Beyond the Neuropsychological Evaluation: Finding the Right Professionals to Support Your 2e Child’s Needs

By Austina De Bonte

With estimates suggesting that approximately 20% of gifted students being twice exceptional,1 it’s possible that there’s a twice-exceptional student in your home that you might not have considered before. Perhaps your gifted child has a sibling who is very creative, loves to build things, or has moments of great insight, but also has messy handwriting, struggles with anxiety, has trouble with timed math facts, or has persistent trouble with spelling. Twice exceptional, or “2e” for short, means that a student has the advanced cognitive abilities of a gifted student, as well as some sort of learning disability, physical disability, mental health concern, or other challenge. With appropriate accommodations for their disabilities, 2e students can often perform at very high academic levels, and can be well placed in a school’s gifted program. However, 2e students can sometimes be tough to spot.

When chasing down a twice-exceptional (2e) diagnosis, it’s often hard to know where to start. Our uniquely gifted kids do not always stick to the typical lists of symptoms and signs. Their challenges may be subtle, or strangely situation dependent. If school placements are below cognitive abilities, they may be able to compensate so well that no one notices problems until middle or high school—and it is exquisitely challenging to tease apart an initial diagnosis of a disability with an opinionated adolescent! Parents can easily second-guess themselves: Is my child twice exceptional or are they exhibiting asynchronous development?

They may wonder if their child is not putting forth enough effort or is being manipulative. Or, they may hope that perhaps the child will grow out of it. “Wait-and-see” may come at a cost, however. Outcomes are better with early intervention; one recent dyslexia study found that intervention at first or second grade was almost twice as effective as intervention in third grade.2 A late diagnosis also has psychological impacts. A student who believes they aren’t meeting expectations, can’t perform tasks like their peers, or is disappointing those they care about, may develop anxiety, depression, relationship issues, and a lack of confidence.3 It’s not uncommon to see a downturn in middle or high school when an unsupported 2e student can no longer compensate for their challenges—when more reading, writing, listening, organization, and time management is required. Parents may see their 2e child underachieve or behavior may worsen if issues were not addressed in elementary school.4

When students understand their challenges early on, they can access therapies when they will be most effective, and develop a toolkit of accommodations to help them both in school and in life. Ultimately, we want students to be self-aware, to be able to advocate for themselves, and to develop a healthy self-image.

The first step toward exploring a 2e diagnosis is obtaining a full evaluation from a neuropsychologist or licensed psychologist with extensive experience in evaluating gifted students. However, there are many other professionals that parents can consult with, each with their own expertise.
expertise to offer. The goal is to identify the root cause of a child’s challenges, recognizing that there may be multiple factors acting in parallel. Doing this important detective work makes it easier to figure out which interventions and supports will be most effective.

For example, a neuropsychologist may quantitatively measure that a student has a high IQ, but lower achievement scores in some academic subjects. Using additional specialized assessments, they may diagnose a disability such as dyslexia, dysgraphia, dyscalculia, or another disorder of reading or written expression. They may also identify attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), anxiety, depression, or another mental health concern.

However, even with a 2e diagnosis in hand after a full neuropsychological evaluation, parents may still be at a loss for why their child’s symptoms occur—and feel like there may be more to the story. An equally important question is how to get meaningful therapy or accommodations for the challenges that are identified. Some neuropsychologists will suggest referrals to specific professionals, or may even have the capabilities to screen for some of these additional areas. But not all clinicians provide those crucial next steps. There are various specialists who may be helpful to parents when seeking additional diagnoses, interventions, and support for their 2e child.

**Input Systems**

This first group of specialists focus on the ways that the brain gets input through its various sensory systems. Vision, hearing, and touch are foundational to how we interact with the world. When children aren’t reliably and accurately perceiving the world around them, there will naturally be downstream effects. It’s a good idea to start by making sure all input systems are working well.

**Vision Professionals.** While school and pediatrician vision screenings typically catch students who need glasses, there is a class of vision processing disorders that screening won’t catch, and most optometrists or pediatric ophthalmologists do not routinely check for. A developmental optometrist specializes in determining whether the two eyes are working well together, whether the student sees 3D, whether both eyes move smoothly across the page, or whether one eye is lagging behind (which can result in blurriness or movement). The College of Optometrists in Vision Development, COVD.org, can help locate a practitioner who can diagnose this common disorder and provide vision therapy to correct it. *Note: Vision processing disorders are not the same as dyslexia. Vision therapy does not correct dyslexia, nor does dyslexia intervention correct vision issues. Students sometimes have both challenges.*

**Auditory Professionals.** School and pediatrician screenings will usually find students with hearing loss. However, there are other auditory disorders which can cause discomfort, behavior issues, and comprehension problems. One disorder, called hyperacusis, means that some sounds are perceived more loudly than typical—possibly painfully. Another class of disorders among some gifted individuals are central auditory processing disorders (CAPD). Both hyperacusis and CAPD require audiologists (and for CAPD, one who specializes in CAPD) to diagnose. A student with CAPD may have anxiety, have trouble distinguishing speech in background noise, have trouble distinguishing certain sounds, or dislike noisy situations. Customized ear filters, FM systems, low-gain hearing aids, and headphones are tools to consider, as well as various therapies.

**Occupational Therapists.** When a child has problems with body movement, balance, handwriting, or other tasks of daily living, an occupational therapist can help pinpoint the problem and provide therapy to help. Occupational therapists can assess everything from pencil grip and core muscle strength, to tactile sensitivity, proprioception (the body’s awareness of itself in space), or the presence of sensory processing disorder (SPD). For many children with sensory sensitivities, increasing their “sensory diet” through occupational therapy, heavy work, compression clothing, weighted blankets, or Wilbarger skin brushing may be helpful. If a child has dysgraphia, occupational therapy can improve hand strength and pencil grip. Feeding therapists can also help with picky eaters, helping the child work through the many layers of sensory sensitivities that may be at play.

**Speech and Language.** While not strictly an input system, speech and language are also fundamental. If a child has trouble expressing themselves verbally, or articulating certain speech sounds,
a speech/language pathologist (SLP) can diagnose language disorders, provide treatment, and even assist with social conversation challenges that go along with social communication disorders (SCD) and autism spectrum disorders (ASD).

Tutors, Coaches & Consultants

This next group of specialists are tutors, coaches, and consultants. While they can't provide a formal diagnosis, they have deep knowledge in their area of expertise and can be very helpful in providing intervention, resources, and tools.

Dyslexia Tutors. There is a robust network of tutors across the country who focus on helping students with dyslexia, dysgraphia, or other disorders of reading or written expression to develop their academic skills, usually through one-on-one tutoring. These specialist tutors can be extremely helpful in identifying specific functional challenges that a student may have in their reading, spelling, or handwriting, as well as providing personalized, targeted intervention to help. You do not need a formal diagnosis to start working with a tutor.

Executive Function Coaches. There is a small but growing group of executive function coaches who work with students who have ADHD or trouble with executive function. They usually work one-on-one with a student on a weekly or biweekly basis, in person or via video conference. A coach can help a student create an organizational system for their backpack, locker, desk, or binder. They might help a student create reminders or other cues, break down long-term projects, and be there to coach that student as the school year progresses when challenges come up.

Parent Coaches, Educational Advocates, and Consultants. This group comes in many shapes and sizes, and may serve one or more roles. They almost always work directly with parents, not students. They may provide parenting advice, offer educational workshops, or facilitate SENG Model Parent Groups. Advocates may help parents work with their school to establish an Individualized Education Program (IEP) or a 504 plan to support a student’s disability. Consultants may provide knowledge about local schools, homeschooling resources, or afterschool enrichment offerings to help parents find the right placement, or to assist with college planning. If you are having trouble finding the right professional for your needs, they often have a network of contacts.

Mental Health Professionals

If you're dealing with a mental health concern, it's important to consult with a mental health professional for guidance, therapy, or possibly medication, if prescribed. It is vital that any mental health provider be very experienced working with gifted and 2e individuals.

Psychologists, Therapists, Counselors, and Social Workers. These professionals will provide counseling or therapy to children, parents, or the whole family. They may use one or more approaches based on their training, including cognitive behavioral therapy (CBT), play therapy, group therapy, mindfulness, or dozens of other methodologies. One type of group therapy that can be helpful is a social skills group for children who need support with friendship skills. If you are seeking a diagnosis, you will need a licensed clinical psychologist.

Psychiatrists. If you want to explore the possibility of medication to assist with a mental health challenge, you will need to see a psychiatrist, pediatrician, or nurse practitioner who is licensed to write prescriptions. A psychiatrist is a fully licensed medical doctor; most focus on medication and medical testing and do not provide counseling or therapy.

Medical Doctors

This final group of professionals are medical doctors. Don't overlook the possibility of medical issues that can have system-wide impacts on both learning and behavior, as well as overall health. If you observe ADHD-like symptoms, significant behavior issues, pervasive or multiple challenges, regression in abilities, or overall health concerns, it's worth making sure there isn't an underlying medical cause.

Pediatricians and Family Doctors. Expressing your concerns to your child's regular doctor is a good first step. They may refer you to a specialist for further testing, such as an allergist, neurologist, endocrinologist, or sleep specialist. For example, sleep apnea or reactive hypoglycemia can cause ADHD-like symptoms.

Neurologists. When learning or behavior is affected, it's worth considering the primary organ involved: the brain. Tiny “absence” seizures can look
Misdiagnosis & Missed Diagnosis?

When trying to put the pieces of the puzzle together in understanding their gifted—and possible 2e child—parents should consider the possibility of misdiagnosis, as well as a missed diagnosis. Gifted children may not show all the textbook indicators of a disability or a disorder. Their uncanny ability to compensate for their challenges can make symptoms harder to spot, and disabilities harder to conclusively identify.1

Keep in mind:

• Diagnostic criteria for common disorders such as ADHD, autism spectrum, and others may overlap with common characteristics of gifted individuals.

• Diagnosing a twice-exceptional child can be difficult, even for a skilled clinician with lots of experience; many diagnoses rely, at least partly, on clinical judgment.

• Not all practitioners have deep expertise in every disability area. Even expert practitioners may sometimes disagree on a diagnosis for a child—or whether a diagnosis is warranted at all.

• Parents should work with professionals who understand giftedness and twice exceptionality in order to receive the best support for their child possible. Sometimes it’s wise to seek a second opinion.

Endnotes


Like ADHD.9 Concussion or other brain injury, encephalitis, chronic infections, and autoimmune diseases can cause pervasive learning or behavior issues by creating inflammation in the brain.10

Functional/Integrative Medicine Doctors or Naturopathic Doctors.

These medical practitioners focus on subtle or chronic health challenges that may be caused by anything from food allergies, chemical sensitivities, autoimmune diseases, hormone imbalances, vitamin/nutritional issues, low-lying infections, or syndromes such as Mast Cell Activation Syndrome (MCAS), Postural Orthostatic Tachycardia Syndrome (POTS), Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS), and Pediatric Acute-onset Neuro-psychiatric Syndrome (PANS).11

Families sometimes experience angst about seeking a 2e diagnosis for their child. However, the sooner you know what’s going on, the sooner you can make progress toward finding the interventions, accommodations, and supports that will help your child be successful. It can also be tremendously reassuring to get a possible diagnosis ruled out, rather than letting the worry stew for years. Remember that it is always up to the parents to decide whether to share a diagnosis with others. The first step is figuring out who to call and where to start looking.

This article is based on the work that many parents of 2e children have had to piece together anecdotally on their quest to understand their child. Everything we can do to share knowledge, experiences, and resources will hopefully save other parents from years of detective work and help them find the right combination of supports for their children sooner rather than later.

Resources

ABLE Kids Foundation, www.ablekidsfoundation.org

Autism Speaks, www.autismspeaks.org


International Dyslexia Association, https://dyslexiaida.org

Slingerland Institute for Literacy, https://slingerland.org

Author’s Note

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Endnotes


6 Does my child have a problem? Retrieved from https://sosapproachtofeeding.com


10 The Foundation for Children with Neuroimmune Disorders, www.neuroimmune.org

11 The Institute for Functional Medicine, www.ifm.org
ADHD, autism, and mental health issues will often qualify for an IEP, but many 2e children with specific learning disabilities will not qualify because performance is not low enough.

- **Section 504 Plan.** Most 2e children qualify for Section 504 Plans for classroom and testing accommodations (e.g., extra time, audio books, or testing in a quiet room), available through college and in the workplace. A 504 plan does not require a diagnosis, only reasonable evidence of a weakness affecting learning.

Response to Intervention (RTI) is a first step to address apparent learning deficits, beginning in the classroom. It may not locate struggling 2e students performing at grade level, but teachers might agree to try some RTI interventions if a parent alerts them to concerns. Significant assessment is not done until later, so the interventions tried may or may not address the actual problem.

Whether or not RTI has been or is being done, a parent has the right at any time to write a formal letter requesting a special education or 504 plan evaluation. A few things to consider:

- The school has the right to assess the child, but must also consider any private assessment results.
- Some 2e children will qualify for special education services and an IEP. Most 2e children qualify for 504 plans, primarily designed to legally mandate accommodations for the classroom and testing (casual accommodations offered by a school offer no recourse if a teacher doesn’t provide them).
- If your school resists addressing disabilities in a child at grade level, ask the following question as suggested by an attorney at the U.S. Department of Education, Office of Civil Rights: “What is your authority for saying that’s not allowed for a 504?”
- If educators don’t believe a child at grade level can have a disability, share examples.

### Arrange Therapeutic Interventions

Most gifted children don’t qualify for significant therapeutic interventions from the school (e.g., reading therapy), but it is wise to see what a school is willing to do on the recommendation of a private specialist. Social skills classes, handwriting assistance, counseling, and study and organizational skills support are common in schools and may be possible.

Arrange for private therapeutic interventions recommended by the child’s evaluation. These include:

- Multi-sensory reading therapies
- Social skills therapies for autism, counseling for social skills
- Coaching for executive functioning problems with ADHD
- Counseling for behavior, managing high energy
- Occupational therapy (OT) for sensory processing disorder, handwriting issues, emotional regulation
- Developmental optometrist/vision therapy for visual processing weaknesses
- Evaluation for central auditory processing weakness with a specialist (e.g., ear filter)

### Evidence to Help Advocate

If educators don’t believe a child at grade level can have a disability, here are some resources to help educate them:

- Open access article (available to anyone), which includes multiple case studies of 2e children performing largely at grade level: Critical Issues In the Identification of Gifted Students with Co-Existing Disabilities: The Twice-Exceptional. doi: 10.1177/2158244013505855 (October, 2013).
Parents must usually bear the cost for interventions, but can better match the therapist to the needs of a gifted child. Minimize costs by asking lots of questions and making therapeutic exercises part of your daily life so children will progress more quickly (“How can we create a therapeutic home gym in our basement?”). A “home program” may be an option with fewer office visits, but daily home exercises. Some parents turn to homeschooling for a therapeutic year, folding the exercises into homeschool.

**Believe You Can Be an Awesome Advocate Quickly!**

Advocacy for your 2e child may seem daunting, but keep in mind that you’re a quick study and motivated to help your child. The more you learn about your child’s issues, seek early interventions from specialists, and incorporate them into your daily life, the faster your child will progress. You can expect your child’s giftedness to become more evident, as weaknesses become less trying. Acquiring services and accommodations at school allows your child to develop his or her strengths to full potential, without failure. Your efforts can be life-changing! 😊

**Author’s Note**


**Endnotes**


