

GETTING TO THE ROOT CAUSE(S) OF TWICE EXCEPTIONALITY (2E) BEYOND THE USUAL SUSPECTS

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AGENDA

- ◆ Could it be 2e?
- ◆ Why diagnose?
- ◆ 10 Most Overlooked Causes of 2e

This presentation is for information purposes only and is NOT to be used for the purpose of diagnosing any condition. Please consult with appropriate professionals to pursue diagnosis.

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WHO ARE THE TWICE-EXCEPTIONAL (2E)?

Gifted, talented, highly capable, and/or high IQ

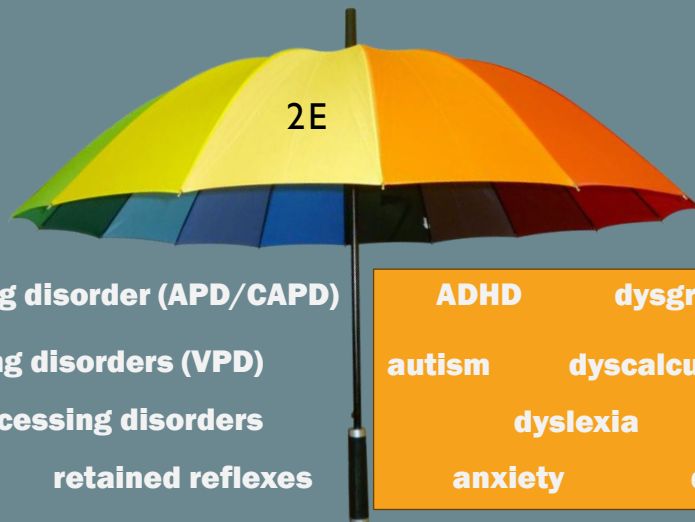
AND

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

“...a unique population of students who may fail to demonstrate either high academic performance or specific disabilities. Their gifts may mask their disabilities and their disabilities may mask their gifts.”

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

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auditory processing disorder (APD/CAPD)

vision processing disorders (VPD)

sensory processing disorders

medical conditions retained reflexes

physical conditions

PANDAS/PANS sleep problems

ADHD

dysgraphia

autism

dyscalculia

dyslexia

anxiety

depression

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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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HIGH IQ IS ALSO A FORM OF NEURODIVERSITY

- Regional brain volume is **BIGGER** in some areas (left hemisphere, bilateral frontal cortex, phonological loop, working memory, sensory, anxiety, amygdala)
 - ...and **SMALLER** in others (lateral-parietal junction)
- **DENSER** connectivity between some areas (arcuate fasciculus, corpus callosum - “information highways”)
 - ...and **SPARSER** connectivity in others
- Brain maturation happens on a different timeline (4 year difference!)
- **High IQ brains are physically different than neurotypical brains**

Source: gro-gifted.org

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ARE YOU SURE IT ISN'T 2E?

- Quirky?
- Asynchronous?
- Sensitive?
- Opinionated?
- Perfectionistic?
- Overexcitabilities (psychomotor, sensory, imaginal, intellectual, emotional) may be another language to describe 2e experience

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WHAT DOES 2E LOOK LIKE?

- explosive behavior
- distractible
- trouble finishing work
- trouble getting started
- anxiety
- perfectionism
- low frustration tolerance
- impulsive
- overexcitabilities?

Easy to Misunderstand
 “lazy”
 “unmotivated”
 “doesn’t care”
 “mis-identified as gifted”

Probably a lot more gifted kids are 2e than we think. Maybe even the majority, especially among highly gifted.

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BEHAVIOR IS COMMUNICATION

- When a 2e student is having a hard time, **you will see it in their behavior**
- “Not won’t, **CAN’T**” “Kids do well when they can.” – Ross Greene
- “Shifting from addressing behaviors to trying to **understand their origins and triggers** means making a shift from managing our children to **understanding them deeply.**” – Mona Delahooke
- **“It’s never about lazy.” – Austina De Bonte**

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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: pngall.com Quote Credit: Instagram #omgimautisticaf

WHY DIAGNOSIS MATTERS

- Accurate diagnosis helps build positive self-concept
 - “Lazy,” “Unmotivated,” “Try harder” is harmful
- Missed opportunities to support
- Applying the wrong supports causes frustration when they don’t work
- Wasting time that could be spent developing strengths
- Early intervention works better – neuroplasticity!
 - Dyslexia intervention in 1st or 2nd grade is **twice** as effective as in 3rd (Lovett et al., 2017)
- **2e students are masters of masking & compensating**
- **Accurate diagnosis is tricky! It’s probably not just one thing...**

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WHY DIAGNOSIS MATTERS

- Acc
- “L
- Mis
- App
- Wa
- Earl
- Dys

Realize that
you’re playing
the game in
hard mode



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(2017)

- **2e students are masters of masking & compensating**
- **Accurate diagnosis is tricky! It’s probably not just one thing...**

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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

PLAN

Identify some rocks in your bucket

Get them out (or make them smaller)

→ More space for resilience to other challenges

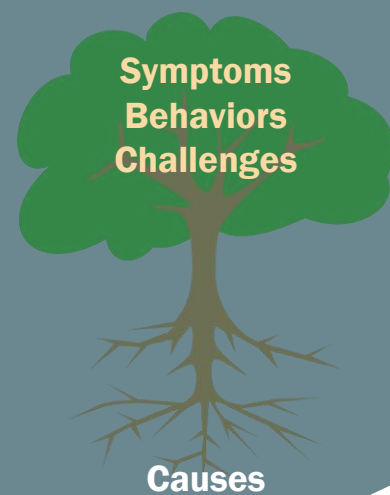


Bucket by farra nugraha; Rocks by James Cottell and Sean Maldjian from [Noun Project](#) (CC BY 3.0)

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LOOK FOR THE ROOT CAUSE(S)

- There's a reason. Find the reason.
- Find **ALL** of the causes
 - You need **DIFFERENT** practitioners
- Different strategies for different causes
 - **Interventions & Therapies**
 - **Tools & Accommodations**
 - **Polyvagal Safety & Focusing on Strengths**



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POLYVAGAL SAFETY IS ESSENTIAL

- Porges polyvagal theory
 - **Autonomic nervous system is constantly evaluating the environment for safety**
 - Co-regulation is essential
 - **Create a neurodiversity-affirming classroom (& home)**
 - Relationship with teacher (& parents)
 - Environmental safety in classroom (& home)
 - Relational safety with classmates (& family)

Ventral Vagal
safe, connected,
calm, social

Sympathetic
fight/flight/freeze
“take action”

Dorsal Vagal
shutdown,
overwhelm



Adapted from Deb Dana 2022; Porges 2011

VISION PROCESSING DISORDERS (VPD)

Common but subtle – worth screening every kid

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

Lack of stamina when reading, especially when fonts get smaller

Inconsistent scores on standardized tests

NOT dyslexia, but kids can have both

1

Find a specialist
on covid.org
(FCOVD)

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AUDITORY PROCESSING DISORDER (APD)

2

- Hearing is normal or super-sensitive
- One ear “hears” a split second before the other
- Hands over the ears as a young child
- Wears hats, hoods, long hair, headphones that cover the ears
- Dislikes noisy environments, trouble understanding in background noise
- Doesn’t hear their name being called
- Hard to remember multi-step directions
- Trouble with conversational timing (social!)
- Rising anxiety/fatigue/frustration through the day
- May look like ADHD, ODD, PDA, explosive behavior

Ear Filter & Diagnosis
ablekidsfoundation.org

Low-Gain Hearing Aids
draeastout.com

Common reason for classroom behavior challenges

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RETAINED PRIMITIVE REFLEXES

3

- Primitive reflexes should have integrated by early childhood
- Moro startle reflex – sensitivity to stimuli, sounds, tactile, lights, etc.
 - There are about a dozen others
- Trouble sitting still, poor coordination, motion sickness, anxiety, trouble with handwriting, unusual posture, emotional dysregulation, balance, clumsiness, ...
- Retained reflexes are often present alongside:
 - Vision processing disorders (VPD)
 - ADHD
 - Autism

Occupational Therapy
knows basic ones

Reflex experts,
e.g. senseenabled.com

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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
- Avoid ABA (masking/pretending to be “normal” today → burnout later)

4

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(STEALTH) DYSLEXIA

- Phonological awareness, trouble with rhyming & wordplay
- Reads everything as a sight word, trouble sounding out
- Skips or substitutes words
- Inconsistent scores on standardized tests
- Trouble with spelling
- Trouble with rote memory (math facts, times tables, months of year, ...)
- Despite this, excellent comprehension with elementary texts

5

Free oral screener for dyslexia - www.thepasttest.com

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DYSCALCULIA

6

- 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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WRITING CHALLENGES (DYSGRAPHIA)

7

- Many causes:
 - Physical/motor challenges, strength, pencil grip
 - Lack of automaticity in writing letters/numbers
 - Dyslexia (especially spelling)
 - Vision Processing Disorders (VPD)
 - Trouble organizing ideas into a linear sequence

• **Figure out the specific cause(s)**

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THIS IS A TOUGH TRANSITION



Lots of interconnected ideas in brain



First, ● . Then ● , ● , and ● .

● . ● . ● because ● .

linear writing, one word at a time

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ADHD

- **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”**

How to Self-Hack Your
ADHD Brain

Trouble getting started

Staying on task

Time management

Breaking down big projects

Can produce when interested in the topic

ADHD meds help with distractibility

8

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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 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)

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 kids and teens is often 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

Easy to rule out with a sleep study, even for young kids

Physical things that can help (much easier to do while young)

Tonsillectomy, Tongue tie revision, Orthodontic palette expander, Nose/sinus surgery

9

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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, Cognitive decline, Aggression, Acute Onset
- **Stanford says only 40% of their PANDAS patients were acute onset**
- Info/Docs: neuroimmune.org, pandasnetwork.org, pandasppn.org, aspire.care
- Book: A Light in the Dark for PANDAS & PANS (Crista)
- **MUST** find a specialist

10

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INTERVENTIONS, TOOLS, UNDERSTANDING

- Different strategies for different causes
- **Intervention & Therapies**
Vision therapy for VPD, Tutoring for dyslexia, Reflex integration, Occupational Therapy, Medication for ADHD, Treatment for medical issues
- **Tools & Accommodations**
Ear filter/LGHA for APD, Technology for dyslexia & VPD & writing, Accommodations to support needs
- **Recognize Neurodiversity & Focus on Strengths**
Autism, ADHD, dyslexia, and everything...

When in doubt,
Provide more support

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THANK YOU

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