RECOGNIZING AND SUPPORTING HIDDEN DISABILITIES AND TWICE EXCEPTIONALITY (2E)

IN HIGH SCHOOL AND COLLEGE STUDENTS

Dr. Austina De Bonte, Ed.D.

austina@smartisnoteasy.com

Consultant, Smartisnoteasy.com
President, WA Coalition for Gifted Education
Past President, NW Gifted Child Association
Advisor, The G Word Film

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AGENDA

- Hidden disabilities
- The power of compensation
- The bright student dilemma
- •Who are the twice exceptional (2e)?
- Why diagnosis matters
- 10 most overlooked root cause(s)

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A STORY OF HIDDEN DISABILITIES

Primary school Star student

Middle school Average student

High school Struggles intensifying

College Considering dropping out

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- Academically ahead, don't need instruction
- Read context clues, watch neighbors
- · Copy patterns on worksheets, whiteboard
- Work extra hard at home
- End of semester sprint to finish work
- Pass the tests without doing homework
- Anxiety, depression, perfectionism
- Don't realize that their experience is different than other students
- Shame/embarrassment to ask for help

THE BRIGHT STUDENT DILEMMA



Most kids "learn how to learn" in elementary school

Reading, spelling, subtraction, multiplication, etc.

Learning to tolerate confusion, recovering from mistakes, asking and receiving help...

Building persistence, perseverance, grit, growth mindset

Time management, study skills (middle school)



Bright students already know most of the curriculum

School is too easy, not challenging Two implications:

- I. Lack of opportunity to build these skills
- 2. Any disabilities remain hidden

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WHO ARE THE TWICE-EXCEPTIONAL (2E)?

Bright, gifted, talented, highly capable, and/or high IQ

<u>AND</u>

Neurodiversity, disability, learning difference, mental health concern, and/or other challenge

"Their gifts may mask their disabilities and their disabilities may mask their gifts."

(Reis et al., 2014, p. 222)

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NEURODIVERSITY, ANOTHER LENS ON 2E

- Neurodiversity is not just about autism
- Every brain is unique, like a fingerprint (Valizadeh et al., 2018)
- Different brain "operating system," patterns of strengths and challenges
- Careful: neurodiverse brains are not "worse" (or "better")
 - They are **DIFFERENT**
- Many common diagnoses are better understood as neurodiversity
 - ADHD strengths in quick response time, acting under pressure, noticing changes
 - Dyslexia strengths in visual/spatial, creativity, big picture, entrepreneurial
 - Autism strengths in spotting patterns, details, logic

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WHY DIAGNOSIS MATTERS

"Why do you need a label?

Because there is comfort in knowing you are a normal zebra, not a strange horse.

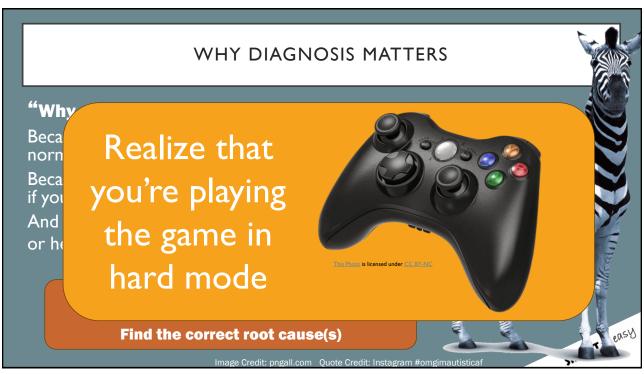
Because you can't find community with other zebras if you don't know you belong.

And because it is impossible for a zebra to be happy or healthy spending its life feeling like a failed horse."

The important part is that the label is ACCURATE Find the correct root cause(s)

Image Credit: nngall com Ouote Credit: Instagram #omgimautistica





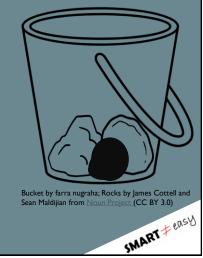
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BUCKET THEORY

- Everyone has a bucket to handle adversity
- As challenges stack up, they fill up your bucket
- When your bucket overflows, that's overwhelm

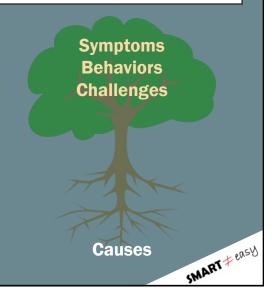
Game Plan

- 1. Identify the rocks in your bucket
- 2. Get them out (or make them smaller)
- → Create more space for resilience



LOOK FOR THE ROOT CAUSE(S)

- There's a reason. Find the reason.
 - "Kids do well if they can." -Ross Greene
- Find ALL of the causes
 - You need DIFFERENT practitioners
- Different strategies for different causes
 - Interventions
 - Tools
 - Accommodations
 - Understanding (Neurodiversity-affirming & Strength-focus)



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VISION PROCESSING DISORDERS (VPD)

Common but subtle – worth screening anyone having trouble How the brain processes what the eyes see

Many flavors: Convergence insufficiency, teaming, tracking, 3D, distance vs. near

Letters/words/numbers flip (b d p q), move, or get blurry

Goofy mistakes in math (+ - x)

Clumsy, trouble with sports & balls, dislikes 3D movies/rides

Fatigue, lack of stamina when reading, especially with small fonts

Inconsistent scores on standardized tests

NOT dyslexia, but it's common to have both

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VISION PROCESSING DISORDERS (VPD)

Common but subtle – worth screening anyone having trouble

How to Help

- Interventions
 - Diagnose with a specialist (covd.org)
 - Vision therapy is effective at any age
- Accommodations
 - Large print
 - Audiobooks, text-to-speech
 - Dictation, speech-to-text
 - Typing all classwork/assessments (SnapTypeApp.com)

NOT dyslexia, but it's common to have both

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AUDITORY PROCESSING DISORDER (APD)

Hearing is normal or super-sensitive

One ear "hears" a split second before the other

Wears hats, hoods, long hair, headphones that cover the ears

Dislikes noisy environments, trouble understanding in background noise

Fatigue, comprehension problems in lecture halls, big classrooms

Trouble with conversational timing (social!)

Rising anxiety/fatigue/frustration through the day

May look like ADHD, ODD, PDA, explosive behavior, or withdrawal

Common reason for classroom behavior challenges

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AUDITORY PROCESSING DISORDER (APD) Hearing is normal or super-sensitive How to Help Interventions Auditory therapies (many options; mixed results) • Ear filter (ablekidsfoundation.org) • Low gain hearing aids (drraestout.com) Accommodations • Teacher always uses microphone! · Preferential seating away from noise

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Tools

RETAINED PRIMITIVE REFLEXES

- Primitive reflexes should have integrated by early childhood
- If still present, can cause a wide variety of concerns:

Check in with student for understanding

Provide written notes, scribe, allow recording

• Trouble sitting still, poor coordination, motion sickness, anxiety, trouble with handwriting, unusual posture, unusual gait, toe walking, emotional dysregulation, balance/vestibular issues, clumsiness, ...

• Moro startle reflex – sensitivity to stimuli, sounds, tactile, lights, etc.

- There are about a dozen others
- Retained reflexes are often present alongside:
 - Vision processing disorders (VPD)
 - ADHD
 - Autism

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RETAINED PRIMITIVE REFLEXES

Primitive reflexes should have integrated by early childhood

lf.

How to Help

- Interventions
 - Exercises to re-integrate reflexes
 - Available online, or work with a specialist, e.g. senseenabled.com
- Accommodations
 - Allow movement in class (walking lane)
 - Provide alternate seating (standing, wobble chair, etc.)
 - Provide fidget tools
- Арнр
- Autism

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AUTISM

- Probably way more common than we think, especially in girls (#actuallyautistic)
- Different brain operating system not broken, different
- Creates challenges in unsupportive environments
 - DSM lists distress responses of autistic individuals in non-supportive environments
- Sensory sensitivity (tactile, auditory, visual, etc.)
- Autistic social patterns (see: Double Empathy Problem)
- · Focus on details over big picture
- Different internal experience (interoception)
- Anxiety, irritability, perfectionism, prone to getting overwhelmed
- Non-Clues: eye contact, empathy, social, affectionate, sense of humor, creativity

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AUTISM

- What could autism look like in high school/college
 - Difficulty with dorm living
 - Self-care (remembering to eat, laundry, etc.)
 - Negotiating needs with roommates
 - Frequently feeling overwhelmed
 - Sensory input (visual, auditory, tactile, etc.)
 - Social pressures/expectations, especially in unstructured situations
 - Executive function challenges
 - Trouble managing multiple classes/teachers, amidst higher expectations
 - Trouble connecting socially with peers

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AUTISM

What could autism look like in high school/college

How to Help

- Interventions
 - ABA avoid! Pretending to be "normal" today → Burnout later)
 - Instead: Neurodiversity affirming counseling/coaching
- Accommodations
 - Executive function supports
 - Social supports (form a support group with other autistic students)
 - Support specific individual needs (sensory, living space, etc.)
- Understanding
 - Self-understanding as neurodiverse, not broken
 - Understanding your limits, and where to spend your energy

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(STEALTH) DYSLEXIA

- Phonological awareness, trouble with rhyming & wordplay
- Reads everything as a sight word, trouble sounding out
- Trouble with spelling, writing, grammar
- Skips or substitutes words when reading
- Inconsistent scores on standardized tests
- Trouble with rote memory
- Despite this, excellent comprehension of the big picture

Free oral screener for dyslexia - www.thepasttest.com

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(STEALTH) DYSLEXIA

How to Help

- Interventions
 - Dyslexia-specific tutoring in structured literacy (phonics, etc.)
 with a focus on spelling/writing
- Accommodations
 - Audiobooks, text-to-speech
 - Dictation, speech-to-text, or a scribe
 - Typing all assignments/assessments (SnapTypeApp.com)
 - Access to spellcheck for all classwork/assessments
 - Extra time for assignments/assessments
 - Provide written notes, scribe, allow recording

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DYSCALCULIA

- · Less well understood than cousin dyslexia
- · Difficulty with judging quantities, less vs. more
- Lack of number sense
- Trouble with calculations
- Can memorize some sequences but not understand why
- Good math problem solving skills, but trouble with rote math facts?
 - → Consider dyslexia

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DYSCALCULIA

- · Less well understood than cousin dyslexia
- Difficulty with judging quantities less vs more

How to Help

Accommodations

- Provide manipulatives
- Provide number line, hundreds chart
- Provide multiplication table
- Provide calculator
- Good math problem solving skills, but trouble with rote math facts?
 - → Consider dyslexia

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WRITING CHALLENGES (DYSGRAPHIA)

- Many causes:
 - Physical/motor challenges, strength, pencil grip
 - Lack of motor automaticity in writing letters/numbers
 - Dyslexia (especially spelling)
 - Vision Processing Disorders (VPD)
 - Trouble getting ideas out, organizing thoughts
- Figure out the specific cause(s)

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THIS IS A TOUGH TRANSITION First, . Then ., ., and ... Lots of interconnected ideas in brain linear writing, one word at a time

WRITING CHALLENGES (DYSGRAPHIA)

• Many causes:

How to Help

- Figure out the specific cause(s)!
- Interventions
 - Writing coach/tutor (braindump ideas in a messy way, then organize)
- Accommodations
 - Dictation, speech-to-text, or a scribe
 - Typing all assignments/assessments (SnapTypeApp.com)
 - Access to spellcheck for all classwork/assessments
 - Extra time for assignments/assessments
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ADHD

How to Self-Hack Your

ADHD Brain

- Types: Inattentive, Hyperactive, Combined
- Not lack of attention, but trouble regulating attention
- Can focus when: (INCUP)
 - Interesting
 - Novel
 - Challenging
 - Urgent/Pressure

(Dodson, 2018)

- NOT: rote, boring, easy, even if very important
 - "Interest-based nervous system"

Trouble getting started

Staying on task

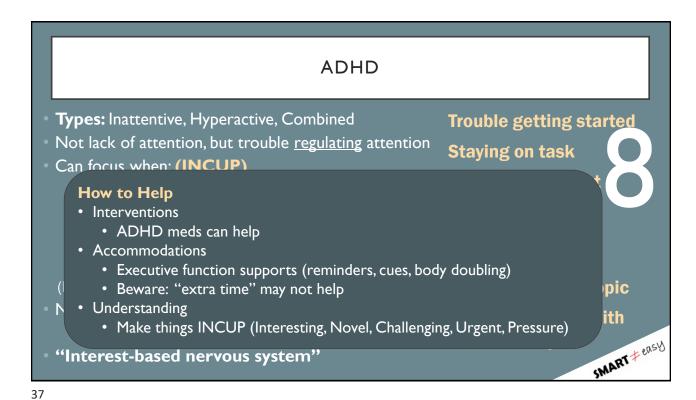
Time management

Breaking down big projects

Executive function

Can produce when interested in the topic

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ADHD LOOKALIKES

- "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 abilities and expectations,
 - auditory processing deficits,
 - mild brain injury, ill health, substance abuse,
- lack of sleep and/or nutrition, current use of med.
 (Webb et al, 2005)

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

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SLEEP APNEA (AND OTHER SLEEP DISTURBANCES)

Sleep apnea in teens can be silent

No gasping, night waking, snoring, etc.

REM sleep is needed for consolidating and storing long-term memory Lack of quality sleep can cause symptoms identical to ADHD

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Easy to rule in/out with a sleep study

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SLEEP APNEA (AND OTHER SLEEP DISTURBANCES)

Sleep apnea in teens can be silent

No gasping, night waking, snoring, etc.

How to Help

- Interventions
 - Remove tonsils
 - Revise tongue tie
 - Orthodontic palette expander
 - Nose/sinus surgery for bifurcated septum
- Tools
 - CPAP machine for sleeping

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PANDAS/PANS

- Autoimmune reaction to strep (and/or other bacteria/viruses/mold) that creates inflammation in the basal ganglia of the brain
- Common: Irritability, Low frustration tolerance, Mood swings, Anxiety (especially separation anxiety, irrational, bedtime, or constant)
- Often: Sleep disturbances, OCD, Repetitive/intrusive thoughts, Tics (physical or verbal), Picky/restricted eating, Sensory sensitivity
- Sometimes: Headache, Stomachache, Urinary frequency, Bedwetting, Math or handwriting regression, Aggression, School refusal
- Stanford says only 40% of their PANDAS patients were acute onset

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PANDAS/PANS

- **Autoimmune reaction to strep** (and/or other bacteria/viruses/mold) that creates inflammation in the basal ganglia of the brain
- Common: Irritability, Low frustration tolerance, Mood swings, Anxiety (especially separation anxiety, irrational, bedtime, or constant)

How to Help

- Interventions
 - Medical treatment needed, MUST find a specialist
 - Neuroimmune.org http://aspire.care
 - Pandasnetwork.org inflamedbrain.org
 - Pandasppn.org
- Book: A Light in the Dark for PANDAS & PANS (Crista)

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onset

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PROVIDING HELP THAT'S ACTUALLY HELPFUL

Different strategies for different causes
 Figure out the correct root cause(s)

When in doubt, Provide more support

Interventions

Vision therapy for VPD, Tutoring for dyslexia, Reflex integration, Occupational Therapy, Medication for ADHD, Treatment for medical issues

Tools

Ear filter/LGHA for APD, Assistive technology for dyslexia & VPD & writing

Accommodations

Preferential seating, written notes, notetaker/scribe, teacher uses microphone, extra time, large print, audio books, etc.

• **Understanding:** Neurodiversity-affirming, Strength-focused

For autism, ADHD, dyslexia, dysgraphia, and everything...

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THANK YOU

Dr. Austina De Bonte austina@smartisnoteasy.com

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