th>
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<tbody>
<tr>
<td>• Common in gifted and highly gifted</td>
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<tr>
<td>• How the brain processes what the ears hear, imbalance between ears</td>
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<tr>
<td>• Usually hearing is normal or super-sensitive</td>
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<tr>
<td>• Hands over the ears as a young child, sensitive to loud/sudden noises</td>
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<td>• Wears hats, hoods, long hair, headphones that cover the ears</td>
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<tr>
<td>• Dislikes noisy environments</td>
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<tr>
<td>• Trouble remembering multi-step directions, poor auditory memory</td>
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<tr>
<td>• Trouble distinguishing foreground/background conversation</td>
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<table>
<thead>
<tr>
<th>Diagnose</th>
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<tbody>
<tr>
<td>• Audiologist with CAPD specialty</td>
<td></td>
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<tr>
<td>• Standard battery includes sentences and phrases that are predictable</td>
<td></td>
</tr>
<tr>
<td>• ABLE Kids Foundation in Fort Collins, Colorado specializes in diagnosing highly gifted kids &amp; adults</td>
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<tr>
<td>• Also consider: sensory processing disorder, ADHD, vision processing disorder.</td>
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<table>
<thead>
<tr>
<th>What To Do</th>
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<tbody>
<tr>
<td>• Ear Filter from ABLE Kids Foundation</td>
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<tr>
<td>• <a href="http://www.sound-sense.net">www.sound-sense.net</a> – specialized low gain hearing aids</td>
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<tr>
<td>• Listening therapies (but beware): Integrated Listening System, Tomatis, Fast Forward, CAPDOTS, etc.</td>
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<tr>
<td>• 504 Plan Accommodations: (noise-cancelling) headphones for quiet, quiet room for tests and classroom, FM audio system in the classroom, preferential seating, teacher checks for understanding.</td>
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### Vision Processing Disorders

<table>
<thead>
<tr>
<th>Clues</th>
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</thead>
<tbody>
<tr>
<td>• Very subtle in many gifted students – worth screening every kid</td>
<td></td>
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<tr>
<td>• Common! 1 in 4 kids has issues</td>
<td></td>
</tr>
<tr>
<td>• How the brain processes what the eyes see</td>
<td></td>
</tr>
<tr>
<td>• Convergence insufficiency, teaming, tracking, 3D</td>
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<tr>
<td>• Letters/words flip, move, or get blurry</td>
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<tr>
<td>• Clumsy, trouble with sports &amp; balls, dislikes 3D movies</td>
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<tr>
<td>• Lack of stamina when reading, especially when fonts get smaller</td>
<td></td>
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<tr>
<td>• Inconsistent scores on standardized tests</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Diagnose</th>
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<tbody>
<tr>
<td>• Developmental Optometrist (covid.org)</td>
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<tr>
<td>• Covered by insurance as a yearly exe exam, just much more thorough</td>
<td></td>
</tr>
<tr>
<td>• Also consider: dyslexia, ADHD. Auditory processing disorders often co-occur.</td>
<td></td>
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</tbody>
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<tr>
<th>What To Do</th>
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</thead>
<tbody>
<tr>
<td>• Vision therapy (weekly therapy with homework, or biweekly therapy without homework)</td>
<td></td>
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<tr>
<td>• Research on vision therapy is inconsistent. Provider quality matters a lot.</td>
<td></td>
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<tr>
<td>• Note that vision therapy does NOT fix dyslexia.</td>
<td></td>
</tr>
<tr>
<td>• Glasses sometimes help</td>
<td></td>
</tr>
<tr>
<td>• 504 Plan Accommodations: large fonts, ebooks/kindle, audiobooks, writing in the test book (no bubble/answer sheets), preferential seating, extra time.</td>
<td></td>
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</tbody>
</table>
### Sensory Processing/Integration Disorder

**Clues**
- Extreme sensitivity to sensory input
  - 5 senses: touch, taste, smell, vision, hearing
- Hairtrigger anger, tantrums, “losing it,” can seem unpredictable
- Dislikes loud/chaotic situations
- May have specific triggers
- Sensory seeking, sensory under-responsive, sensory over-responsive
  - Low pain threshold (or very high pain threshold)

**Diagnose**
- Occupational Therapist

**What To Do**
- Occupational Therapy
  - Sensory “diet,” proprioception, heavy work
  - Feeding therapy for picky eating (heavy sensory approach)
  - Wilbarger Skin Brushing Protocol (amazon, youtube)
- Self-awareness – coping strategies, self-soothing, recognize triggers, etc.
- 504 Plan Accommodations: headphones for quiet, soft/quiet place to regroup, heavy work, walkabout

### (Stealth) Dyslexia

**Clues**
- Reading at or above grade level, but skips or substitutes words when reading *(reads via sight words)*
- Problems with spelling, grammar, conventions, capital/lower case
- Trouble with phonics, decoding unfamiliar or nonsense words
- Comprehension with short texts (less redundancy)
- Inconsistent scores on standardized tests
- Early sign: Trouble with rhyming
- Commonly diagnosed in middle or high school for gifted students

**Diagnose**
- Neuropsychologist who specializes in dyslexia
  - Make sure they use the CTOPP test
  - Likely to see low working memory or processing speed index, low rapid naming

**What To Do**
- Tutoring 1-2x per week with a dyslexia tutor (wabida.org)
  - Orton-Gillingham method: Barton, Wilson, Lindamood-Bell, Wired for Reading, ...
  - You do NOT need a diagnosis to start tutoring
  - EARLY intervention is much more effective
- Hamlin-Robinson private school in Seattle
- 504 Plan Accommodations: audiobooks (learningally.com), dictation, typing, spellcheck, snaptype app for worksheets
### Dysgraphia

<table>
<thead>
<tr>
<th>Clues</th>
<th>OUTPUT</th>
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</thead>
<tbody>
<tr>
<td>• Dislikes writing, inconsistent spelling, low written output overall</td>
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</tr>
<tr>
<td>• Messy/illegible handwriting OR sometimes very neat, but very, very slow handwriting</td>
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<tr>
<td>• “Drawing” letters one stroke at a time</td>
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<tr>
<td>• Hard to organize ideas into a coherent narrative or essay</td>
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<tr>
<td>• Root problems:</td>
<td></td>
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<tr>
<td>• Physical fine motor problems, musculature in the hand/arm/core, pencil grip</td>
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<tr>
<td>• Brain-based problems with automaticity of letter formation</td>
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<tr>
<td>• Brain-based problems with output &amp; organizing ideas (crossover w/exec function)</td>
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<td></td>
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<tr>
<td>Diagnose</td>
<td></td>
</tr>
<tr>
<td>• Neuropsychologist who specializes in dyslexia/dysgraphia</td>
<td></td>
</tr>
<tr>
<td>• Occupational Therapist evaluation for handwriting/dysgraphia</td>
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<tr>
<td>• Also consider: sensory processing disorders, dyslexia, vision processing disorders, executive function</td>
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<td></td>
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<tr>
<td>What To Do</td>
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</tr>
<tr>
<td>• Dyslexia tutors often tutor for dysgraphia as well (wabida.org)</td>
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<tr>
<td>• Handwriting without Tears</td>
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<tr>
<td>• Automaticity “Figure 8” Exercise</td>
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<tr>
<td>• Neuroplasticity approach: Arrowsmith program word &amp; tracing exercises</td>
<td></td>
</tr>
<tr>
<td>• Occupational Therapy for physical aspect: muscle strength, fine motor, pencil grip</td>
<td></td>
</tr>
<tr>
<td>• 504 Plan Accommodations: dictation, typing, spell check, snaptipe app for worksheets.</td>
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</tbody>
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### Autism Spectrum Disorder (ASD)

<table>
<thead>
<tr>
<th>Clues</th>
<th>OUTPUT</th>
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<tbody>
<tr>
<td>• Lacks empathy, ability to read social cues</td>
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<tr>
<td>• Strongly prefers routine &amp; structure</td>
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<tr>
<td>• Very strong memory</td>
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<tr>
<td>• Trouble generalizing from one situation to another, taking another’s perspective</td>
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<tr>
<td>• Has trouble understanding more complex humor or idioms</td>
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<tr>
<td>• Rigid thinking</td>
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<tr>
<td>• Motor clumsiness</td>
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<tr>
<td>• Sensory sensitivity</td>
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<td></td>
<td></td>
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<tr>
<td>Diagnose</td>
<td></td>
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<tr>
<td>• Neuropsychologist who specializes in giftedness and ASD</td>
<td></td>
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<tr>
<td>• Note that Asperger’s is now part of ASD</td>
<td></td>
</tr>
<tr>
<td>• Diagnosis in GIRLS is especially tricky</td>
<td></td>
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<tr>
<td>• Also consider: Sensory Processing Disorder, medical issues</td>
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<td></td>
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<tr>
<td>What To Do</td>
<td></td>
</tr>
<tr>
<td>• Therapy is controversial!</td>
<td></td>
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<tr>
<td>• Consider occupational therapy for sensory sensitivities &amp; daily living</td>
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</tr>
<tr>
<td>• Consider ASD-specific therapies: ABA, Floortime, etc.</td>
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<tr>
<td>• Social coaching/thinking groups</td>
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<tr>
<td>• Books: Asperkids series, Social Thinking books (Michelle Garcia Winner)</td>
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</tbody>
</table>
# Slow Processing Speed

**Clues**
- Seems unmotivated or “lazy”
- Takes a moment before answering a question
- May have brilliant insights, but they take a while to come out
- Transcribing is laborious
- Poor math fluency, especially on timed arithmetic
- Panics when feeling time pressure, timed tests
- Does better on large projects, deep problem solving – but not on short, rote work

**Diagnose**
- Neuropsychologist
  - Will be visible in the WISC “Processing Speed” Index
- Unclear whether slow processing speed is its own diagnosis, or a side effect of other disabilities
- Unclear whether slow processing speed is really about mental processing speed or output speed
- Also consider: dyslexia, dysgraphia, vision processing, auditory processing, anxiety, exec function

**What To Do**
- Be patient. Create time and space.
- Advocate at school. Consider homeschooling.
- 504 Plan Accommodations: EXTRA TIME!!!, warn student that they will be called on, reduce classwork/homework, calculator, provide notes. See executive function.

# Anxiety

**Clues**
- Quick to anger, tantrum, or withdraw
- Low tolerance for frustration
- May be tied to perfectionism
- Panics when feeling time pressure, timed tests
- Worries about things
- Trouble separating from parents/caregivers
- Trouble sleeping (falling asleep, staying asleep, etc)
- Might be secondary to an undiagnosed/unsupported disability

**Diagnose**
- Neuropsychologist
- Clinical Psychologist
- Also consider: underlying learning difference of any kind, sleep apnea, medical causes (PANDAS/PANS, etc)

**What To Do**
- Counseling
  - Cognitive Behavioral Therapy (CBT), Play Therapy, etc.
- Neurofeedback, biofeedback therapies
- 504 Plan Accommodations: Extra time on assignments, no timed tests, quiet/soft place to regroup
### ADHD & Executive Function Disorder/Delay

**Looks Like**
- Trouble getting back on task, getting classwork or homework done
- Can focus in a novel situation, but not on rote, repetitive or non-preferred work
- Impulsive, possibly highly energetic/active, but not necessarily
- Trouble organizing backpack/desk/locker, turning in homework, loses stuff
- Symptoms happen at school AND home (screentime doesn’t count)
- Trouble with time management, breaking down large projects
- Behavior improves when more structure is given

**Diagnose**
- Neuropsychologist who knows gifted
  - Look for one who uses computer-based attention tests, not just checklists
  - ADHD diagnosis flavors: inattentive, hyperactive, both
- Also consider: overexcitabilities, allergies, sleep apnea/issues, dyslexia, dysgraphia, vision processing disorders, central auditory processing disorders, sensory integration disorders, learning disabilities...

**What To Do**
- Give it time... Might be asynchronous brain development
- ADHD medication can be life changing for some kids
- More structure & routine
  - Executive Function Coach (sethperler.com, davincilearning.org, ...)
  - 504 Plan Accommodations: Time Timer, ReVibe watch, wiggle seat, chair bands, frequent movement breaks, standing desk, folders not binders, fidgets, teach tasks explicitly, increase structure/routine, wunderlist.com, automatic reminders, lists, charts, cueing, make time visible, graphic organizers ...

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### Many things can look like ADHD

- “A true diagnosis of ADD/ADHD should be as a last resort made by exclusion after ruling out other possible factors such as:
  - depression,
  - anxiety,
  - learning disabilities,
  - preoccupation with personal issues,
  - unrealistic expectations,
  - situational difficulties and
  - mismatch between abilities and expectations
  - auditory processing deficits,
  - mild brain injury,
  - ill health,
  - substance abuse,
  - lack of sleep and/or nutrition,
  - current use of medication”

(Webb et al, 2005)
Other possibilities worth a mention

- **Dyscalculia** – like dyslexia, only for numbers and number concepts
- **Physical disabilities** – mobility, vision, hearing, etc.
- **Medical disabilities** – Multiple Sclerosis, Cystic Fibrosis, Asthma, autoimmune diseases, etc.
- **PANDAS/PANS** – anxiety, OCD, tics, hairtrigger anger, picky eater, urinary frequency or bedwetting, math/writing regression
  - any 2-3 symptoms, does NOT have to be acute onset
- **Food allergies & sensitivities** – common, system-wide effects
- **Misdiagnosis red flags (Webb et al, 2005):**
  - Bipolar, Cyclothymic, Schizoid/Schizotypal Personality Disorder, Schizophrenia
  - Oppositional Defiant Disorder (ODD), Conduct Disorder, Intermittent Explosive Disorder, Disruptive Behavior Disorder, Narcissistic Personality Disorder

Local resources

- **Washington Assistive Technology Act Program (WATAP)**
  - Seattle university district, lends accommodative technologies & helps you find the right supports
- **NW Gifted Child Association (NWGCA)**
  - [http://www.nwgca.org](http://www.nwgca.org)
  - List of Professionals under “Resources”
  - List of Summer/Enrichment under “Resources”
  - Upcoming Events under “Events”
- **Smart is not Easy**
  - [http://www.smartisnoteasy.com](http://www.smartisnoteasy.com)
  - Parent consulting in Woodinville/Redmond area. Phone or Skype
Thank You

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