

Twice Exceptional Children: Lost Treasures

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How is it possible for a child to be both gifted and learning disabled? When giftedness is thought of as learning-abled, it seems incomprehensible that a person could be simultaneously learning-abled and learning-disabled. However, when giftedness is seen as developmental advancement or as advanced abstract reasoning ability or as asynchrony (the discrepancy between mental and chronological age), it becomes conceivable that a bright student may have difficulty reading, writing, spelling, calculating, or organizing. Giftedness can be combined with blindness, deafness, cerebral palsy, other physical handicaps, and psychological dysfunctions. It provides no immunity against physical diseases and accidents that impair functioning.

Early Detection

It is common knowledge that disabilities require early intervention, and early intervention is only possible if there is early detection. While physical impairments may be obvious, learning disabilities are often difficult to detect in the gifted. The greater one's abstract reasoning abilities, the easier it is to design strategies that camouflage the problem. For example, gifted children with serious hearing impairments have been known to read lips so well that the hearing loss was not discovered for many years. Many children with visual weaknesses use verbal reasoning to talk their way through visual tasks. Such compensation strategies cover up the difficulties temporarily, but they do not resolve the issues. At a later point in development, early strategies often fail.

Visual-motor weaknesses are common in gifted boys. They may appear as clumsiness, lack of coordination, poor balance, delayed choice of handedness, poor pencil grip, slow handwriting speed, inability to cross the midline of the body without switching hands, difficulty cutting or drawing simple figures, and avoidance of motor tasks. When any of these difficulties are observed, it is important for the child to be evaluated by a pediatric occupational therapist as early as possible. A program of exercises before the child is seven is likely to prevent problems with handwriting and underachievement down the road.

Gifted children often are allergy-prone, may be colicky babies, and may sustain repeated infections, particularly if they are in day care. Toddlers who have experienced chronic ear infections (more than 9 in the first three years) are at risk for auditory processing dysfunction and attentional issues. Again, early detection and treatment of ear infections can reverse or prevent conductive hearing losses. Infant screening for hearing impairments and amplification of sound (hearing aids) can also prevent cognitive delays. Parents should get down on eye level with their toddlers, get eye contact, and speak loudly and clearly, during and for several weeks after each ear infection. Fluid can remain in the middle ear for up to 3 months after an ear infection if the child has had several months of antibiotic treatment. Auditory processing can be improved in older children who had chronic ear infections in their early years. Parents can get eye contact and have their children repeat directions. Teachers can sing songs with repeated verses, such as “There Was an Old Woman Who Swallowed a Fly.” Games such as “I’m Going on a Picnic” and “Lion Hunt,” which require remembering previous items or steps, can be played at home and at school.

Many advanced children become early readers because they are cognitively ready to decode the written word. However, eyesight and cognitive development may not progress at the same rate. Preschoolers are usually far-sighted. Bringing far-sighted eyes into near-point focus sometimes creates slight muscular imbalances that interfere with eye teaming, tracking, binocular fusion, and near-far focusing. These issues are usually resolved with a six-month program of vision exercises practiced faithfully every day. Mathematically talented boys may become myopic at around the age of 8 or 9, and need corrective lenses. Signs that a child may be having vision difficulties include rubbing eyes frequently, holding books close to one's eyes, sitting too close to the television set, squinting to see the chalkboard, missing letters, words or lines in reading, miscounting items, or adding two different columns of numbers. It is important for children to receive regular eye examinations.

Assessment

A factor that prevents accurate diagnosis of twice exceptional children is the prevalent practice of comparing gifted children with the norms for average children. In psychology, as well as in other therapeutic fields, such as audiology, speech pathology, occupational therapy, and optometry, the diagnostic question that is usually asked is, "How does this child's performance compare with the norm?" If the child scores within the normal range, no disabilities are detected. If the child scores below the norms, then intervention is sought to bring them up to the norms for average children. To accurately assess gifted children, it is necessary to ask a different diagnostic question: "To what extent do the discrepancies between the child's strengths and his or her weaknesses cause

frustration and interfere with the full development of the child's abilities?" This question focuses the diagnostician on the peaks and valleys of the gifted child's performance rather than comparing the child to peers of average ability. The greater the discrepancies, the greater the likelihood that a child is both gifted and learning disabled, despite the fact that the lowest scores may not be significantly below average.

It is important to look at the strengths of twice exceptional children separately from their weaknesses, rather than averaging their scores. Scores at the 95th percentile and above should be noted as indicative of superior abilities, and low scores should be perceived as real weaknesses, not just "relative" weaknesses if they are within the norms. For example, on a Wechsler test, the highest possible score on each subtest is 19 (99.9th %). A highly gifted child may have 19 on one subtest, such as Vocabulary, and 7 (low average range) on another subtest, such as Coding (which measures eye-hand coordination and speed). The discrepancy between those two scores is 4 standard deviations, the same discrepancy as an IQ score of 130 versus an IQ score of 70. This is more than just a "relative" weakness; yet, this is how most assessments of twice exceptional children are reported. When those two scores (19 and 7) are averaged, the strengths and weaknesses cancel each other out, and the child appears high average (13) rather than highly gifted and disabled. Interpreting the complex profiles of twice exceptional children requires going beyond the boilerplate textbook interpretations and looking for evidence of strengths and weaknesses in the child's performance at home and at school.

Compensation

We often teach children to compensate for weaknesses, and gifted children learn compensation strategies more quickly than their less capable peers. What we neglect to tell them is that compensation can break down under various conditions. It takes more energy to compensate and when one is fatigued, ill, stressed, dieting too strenuously, or adjusting to a new situation, there may not be sufficient energy to support the compensation strategy. So the individual is likely to experience “good days” when the compensations work well, and “bad days” when they fail. Twice exceptional children and adults often believe that the true level of their abilities is revealed on their bad days, and that they are faking it on their good days. It is important for their self-confidence for them to reverse this impression. They need to understand that their high intelligence is revealed on their good days and that there will be bad days, when their compensations, like bad brakes, fail to support them.

One school psychologist said that she tests a twice exceptional child at two different times of day. She tests for giftedness in the morning when the child is fresh, and learning disabilities in the afternoon, when the child is tired and less able to compensate for weaknesses. New compensations may need to be taught when students enter middle or high school.

Conclusion

Twice exceptional children are often hidden from our view. Their giftedness masks their learning disabilities and their learning disabilities depress their IQ scores so that they appear less gifted than they really are. These children often fall through the

cracks of the system, failing to qualify for gifted programs or for special education services. It is necessary that gifted programs become “handicap accessible” so that gifted children with hidden disabilities can gain access to these services. The secrets to reaching twice exceptional children are teaching to their strengths, assistive technology, and accommodations in the classroom, such as untimed tests and shorter written assignments. They blossom and fulfill their potential with supportive teachers.

Suggested Reading

- Baum, S. M., Owen, S. V., & Dixon, J. (1991). *To be gifted & learning disabled: From identification to practical intervention strategies*. Mansfield Center, CT: Creative Learning Press.
- Birely, M. (1995). *A sourcebook for helping children who are gifted and learning disabled* (2nd ed.). Reston, VA: The Council for Exceptional Children.
- Kay, K. (2000). *Uniquely gifted: Identifying and meeting the needs of twice exceptional students*. Gilsum, NH: Avocus.
- Silverman, L. K. (1989). Invisible gifts, invisible handicaps. *Roeper Review*, 12, 37-42.