

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

Austina De Bonte

austinad@smartisnoteasy.com

Consultant, Smart is not Easy LLC (smartisnoteasy.com)

President, NW Gifted Child Association (nwgca.org)

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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.

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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

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SENG Misdiagnosis Initiative

SENG = Supporting Emotional Needs of Gifted

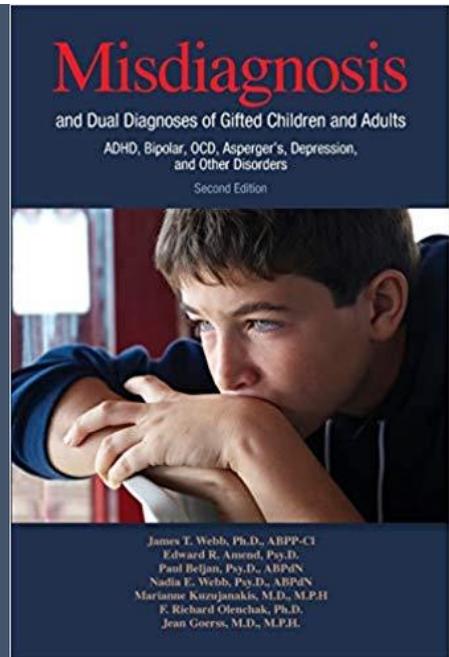
Misdiagnosis and Missed Diagnosis:

- 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

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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

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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)

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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)

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	Auditory Processing Disorders (CAPD)	INPUT
Clues	<ul style="list-style-type: none"> • Common in gifted and highly gifted • How the brain processes what the ears hear, imbalance between ears • Usually hearing is normal or super-sensitive • Hands over the ears as a young child, sensitive to loud/sudden noises • Wears hats, hoods, long hair, headphones that cover the ears • Dislikes noisy environments • Trouble remembering multi-step directions, poor auditory memory • Trouble distinguishing foreground/background conversation 	© 2019 Austina De Bonte
Diagnose	<ul style="list-style-type: none"> • Audiologist with CAPD specialty <ul style="list-style-type: none"> • Standard battery includes sentences and phrases that are predictable • ABLE Kids Foundation in Fort Collins, Colorado specializes in diagnosing highly gifted kids & adults • Also consider: sensory processing disorder, ADHD, vision processing disorder. 	
What To Do	<ul style="list-style-type: none"> • Ear Filter from ABLE Kids Foundation • www.sound-sense.net – specialized low gain hearing aides • Listening therapies (but beware): Integrated Listening System, Tomatis, Fast Forward, CAPDOTS, etc. • 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. 	

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	Vision Processing Disorders	INPUT
Clues	<ul style="list-style-type: none"> • Very subtle in many gifted students – worth screening every kid <ul style="list-style-type: none"> • Common! 1 in 4 kids has issues • How the brain processes what the eyes see <ul style="list-style-type: none"> • Convergence insufficiency, teaming, tracking, 3D • Letters/words flip, move, or get blurry • Clumsy, trouble with sports & balls, dislikes 3D movies • Lack of stamina when reading, especially when fonts get smaller • Inconsistent scores on standardized tests 	© 2019 Austina De Bonte
Diagnose	<ul style="list-style-type: none"> • Developmental Optometrist (covd.org) <ul style="list-style-type: none"> • Covered by insurance as a yearly eye exam, just much more thorough • Also consider: dyslexia, ADHD. Auditory processing disorders often co-occur. 	
What To Do	<ul style="list-style-type: none"> • Vision therapy (weekly therapy with homework, or biweekly therapy without homework) <ul style="list-style-type: none"> • Research on vision therapy is inconsistent. Provider quality matters a lot. • Note that vision therapy does NOT fix dyslexia. • Glasses sometimes help • 504 Plan Accommodations: large fonts, ebooks/kindle, audiobooks, writing in the test book (no bubble/answer sheets), preferential seating, extra time. 	

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	Sensory Processing/Integration Disorder	INPUT
Clues	<ul style="list-style-type: none"> • Extreme sensitivity to sensory input <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Low pain threshold (or very high pain threshold) 	© 2019 Austina De Bonte
Diagnose	<ul style="list-style-type: none"> • Occupational Therapist • Also consider: Overexcitabilities, Central Auditory Processing Disorder, Vision Processing Disorder 	
What To Do	<ul style="list-style-type: none"> • Occupational Therapy <ul style="list-style-type: none"> • 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 	

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	(Stealth) Dyslexia	INPUT/OUTPUT
Clues	<ul style="list-style-type: none"> • 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 	© 2019 Austina De Bonte
Diagnose	<ul style="list-style-type: none"> • Neuropsychologist who specializes in dyslexia <ul style="list-style-type: none"> • Make sure they use the CTOPP test • Likely to see low working memory or processing speed index, low rapid naming • Also consider: vision processing disorders, auditory processing disorders, ADHD, dysgraphia 	
What To Do	<ul style="list-style-type: none"> • Tutoring 1-2x per week with a dyslexia tutor (wabida.org) <ul style="list-style-type: none"> • 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, snaptape app for worksheets 	

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	Dysgraphia	OUTPUT
Clues	<ul style="list-style-type: none"> Dislikes writing, inconsistent spelling, low written output overall Messy/illegible handwriting OR sometimes very neat, but very, very slow handwriting “Drawing” letters one stroke at a time Hard to organize ideas into a coherent narrative or essay Root problems: <ul style="list-style-type: none"> Physical fine motor problems, musculature in the hand/arm/core, pencil grip Brain-based problems with automaticity of letter formation Brain-based problems with output & organizing ideas (crossover w/exec function) 	© 2019 Austina De Bonte
Diagnose	<ul style="list-style-type: none"> Neuropsychologist who specializes in dyslexia/dysgraphia Occupational Therapist evaluation for handwriting/dysgraphia Also consider: sensory processing disorders, dyslexia, vision processing disorders, executive function 	
What To Do	<ul style="list-style-type: none"> Dyslexia tutors often tutor for dysgraphia as well (wabida.org) Handwriting without Tears Automaticity “Figure 8” Exercise Neuroplasticity approach: Arrowsmith program word & tracing exercises Occupational Therapy for physical aspect: muscle strength, fine motor, pencil grip 504 Plan Accommodations: dictation, typing, spell check, snatype app for worksheets. 	

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	Autism Spectrum Disorder (ASD)	
Clues	<ul style="list-style-type: none"> Lacks empathy, ability to read social cues Strongly prefers routine & structure Very strong memory Trouble generalizing from one situation to another, taking another’s perspective Has trouble understanding more complex humor or idioms Rigid thinking Motor clumsiness Sensory sensitivity 	© 2019 Austina De Bonte
Diagnose	<ul style="list-style-type: none"> Neuropsychologist who specializes in giftedness and ASD Note that Asperger’s is now part of ASD Diagnosis in GIRLS is especially tricky Also consider: Sensory Processing Disorder, medical issues 	
What To Do	<ul style="list-style-type: none"> Therapy is controversial! Consider occupational therapy for sensory sensitivities & daily living Consider ASD-specific therapies: ABA, Floortime, etc. Social coaching/thinking groups Books: Asperkids series, Social Thinking books (Michelle Garcia Winner) 	

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Slow Processing Speed	
Clues	<ul style="list-style-type: none"> • 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 <p style="text-align: right;">© 2019 Austina De Bonte</p>
Diagnose	<ul style="list-style-type: none"> • Neuropsychologist <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

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Anxiety	
Clues	<ul style="list-style-type: none"> • 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 <p style="text-align: right;">© 2019 Austina De Bonte</p>
Diagnose	<ul style="list-style-type: none"> • Neuropsychologist • Clinical Psychologist • Also consider: underlying learning difference of any kind, sleep apnea, medical causes (PANDAS/PANS, etc)
What To Do	<ul style="list-style-type: none"> • Counseling <ul style="list-style-type: none"> • 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

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ADHD & Executive Function Disorder/Delay	
Looks Like	<ul style="list-style-type: none"> • 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 <p>© 2019 Austina De Bonte</p>
Diagnose	<ul style="list-style-type: none"> • Neuropsychologist who knows gifted <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Give it time... Might be asynchronous brain development • ADHD medication can be life changing for some kids • More structure & routine <ul style="list-style-type: none"> • 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"

Vision processing issues
Auditory processing issues
Sensory processing issues
Sleep apnea
Allergies (food or environment)
Sensitivity to food coloring
Chemical sensitivity
Mold
PANDAS/PANS

(Webb et al, 2005)

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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

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Local resources

- Washington Assistive Technology Act Program (WATAP)
 - <http://watap.org/>
 - Seattle university district, lends accommodative technologies & helps you find the right supports
- NW Gifted Child Association (NWGCA)
 - <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>
 - Parent consulting in Woodinville/Redmond area, Phone or Skype

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Thank You

Austina De Bonte

President, NW Gifted Child Association
Consultant, Smart is Not Easy LLC

austinad@smartisnoteasy.com
www.smartisnoteasy.com

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