

GATE MIDDLE SCHOOL COUNSELING RESOURCE NEWSLETTER

January 2018 Edition
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Greetings,

This is the January 2018 edition of the monthly GATE resource newsletters. The purpose of this newsletter is to provide educators with information, practical ideas, classroom interventions and strategies related to the specific characteristics and social-emotional needs of GT middle school students.

Twice-Exceptional Students

This month's newsletter topic is 2e or twice-exceptional students. Meeting the needs of gifted learners who also have a learning disability or co-occurring disability is not an easy task for educators and parents. Although we have made significant progress in the 2e area since the 1970's, there is still confusion surrounding this topic among educators. 2e students' needs can be met through appropriate identification, an individualized approach to education, and collaboration between gifted and special educators, parents and the student. The recommended approach to meeting 2e students' needs includes strategies such as: nurture their strengths and interests, foster their social/emotional development, incorporate counseling support, provide organizational guidance and one-on-one tutoring opportunities, and integrate technology. Resources attached below include articles that address strategies for twice-exceptionality, anxiety and 2e, and gifted children and Asperger Syndrome.

<u>Featured Resources</u> <u>(attached):</u>	<u>Recommended Books/Websites:</u>
1. Strategies for Teaching Twice-exceptional Students – This article	1. http://www.2enewsletter.com/ This is a great website dedicated entirely to the 2e topic providing excellent resources for parents and educators.

provides practical guidelines for teachers and parents who work with 2e students.

2. **Anxiety and 2e Kids** – article exploring issues related to anxiety in gifted learners
3. **Gifted Children With Asperger Syndrome** – This article looks at and compares the differences between gifted children and gifted children with AS.
4. **Characteristics of Gifted Students** – comparison of characteristics of gifted students with and without disabilities

2. http://www.2enewsletter.com/topic_resources_books.html
This link from the 2e newsletter website provides extensive book lists about or related to twice-exceptionality for both adults and children.



Strategies for Teaching Twice-exceptional Students

By Susan Winebrenner

October, 2003

This article is a condensed version of an article by the same title from Understanding Our Gifted, Winter 2002. Reprinted with Permission, Open Space Communications. www.openspacecomm.com

The field of gifted education has discovered ways to create and maintain optimum learning conditions for twice-exceptional students. It is important for parents and teachers of twice exceptional students to teach compensation strategies. Specific teaching and learning methods enable such students to successfully progress on their learning journeys.

Twice-exceptional students cannot improve by simply "trying harder." Their learning challenges often emanate from a series of neurological twists and turns as messages try to make their way to the brain from the source of the stimulus, be it seeing or hearing or some other perceptual sensation. The good news is that these students have above-average intelligence and can be taught specific compensation strategies that can allow them to make significant progress in their productivity in school.

While planning and teaching these strategies, it is helpful to remember the words of Kenneth Dunn (1987): *If they are not learning the way we teach them, let's teach them the way they learn!* When we keep trying to teach kids in ways that have repeatedly failed, discouragement soon replaces optimism. Furthermore, we want to send messages full of hope and confidence to the students. Rather than implying there is something wrong with the kids themselves because of their repeated failures, we can change methods of instruction until we find one that is a "good fit," and learning success can be achieved.

The rule to follow when teaching students who are twice exceptional is simple. When teaching in their areas of strength, offer them the same compacting and differentiation opportunities available to other gifted students. When teaching in their areas of challenge, teach them whatever strategies they need to increase their learning success. Never take time away from their strength areas to get more time to work on their deficiencies. Never remediate their weaknesses until you teach to their strengths!

Guidelines for Teachers Who Work with Learning-Disabled Students

1. Take time at the beginning of every school year to help all your students appreciate and support individual differences. The more you demonstrate that diversity is a good thing, the more your students will learn to accept individual differences in positive ways. Teachers and schools must enforce policies that do not allow teasing, name calling, or other practices that demonstrate rejection of kids because they are different. The more a teacher provides differentiation opportunities in her class, the more she sends the message that being different is natural, and that all differences are valued as part of being human.
2. Make sure students see the "big picture" before they try to learn its pieces. Strategies that are helpful include watching a video before and after studying a novel or other unit of work, hearing a story read aloud before reading it individually, and working from graphic organizers that fit on one page so the whole "picture" of the entire unit content is visible at once.
3. Teach students how to set realistic, short-term goals and to take credit for reaching those goals, even if they represent only a portion of the entire task.
4. Make everything visual. Use graphic organizers, charts, graphs, timelines, vocabulary maps, other types of learning maps, and any other tool that condenses lots of words into a few pictures or graphics. If you are lecturing, supplement your words with visual organizers as you talk. Stop frequently to check for understanding with group response methods, rather than simply accepting one or two verbal responses from volunteers.

5. Use musical chants, raps, rhymes, or rhythms for students who respond to those methods.
6. Build lots of movement into the learning tasks. Many students with learning challenges are very kinesthetic in their learning and truly appreciate movement opportunities. Ask students to stand or jump to indicate their responses to questions. Use team games where kids get to walk to different areas of the room to indicate a response. Allow students to hold onto squeezable objects to enable them to keep moving their hands such as Kush balls. Guard against the impulse to label highly kinesthetic learners as ADHD.
7. Understand that these students often prefer "hands-on and experiential learning situations. They love to do projects, to construct models and visual representations of what they have learned. Unfortunately, such students are often prevented from this type of learning activity as teachers fear that students with learning difficulties will "lose control" of their behavior. The irony is that acceptable behavior is much more likely to occur when students are interested in what they are learning.
8. Allow struggling readers to listen to the books on tape before the class reads a designated story or novel. Listening to one chapter at a time allows these kids to be much more active participants in class discussions and activities in reading and even in content areas. An agency called Recording for the Blind and Dyslexic has recordings of almost every book used in American classrooms. They have a plan where individual families can borrow the taped books for a nominal fee. All that is required is a letter from a medical or educational professional.
9. Provide specific instruction in organization. Provide color-coded notebooks by subject areas, and two sets of texts, one of which can be kept at home. Teach kids to keep charts for supplies and homework. Post reminder notes on the door through which the child passes on his way to school.
10. Use technology that will improve the student's productivity. It is not "cheating" to use calculators, tape recorders, word processors, and spell-check programs for a student with learning weaknesses.
11. Allow students to take tests in separate, supervised environments so they can either read the test aloud themselves or have someone else read it to them.

Guidelines for Teachers Who Work with Gifted Potential

1. Allow students to experience compacting and differentiation in their areas of strength. Offer pretests to document previous mastery of a subject area. Allow students to move through new content at a faster pace and to use some of the remaining time to work on projects in their areas of interest.
2. Don't worry about the "fairness issue." If you are worried that other students will resent the options available for your gifted students or students with learning challenges, simply offer the same options for the whole class. The same methods you have devised for exceptional learners may benefit many other students as well.

Guidelines for Parents

1. Understand that many children who are twice exceptional have uneven standardized test scores. This is a common profile, and it paints an accurate picture of the very definition of this condition—strong highs and significant lows. Often, the learning disability "depresses" the gifted ability so the child scores in the average range. Teachers may perceive that parents are looking for status by insisting their child has exceptional abilities. Keeping a journal of exceptionally capable behaviors you observe outside of school may be helpful.
2. Ask that your child be able to participate in activities in his areas of strength. Be prepared to support the school's efforts to assist your child in her areas of weakness. Above all, resist efforts by school personnel to limit your child's profile to either gifted or learning challenged. Schools may focus on the disability and stop looking for any other exceptionality once the disability is documented.
3. Seek out the best available services for diagnosis based on neurological assessments, rather than simple behavioral checklists. Proper diagnosis, combined with effective learning plans, go a long way toward learning success for your child.
4. Find all the information you can about learning styles, and share that information with your youngster. Help him learn how to use his strength areas to compensate for tasks he finds particularly difficult.
5. Advocate for your child to use any technology that increases his learning success. It helps some students to make tape recordings of teachers' lectures.
6. If all else fails, consider homeschooling. This "field" of twice exceptional education is fairly new, and many educators are unaware of its content and implications. In some cases it is impossible to get schools to recognize the gifted aspect of this condition. On the other hand, be as realistic as possible when you make this decision. Homeschooling is not always easy.

7. Understand the special challenges that come with the quest for friends. Recall from your own experiences how much easier it is to relate to people with similar needs and interests. Encourage your youngster to join clubs or groups that share her passionate interests. Do not be concerned if your child chooses friends of different ages. A 10-year-old with the mind of a 12-year-old has very little in common with his age peers in many areas. Ask yourself how many of your own friends are within one year of your present age—then relax!

The Challenge

Teaching or parenting children who are twice exceptional is very challenging. The most serious challenge is making certain that the giftedness is recognized. Any efforts parents and teachers can direct toward understanding and teaching the whole child, with all his complicated learning needs, will go a long way toward creating optimum learning conditions for these very interesting and challenging youngsters. Happily, there are many more resources available now than ever before.

Susan Winebrenner writes on topics related to teaching gifted students and students with learning difficulties. She is the author of several books, a speaker at conferences, and a columnist for the journal *Understanding Our Gifted*. She works as a consultant with individual schools and districts, helping them apply current educational research to classroom practice.



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Anxiety and 2e Kids

July 2008

According to the U.S. Department of Health and Human Services, anxiety disorders are among the most common mental, emotional, and behavioral problems during childhood and adolescence. About 13 of every 100 children and adolescents between the ages of 9 to 17 experience some kind of anxiety disorder. More girls are affected than boys. More than half of those with anxiety experience an additional disorder such as depression.

Some common types of anxiety disorders are:

- Generalized Anxiety Disorder: extreme, unrealistic worry about everyday life activities
- Panic Disorder: periods of intense fear accompanied by a pounding heartbeat, sweating, dizziness, nausea, or a feeling of imminent death
- Separation Anxiety Disorder: difficulty leaving parents
- Phobias: unrealistic and excessive fears of certain situations or objects
- Obsessive-Compulsive Disorder: repetitive thoughts and behaviors
- Social Anxiety Disorder: fear of being watched and judged by others and of embarrassing oneself
- Post-traumatic Stress Disorder: the result of experiencing a very stressful event and then feeling as if the event is being relived through strong memories or other kinds of troublesome thoughts.

2e Newsletter submitted a list of questions about anxiety in twice-exceptional kids to two psychologists experienced in working with gifted 2e children: Pat Schuler from New York and Dan Peters from California. Following are their edited answers.

Who Develops an Anxiety Disorder and When?

Pat Schuler: There is a continuum of anxiety disorders from childhood to adulthood. The manifestations may be different in children, but the basic disposition toward anxiety begins in childhood. In gifted kids and 2e kids, anxiety often develops when they start school, unless the environment recognizes and acts on their asynchronous (uneven) development. Also, there are disorders associated with anxiety such as Tourette's Syndrome and Asperger Syndrome.

Dan Peters: Anxiety disorders can occur at any age, depending on the child's biological sensitivity, personality traits, and the presenting situations and stressors. The symptoms are the same as those in adults once an anxiety disorder develops.

Separation anxiety and specific phobias appear to be most common in children between ages 6 and 9. Generalized Anxiety Disorder, Social Anxiety Disorder, and Panic Disorder are more common in middle childhood and adolescence.

What are the Signs that a Child has Anxiety?

Schuler: Some signs that can develop include: headaches, stomachaches, backaches, difficulty relaxing, low energy, difficulty sleeping, muscle twitches. In the extreme, anxiety can lead to panic attacks, nightmares, and phobias.

Peters: Anxiety also can take the form of avoidance, as children, and adults for that matter, like to avoid what they are afraid of. For example, children who have undiagnosed learning problems may avoid school, or ask to go to the bathroom just before it's their turn to read out loud. Other times, anxiety takes the form of behavior problems. Children may begin to act out verbally or physically when anxious, causing their behavior to be misinterpreted as a behavior problem. Finally, anxiety may be more readily apparent, as when children worry constantly, when they begin to cry "for no reason," when they talk about being scared, or when they are suffering from their drive toward perfection.

When Should Parents Seek Treatment for Anxiety and from Whom Should They Seek It?

Peters: Parents should seek treatment when there's a noticeable change in a child's behavior or the child's functioning becomes impaired – for example, when the child's often sick, not sleeping well, avoiding required responsibilities like school and family obligations, and social activities like birthday parties and sports. Treatment should also be sought when children refuse to participate in an activity they previously enjoyed.

Schuler: Some other signs that indicate the need for treatment include:

- Making comments about how stressed or worried they are
- Nail biting
- Clinging behaviors
- Not wanting to go to school
- Headaches/stomachaches/nausea/vomiting related to a particular situation (like going to school)
- Avoidance of certain tasks or being alone
- Social isolation
- Making comments about how stressed or worried they are
- Repeated signs of distress (temper tantrums, frequent crying)
- Excessive or unrealistic worry
- Excessive need for reassurance
- Excessive concern about competence
- Loss of appetite or undereating
- Difficulty relaxing or chronic hyperarousal
- Significant change in academic achievement
- Behavior problems (eg, running away, defiance, aggression)
- Repetitive behaviors the child is driven to perform.

Peters: Treatment should be sought from a licensed mental health professional who specializes in, or has training and experience in, assessing and treating anxiety in children.

Are Gifted Kids in General, and 2e Kids in Particular, More Prone to Developing Anxiety Disorder?

Peters: 2e children appear to be more prone to developing anxiety due to their challenges. As we know, gifted children are highly intense, sensitive, and may tend toward perfectionism. Having a disability/challenge/difference that impairs functioning, such as attention problems, impulsivity, difficulty relating to others, and difficulty reading, places an additional burden on them.

Schuler: Dr. Paul Foxman talks about the "Anxiety Personality Style" in his book, *The Worried Child: Recognizing Anxiety in Children and Helping Them Heal*. He states that the anxiety-prone child is usually a "responsible, dependable, and motivated...good student, strives to do well academically, wants to please adults and peers, seeks approval and reassurance, usually well-behaved, difficulty with assertiveness, tends to be perfectionistic, high expectations, may be unusually disappointed or frustrated with mistakes or imperfect results, and oversensitivity to criticism or rejection." All behaviors we see with many 2e kids! They are hypersensitive and live in the world of "shoulds" and may have "all-or-nothing" thinking.

What Part Does Genetics Play and What Role Do External Factors Play?

Peters: Genetics is thought to play a strong role in the expression of anxiety. As such, anxiety tends to run in families. External factors such as lack of sleep, excessive caffeine, and lack of exercise are thought to exacerbate anxiety, but not cause it. Regularly getting a good night's rest, eating a healthy diet, exercising, and minimizing caffeine intake can help minimize anxious symptoms.

Schuler: There is also what Foxman calls a "biological sensitivity" or a sensitive temperament for developing anxiety.

Are there Certain Triggers for Anxiety?

Peters: Anxiety may ensue when one is:

- Feeling under pressure with little respite
- Striving for excellence in all aspects of functioning
- Experiencing constant low-grade worrying
- Hypersensitive to bodily sensations (ie, "I'm having trouble breathing, there must be something very wrong with me.").

Schuler: There can be many external and internal triggers, depending on the child's age and situations.

- External triggers include: lack of nurturing during critical periods of child development, divorce, any type of abuse, lack of intimacy in the family, rigid role models, performance pressures, drug/alcohol abuse in the family, type of discipline used, parents' or teacher's own anxiety, lack of an optimal match between the child's capabilities and the educational environment, media, environmental threats (ie, injury, theft, natural disaster), bullying, sibling relationships.
- Internal triggers include: anxiety-prone personality, fear of failure and/or success, anger about or fear of having a disability, strong need for control, low self-esteem, fear of strong emotions.

Do Anxiety and Depression Tend to Go Together?

Peters: Anxiety and depression commonly go together and are often thought to be "opposite sides of the same coin." That is, some children become depressed (sad, hopeless, helpless), then develop anxiety (fear, worry, panic) in response to prolonged feelings of vulnerability. Others become anxious, then develop depression after long periods of being overwhelmed and stressed. Finally, some people simultaneously develop symptoms of both anxiety and depression.

As mentioned earlier, it's important to seek a trained mental health professional who has experience with both children and anxiety to determine whether your child is suffering from anxiety, depression, or both. It can't be stressed enough that effective treatment comes from a thorough understanding of the problem.

Schuler: It may be difficult to distinguish between anxiety disorder and depression. Depression is identified if the child displays the following symptoms more than half the time: sleep problems, loss of interest in enjoyable activities, low motivation, and low energy.

How is Anxiety Disorder Treated?

Peters: Treating anxiety begins with a thorough assessment – an extensive interview with a trained professional – in order to understand the nature of the anxiety, how it affects the child, and the environmental circumstances or stressors that may be causing or contributing to the anxiety. From there, an effective treatment plan can be developed which may include:

- Psychotherapy with a cognitive-behavioral emphasis. This approach is the most effective in treating anxiety. It begins with educating children about anxiety, and it includes teaching them to identify and recognize the thoughts responsible for their anxious feelings, and challenging and changing their anxious thoughts into more adaptive ones.
- Mindfulness-based techniques. These complement the cognitive-behavioral techniques and are similar to them. They teach children to notice their anxious thoughts (but not to believe them) and to stay present in the moment, as most anxious thoughts are future-based. Finally, these techniques, as well as cognitive-behavioral psychotherapy, teach breathing as a way to prevent becoming anxious and as helping when one feels anxious.
- Practice. Anxiety is overcome by doing what one is afraid of, whether it be walking to school alone, going to a party, or taking your driving test. The practice is often set up to start with "baby steps" towards the ultimate goal.
- Reducing external stressors. Minimizing these can sometimes significantly reduce anxiety.
- Medication. If the child's functioning continues to be impaired after these interventions are implemented, a medication evaluation by a child psychiatrist or behavioral pediatrician is recommended. Some children do need medication to deal with their significant anxiety; and, as mentioned earlier, chronic anxiety can turn into depression. But trying non-medication approaches first is strongly recommended.

Schuler: Other treatments include assertiveness training, play therapy, bibliotherapy, imagery, and examining nutrition and exercise patterns. Also helpful are learning how to advocate, how to relax and why, how to control stress, how to handle too much activity, and how to develop competence in order to develop confidence. Sometimes the best treatment is a change in the educational environment (eg, new teacher, class, school, homeschooling) to reduce anxiety. Family therapy can also be very effective in reducing stressors.

Some children I've worked with have reacted positively to herbal remedies such as chamomile tea (for calming kids and inducing sleep), St. John's Wort (for depression), kava (for anxiety and insomnia), valerian (for sleep), hops (for anxiety, restlessness, and sleep disturbances), and passionflower (for nervous tension). Any herbal or homeopathic remedy should be prescribed by an integrative medicinal doctor or a naturopathic doctor.

How Long Does It Take for Treatment to Take Effect?

Schuler: It's difficult to say. It depends on the situation, the willingness of the family to bring the child for treatment, and the motivation of the child to work on relieving the stress. For example, a family brought a child for treatment who was experiencing tremendous distress in a classroom because of a mismatch

between his personality and learning styles and the teacher's personality and instructional style. The family opted to homeschool him, and his anxiety was relieved almost immediately. Most situations are not immediate but take weeks or months for the effect of treatment to be seen.

Peters: It varies. I've often found anxiety to be reduced or eliminated within three months of treatment; however, it could take up to six months.

Can a Child be Cured of Anxiety Disorder or is It More a Matter of Learning to Control It?

Schuler: For some children, a cure is possible. For many others, it's learning how to control and react to stressors in positive, healthy ways.

Peters: Often, one is hard-wired to be anxious; and the goal is to know this about oneself and learn the strategies to effectively deal with it when it occurs. In other words, anxiety can become an old friend who comes to visit now and again, then is invited to leave.

What is Some Advice to Parents for Dealing with Anxiety Disorder in their Children?

Peters: First, anxiety is real. It's very uncomfortable and can be debilitating. It's important to find a balance among empathy, understanding, and firmness to help children deal with and overcome their fears. Next, anxiety is very treatable. Don't wait for it to go away on its own, as anxiety often grows and expands to other areas of life. Find a trained professional and nip it as soon as possible.

Schuler: Become knowledgeable about the disorder and understand its manifestations in your 2e child. Make your kids aware that improved diet, exercise, and sleep are components of feeling better and reducing their anxiety. Also helpful for your 2e children are helping them to be assertive, learning relaxation techniques, and dealing with family conflict.

Fostering communication and connection with your child is critical. Eliminate negative criticism and unrealistic expectations and – one of the best techniques of all – do something healthy and positive with your child. So many anxious gifted kids just want time to “veg” with their parents and have them just listen!

Know your child's rights in school if an IEP or 504 Plan is in place. Try to work with the school in understanding the environmental stressors and what can be done to reduce them. Know what compensation strategies will work for your anxious child; and, most importantly, be a role model for your child on how to deal with anxiety in your life.

What is Some Advice to Teachers for Dealing with Anxiety Disorder in their Students?

Peters: It's important for teachers to consider that behavior problems exhibited by a student may be the result of fears and worries. A combination of firmness and empathy is recommended. Children need to overcome and face their fears, yet may need accommodations when they are struggling.

Schuler: Teachers can help a student who has an anxiety disorder in several ways. Most important is demonstrating that they care about these kids and trying to understand the world of the anxious child. Other ways are:

- Recognize the significant difference between test-taking skills, understanding, and knowledge. Many 2e kids understand high-level concepts but do poorly on sequential assignments, quizzes, and tests. Finding alternate ways of communicating understanding goes a long way in helping a child who has performance anxiety.
- Provide a safe environment where everyone gets what he or she needs.
- Model that it's okay to make mistakes.
- Help children learn relaxation techniques to use when they start to feel stressed out.
- Be aware of social stress and how kids tease and bully.

What is Some Advice for a Child?

Peters: You can feel better than you do right now! Your anxiety, fears, and worries are not you; they're uncomfortable thoughts and feelings that can be eliminated and managed. You can learn strategies and techniques to overcome your fears and worries; it just takes an open mind and willingness to work at it. Just because you have fearful or worrisome thoughts, it doesn't mean they're always true. It takes courage to ask for help and face your fears, yet it's much easier than living with them.

Schuler: Understand that anxiety is a normal feeling that everyone experiences. Sometimes it can motivate us to practice and do well. Other times, when situations are too much, your sensitive temperament and personality type react by being anxious. You can help yourself by learning about your temperament and personality type, and what the clues are that you are anxious.

Another really important thing that can help is to learn how to relax. You can't be anxious and relaxed at the same time! Find someone who can help you control your stress and stop unwanted thoughts or behaviors. Also, learn about what foods are good and bad for anxiety, how to recognize stress at home and school, and when to speak up for yourself. Learn that sometimes medicine or herbal remedies can be helpful to reduce your anxiety. And finally, learn what strategies really work for you so you can tell your teachers about them and so that you can reach your goals and be successful.

Some Recommended Reading on Anxiety

For Kids from Dan Peters:

- Hipp, E. (2008). *Fighting Invisible Tigers: A Stress Management Guide for Teens* (3rd ed.). Minneapolis: Free Spirit Publishing. (teens)
- Lester H. (2003). *Something Might Happen*. Boston: Houghton Mifflin/Walter Lorraine Books. (ages 4-8)
- Maier, I. (2004). *When Lizzy was Afraid of Trying New Things*. Washington, DC: Magination Press. (ages 3-7)

For Adults from Pat Schuler:

- Bourne, E. J. (1990). *The Anxiety & Phobia Workbook*. Oakland, CA: New Harbinger.
- Chansky, T. (2004). *Freeing your Child from Anxiety*. Broadway Books.
- Foxman, P. (2004). *The Worried Child: Recognizing Anxiety in Children and Helping Them Heal*. Alameda, CA: Hunter House.
- Rapee, R. M., Spence, S.H., Cobham, V., & Wignall, A. (2000). *Helping your Anxious Child*. Oakland, CA: New Harbinger.
- Sizemore, T. (2007). *I Bet I Won't Fret: A Workbook to Help Children with Generalized Anxiety Disorder*. Oakland, CA: New Harbinger.

Pat Schuler, PhD, NCC, LMHC, is a national certified counselor and a licensed mental health counselor in the state of New York. Her practice, Creative Insights, is located in Castleton, New York. She specializes in working with gifted kids and their families, on issues related to underachievement, perfectionism, anxiety, and other exceptionalities, particularly OCD, Asperger's, AD/HD, and Tourette's Syndrome.

Dan Peters, PhD, is a licensed psychologist in California, is the co-founder and executive director of the Summit Center (<http://summitcenter.us>), which specializes in the assessment and treatment of children, adolescents, and families, with special emphasis on gifted, twice-exceptional, and creative individuals. In addition, he is the co-author, with Susan Daniels, of [Raising Creative Kids](#) and the author of [Make Your Worrier a Warrior: A Guide to Conquering Your Child's Fears](#) and [From Worrier to Warrior: A Guide to Conquering Your Fears](#).

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Gifted Children with Asperger Syndrome

By Deirdre Lovecky, Ph.D.

June, 2005

Max showed early signs of giftedness. He spoke his first word, "truck," at eight months. At one year, he could pick out letters of the alphabet and was soon reading. By age three, Max especially loved books about trucks and dinosaurs, his two special interests.

Max had collections of toy cars and trucks, which he liked to line up in patterns. He enjoyed sorting the toys into colors and size order. Max used his toys as a means of beginning to count. By the time he went to preschool, he could add, subtract, and multiply based on "vehicle math," as his father called it.

Max had difficulty in preschool. He didn't like circle time and left the group to read on his own. He didn't like the other children touching him or his things. When they tried to look at his toys, Max would scream or hit them. He didn't like to play with other children at all, and avoided any of the imaginative play going on in class. Instead, he stacked and sorted Lego pieces by color, size, and shape. If other children wanted to play with Legos, he wouldn't share. He did not know any of the other children's names. Max had a lot of idiosyncrasies that were accommodated at home but were troublesome at school. For example, he didn't like the color orange and resisted being near anything of that color.

Max was diagnosed with Asperger Syndrome after an extensive evaluation. He had many talents, but his deficit areas were striking. For example, most gifted children enjoy games with strategy. At age eight, Max was good at figuring out strategy and could often outwit adults. On the other hand, when Max appeared to be losing a game, he would try to change the rules, insist he have another turn, or rethrow the dice. He would even insist he had won when he had not. If he were told he hadn't, he would throw the game to the floor and have a major tantrum, continuing for hours until he was hoarse from screaming. By age eight, it was obvious to all that Max did not behave in an age-appropriate manner.

A Definition of Asperger Syndrome

Asperger Syndrome (AS) is a developmental disorder in which children have pronounced and pervasive difficulty with social relationships. (The term "Asperger Syndrome," as used in this article, includes children who might be diagnosed High-Functioning Autism by some clinicians.) They tend to have difficulty in these areas (Lovecky, 2004):

- Understanding how and why others think and act in certain ways
- Understanding how to know what to do themselves in any situation
- Reading nonverbal cues in a social context
- Regulating feelings.

Having one or two symptoms of AS is not what's important; rather, the underlying lack of social awareness and social reciprocity matters most. In essence, Asperger Syndrome is a severe social learning disability.

Gifted children with AS are like other gifted children in some ways but different from them in others. The tables below show these similarities and differences in several areas:

- Early development
- Special interests

Understanding Asperger Syndrome

What it affects (Attwood, 1998; Gillberg and Gillberg, 1989):

- Social understanding
- Social behavior
- Emotional functioning
- Verbal and nonverbal communication skills
- Some areas of cognitive functioning

People with AS show:

- Repetitive routines
- Narrow interests
- Poor motor coordination
- Sensory integration deficits

- Social/emotional development
- Cognitive development.

Early Development

Like other gifted children, they:

- Show precocious development of first words and full sentences.
- Develop extensive vocabularies, which are especially sophisticated in areas of special interest.
- Show early descriptive and factual memory that is advanced over age mates.
- Are early readers, spellers, and mathematicians.

Unlike other gifted children, they:

May show advanced reading skills but somewhat lower reading comprehension. This lag is especially notable for fiction as reading develops complexity and requires understanding human relationships, human dynamics, and inferences based on emotion. They have more trouble in analysis of literature for metaphor, irony, and in following a theme. They understand the action of the plot but not the nuances of character. Many prefer reading nonfiction for this reason.

Special Interests

Like other gifted children, they:

- Have absorbing interests and acquire large amounts of factual information about them.
- Give lengthy, elaborate responses to questions in areas of knowledge and interest.
- Can immerse themselves in material of interest and hyperfocus so that they are unaware of the passage of time.
- Have a rage and passion for learning.
- Can be high achievers in many fields including math, writing, literature, science, social studies, foreign languages, debating, drama, chess, music, and art.

Unlike other gifted children, they:

- May collect and categorize information but not connect it to anything else they are learning; fail to see the big picture; and tend to focus on parts and patterns, not the underlying meaning. Thus, they have difficulty seeing how a trend in one area may be like a trend in another.
- Have excellent skills in many areas but are hindered by deficits in executive function skills, compromising their ability to show what they know.
- Can hyperfocus on an endeavor but have trouble being creative. With their deficits in getting the big picture, they cannot conceive of an unknown, making typical creative work in school difficult. They are creative but need to work in a different way, through manipulating parts and observing small details. This allows them to see details and make interpretations others may not (Hermelin, 2001). They may develop a catalog of different parts that can be reassembled into something new (Grandin, 1995). Because they are not embedded in a particular context and blinded by common assumptions, they are freer to think of something new, to literally see with different eyes.

Social/emotional Development

Like other gifted children, they:

- Show a high level of moral development. Concepts of fairness and justice can be advanced, showing advanced moral reasoning about issues related to these concepts.
- Adhere to high ideals of following rules and being truthful, honest, and fair.

- Are more asynchronous than average children (i.e., have a bigger gap between mental age and chronological age).

Unlike other gifted children, they:

- Have difficulty applying rules flexibly. They miss the social context and so apply rules rigidly, failing to understand when not to apply them.
- Tend to see fairness as meaning, "what I want," especially if they are rigidly locked into seeing only one aspect of a situation. Given what feels like just one choice, these children can panic and react badly. Also, due to an inability to feel empathy, their concern for justice does not include a consideration of individual rights or circumstances.
- Are much less mature and act like much younger children in social situations. A child with a mental age of 12 and a chronological age of 8 may have a social age of 2.
- Do not know how to make friends or play in sophisticated ways. Given another gifted child with similar interests, they will not be able to interact at an appropriate level. (Other gifted children may lack friends because they cannot find others who share their interests, or play at the level of sophistication they need.)
- Are much less able to forgive. They can obsess about how things are unfair, preventing them from letting go of the hurt or moving on. Instead, many feel the need to actively express angry feelings through plotting revenge.
- Objectify human interactions. They tend to relate to objects and see interpersonal relationships in object terms. People are mystifying because they don't obey exact rules like objects do. On the other hand, studying human relationships in object terms can lead to an understanding of dynamics, such as an anthropologist might with an alien culture. This type of understanding can lead to creativity in writing novels and poetry, in photography, theater, and art.

Cognitive Development

Like other gifted children, they:

- Display advanced reasoning ability, often showing excellence in deductive and logical reasoning.
- Are excellent at pattern recognition and sequential ordering of information, which allows flexible thinking about grouping information.

Unlike other gifted children, they:

- Show more difficulty with output of work, especially written work, and are hindered by slow work speed and slow handwriting output.
- Have difficulty with work on demand. Although they may be exceptional at producing work around their own interests, they cannot do assigned work unless they understand exactly what is expected. They need much more explanation about what to do and how to do it and smaller steps than average children.
- Show subtle language problems, such as not understanding the meaning of common sayings. They have trouble with narrative ability and cannot make up stories about things they don't know. Unless something happened to them, they find it impossible to imagine, due to their difficulty understanding another's perspective.
- Have difficulty with the idea of explaining what they know to teachers. Since the teacher knows the material, and they know the material, why do they need to tell the teacher? This difficulty arises from deficits in understanding that others have different thoughts; they think the teacher knows that they know.
- Only see one solution or one way of doing something. They can get stuck, unable to guess because they don't see the big picture, and focus only on a part. Being unable to generalize to the underlying concept, they may have difficulty with tackling unknown problems.
- Have much more trouble seeing the big picture and making sense of things if they have to put parts together. They are less adept at extracting meaning from the whole, at drawing inferences, and at inductive reasoning.
- Are better than most other gifted children at memorizing, list and fact learning, and reciting verbatim whole conversations, poems, and pieces of dialogue. Many learn how to insert the right dialogue at

the right moment, even if they don't entirely know what it means. Because it can be difficult to compose an answer to an open-ended question, having a whole library of possible phrases in mind can enhance communication. The gift of memorization also allows them to learn many jokes and puns. Because they can play with parts of things, they are able to make up new puns, both verbal and visual.

Helping Gifted Children with AS

Here are some ways that parents, teachers, and others can help gifted children with AS achieve their potential...

Teach them how to negotiate social situations well enough to be able to have a job and live an independent adult life. Those with mild AS need social training, even though they may not be recognized as having special needs. Thus, in childhood and adolescence, gifted children with AS need help in learning about how others think and feel, in solving social dilemmas, in learning social reciprocity, and in increasing empathy.

Give them the opportunity to develop their gifts. Because schoolwork is so time consuming and takes so much energy to complete, many gifted children with AS have nothing left to do their own work. Over time, children who once delighted in learning everything they could spend all their time playing video games. Thus, a focus on individual interests of the child is vital.

Find mentors who understand how to work with bright AS children, especially creatively. The usual creativity projects at school do not fit the needs of gifted learners with AS, who can be creative within a structure that removes the need for generating novelty without a cue. For example, asking young children with AS to draw an impossible animal will usually result in no response because they can't think of what to do. Asking them to think of lots of animals and select parts of them to make an impossible animal will result in a new animal (Harris and Leevers, 2000).

Allow them to accelerate their pace of learning in areas of strength, despite deficits in other areas. Many can spell any word, have extensive vocabularies and can easily learn to speak a foreign language. They should be allowed to skip classroom spelling and have advanced spelling activities such as thesaurus work. Those advanced in math can accelerate just like gifted children without AS.

Provide supports for executive function deficits that other students do not need, such as:

- More explicit directions
- Models and pictures
- Compensatory devices such as word processors and calculators, among many others
- Help with open-ended questions, oral and written expression, and the development of strategies for organization, planning, and problem solving.

Giving these supports will allow them to function more independently.

Conclusion

Like other gifted children, those with AS have many talents and gifts. They learn rapidly and well, and they can be uniquely creative. While it is vital that they learn to remediate and compensate for deficit areas in social and emotional functioning, it is also important that they be both allowed and encouraged to use their gifts in school. With encouragement and support, these gifted children can achieve their potential and make significant contributions to the world.

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Characteristics of Gifted Students

WITHOUT DISABILITIES	WITH DISABILITIES
Ability to learn basic skills quickly and easily and retain information with less repetition	Often struggle to learn basic skills due to cognitive processing difficulties; need to learn compensatory strategies in order to acquire basic skills and information
High verbal ability	High verbal ability but extreme difficulty in written language area; may use language in inappropriate ways and at inappropriate times
Early reading ability	Frequently have reading problems due to cognitive processing deficits
Keen powers of observation	Strong observation skills but often have deficits in memory skills
Strong critical-thinking, problem-solving, and decision-making skills	Excel in solving "real world" problems; outstanding critical-thinking and decision-making skills; often independently develop compensatory skills
Long attention span; persistent, intense concentration	Frequently have difficulty paying attention but may concentrate for long periods in areas of interest
Creative in the generation of thoughts, ideas, actions; innovative	Unusual imagination; frequently generate original and at times rather "bizarre" ideas; extremely divergent in thought; may appear to daydream when generating ideas
Take risks	Often unwilling to take risks with regard to academics; take risks in non-school areas without consideration of consequences
Unusual, often highly developed sense of humor	Humor may be used to divert attention from school failure; may use humor to make fun of peers or to avoid trouble
May mature at different rates than age peers	Sometimes appear immature since they may use anger, crying, withdrawal, etc., to express feelings and to deal with difficulties
Sense of independence	Require frequent teacher support and feedback in deficit areas; highly independent in other areas; often appear to be extremely stubborn and inflexible
Sensitive	Sensitive regarding disability area(s); highly critical of self and others, including teachers; can express concern about the feelings of others even while engaging in antisocial behavior
May not be accepted by other children and may feel isolated	May not be accepted by other children and may feel isolated; may be perceived as loners since they do not fit typical model for either a gifted or a learning-disabled student; sometimes have difficulty being accepted by peers due to poor social skills
Exhibit leadership ability	Exhibit leadership ability; often are leaders among the more nontraditional students; demonstrate strong "streetwise" behavior; the disability may interfere with ability to exercise leadership skills
Wide range of interests	Wide range of interests but handicapped in pursuing them due to processing/learning problems
Very focused interests, i.e., a passion about certain topics to the exclusion of others	Very focused interest, i.e., a passion about a certain topic to the exclusion of others—often not related to school subjects

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