

# MINDSCAPE



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Gifted and Talented Children Inc.

# The Queensland Association for Gifted and Talented Children Inc

In support of 100 000 gifted youngsters in Queensland

ABN 46 866 103 154

Mailing address: P O Box 2311 Mansfield DC Qld 4122

Email: [office@qagtc.org.au](mailto:office@qagtc.org.au) Website: [www.qagtc.org.au](http://www.qagtc.org.au)

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Editor Lyn Allsop  
[office@qagtc.org.au](mailto:office@qagtc.org.au)

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# Questions and Answers - Gifted Learners with Disability (GLD)



Carol Barnes - *GLD Australia* <http://glдаustralia.org/> June 2022

Further information: Carol Barnes [carol@bartink.com.au](mailto:carol@bartink.com.au)

*GLD Australia is a national online learning community responding to the needs of intellectually gifted learners with disability, and the concerns of those who care for, teach and advocate for them, through the sharing of information, research and personal experiences. GLD Australia is run by non-paid volunteers, operates on a not-for-profit basis, and has no political or commercial affiliations.*

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Parents, educators and policy makers sometimes assume that all clever children, having supposedly won the genetic lottery, will invariably enjoy school, learn effortlessly, succeed academically and thrive emotionally. It is at times **erroneously presumed** that high intellectual ability alone is so protective that gifted children do not face challenges in the way that others do, or that they will ultimately be successful in life, regardless of what they may have experienced during childhood and especially while at school.

Sadly, this is not always the case. Not all intellectually gifted children achieve high grades, or match the gifted stereotypes, and indeed some gifted children defy them. Some are every day silently struggling with an **unidentified disability** which may negatively affect their learning, their academic success and thus their general wellbeing. Some read slowly and painfully, forget their maths facts, or struggle to record their thoughts in writing. Intellectual giftedness can sometimes be complicated or compromised by unexpected challenges. This counterintuitive and contradictory constellation of risk factors may cause dissonance in traditional educational environments, at times leading to avoidable academic failure and emotional distress.

Here are some **insights** derived from over 16 years of GLD Australia members' experience with this neurodevelopmental paradox stemming from the intersectionality of, and conflict between, intellectual giftedness and some form of non-intellectual disability.

While it is acknowledged that there may be several **domains** of giftedness (eg, creative, social-emotional and physical), what follows will deal only with *intellectual* giftedness since, in over 16 years, that is the only domain of giftedness which has ever prompted enquiries to GLD Australia.

## 1. Who are gifted learners with disability?

Children of high intellectual ability who also have one or more concurrent **non-intellectual** disabilities may be described as 'gifted learners with disability' (**GLD**).

The term GLD encompasses intellectually gifted children who have one or more additional conditions which may negatively affect academic performance, including:

- **specific learning disorder** such as reading disorder (**dyslexia**), disorder of written expression (sometimes erroneously still called **dysgraphia**), or mathematics disorder (**dyscalculia**);
- **communication disorders**, such as **developmental language disorder** (previously known as **specific language impairment**);
- **ADHD**, especially the predominantly inattentive presentation (**PIP**) thereof, without visible symptoms of hyperactivity, impulsivity, defiance or disruptive behaviour;
- **autism**, especially so-called 'high functioning' autism Level 1 (previously known as **Asperger's syndrome**),
- **motor disorders**, such as **developmental coordination disorder** which may affect handwriting/penmanship (sometimes still called **motor dyspraxia** or [erroneously] **dysgraphia**),
- **physical** disability, including chronic pain; and
- to a lesser extent, **mental health** needs such as depression and anxiety disorder – which some parents see as 'parasitical' disabilities, in that the child began to experience them only as a result of starting school and soon realising that they were not able to learn to read or print or do arithmetic or pay attention or make friends as effortlessly as their peers.

None of the conditions listed above is related to intelligence. Giftedness does not preclude disability – and vice-versa. **A high IQ is protective against nothing but a low one.**

**Intellectual impairment** is the only disability which cannot logically co-occur with intellectual giftedness. However, intellectual giftedness alone will not vaccinate a child against any of the non-intellectual forms of disability listed above, or against academic underperformance or mental health needs.

In short, GLD children combine high cognitive

ability with some form of co-existing disability. The GLD child is thus one who is intellectually gifted 'with **something else going on**' – something which:

- ⇒ emanates from within the child (rather than being environmentally imposed),
- ⇒ cannot be otherwise readily accounted for or explained, and
- ⇒ can sometimes interfere with school achievement and/or with social-emotional wellbeing.

### **Terminology**

GLD children are sometimes referred to in the research literature by a variety of abbreviations: in the UK as '**DME**' (dual/multiple exceptionality), in Europe as '**TE**' (Twice Exceptional), and in the US as '**double-labelled**', '**2e**' or '**2E**' (twice-exceptional) – the two seemingly conflicting and opposing 'exceptionalities' being the giftedness on the one hand, and the non-intellectual disability on the other. Here we use '**GLD**' (gifted learners with disability), not only because it is more accessible and descriptive of the actual condition, but also because the inclusion of the word 'disability' may serve as a reminder of the legislative protection to which GLD children are arguably entitled in Australia.

### **Scope of 'disability'**

'Disability' in this context is **defined** very **widely** (as in Australian disability discrimination legislation), and is not confined to those relatively few disabilities which some education departments have selectively tweezed out for additional funding. Thus, some parents have been the victim of misinformation such as "ADHD is not a disability in Australia, but autism is". Such assertions constitute simply an attempt to stitch together an excuse as to why the child is not entitled to have their needs addressed at school: "It's not a 'real' disability, and hence attracts no special funding, so I don't need to do anything about it."

Disabilities may be visible or **non-apparent**. GLD children in our experience usually have invisible disabilities (of course making early identification doubly challenging).

Sometimes, the GLD child's 'disability' is **euphemistically** referred to as a 'difference', 'difficulty', 'deficit', 'challenge', 'relative weakness'

or even an instance of so-called 'neurodiversity' but, for present purposes, the word 'disability' will be used because it is the most accurate and legislatively meaningful term in this context. Anything called a 'difference' etc can be more easily dismissed and ignored than something which is correctly labelled as a disability and hence qualifies as a legislatively protected attribute.

Sometimes a GLD child is described as 'gifted with a **learning disability**', but the latter expression may in fact be a semantic misnomer. Some GLD children do not have a '*learning* disability' at all. Instead, they may have a *performance* disability. Said one such child, "No, you can't say that I have a *learning* disability. I have no trouble *learning* new things for the first time. I have no trouble remembering what I have learned. What I do have is a '*proving in limited-time exams that I've actually really learned it*' disability."

The latter performance disability could of course be due to many **causes** – ADHD, handwriting disability, low vision, or a slow processing speed, to name a few. It could also be the result of difficulties which fall short of the legislative definition of 'disability', but which can nevertheless result in barriers for the child in writing limited-time exams. Such causes include 'instructional casualties' (having never been correctly taught the content in the first place), prolonged illness, and home or family issues.

### **Prevalence**

There is currently no definitive research on the percentage of intellectually gifted children who are experiencing a (sometimes undetected) disability. **Exact numbers** are hard to determine, because the estimated prevalence of GLD children varies according to the methods and models chosen by each researcher to define and identify 'gifted' and the demarcation of the scope of the co-occurring disability. Similarly, not every GLD child receives a formal or accurate diagnosis, and there is no way of knowing how many such diagnoses are never shared with educational institutions or elsewhere recorded.

Matters are complicated by the fact that a way must be found to **extract** the percentage of children with **intellectual impairment** from total numbers of children with disability in whatever calculation is used. There has been some anecdotal speculation that the incidence of GLD children is gradually

increasing, as psychologists and educators become better skilled at identifying GLD and disability in general. Perhaps the increase is attributable to changes in standardised diagnostic criteria and growing public awareness over time, rather than a true increase in population prevalence.

**No** federal or state instrumentality collects **data** on this population, since GLD children constitute a unique minority within each of two other minority populations – intellectually gifted students on the one hand, and students with non-intellectual disability on the other. Despite difficulties in accurately calculating an exact percentage of children experiencing both intellectual giftedness and non-intellectual disability, as long as there are *any* at all, it is still necessary for us to address their needs.

## 2. What are some characteristics of GLD children?

GLD children may exhibit dual strengths and struggles.

### **'Gifted'**

On the one hand, they **may be gifted** in identifying and understanding complex relationships, using sophisticated problem-solving strategies, and generating and analysing novel ideas. They may have exceptional verbal expression, featuring unexpectedly advanced vocabulary (which may impress teachers, but which may also negatively affect communication with similar-age, non-gifted peers). **They may exhibit** a thorough understanding of the potential consequences of a seemingly small event. Other typical gifted characteristics may include an active imagination, a wide variety of surprisingly mature interests or opinions, extensive general knowledge, and flashes of furious brilliance when faced with difficult, abstract problems.

Indeed, GLD children may be intellectually astonishing.

Note that there exists **no definitive list** of gifted characteristics, as gifted children are a heterogeneous group. It is never a case of 'Tick this number of boxes and a child is gifted'.

### **'Disability'**

At the same time and **on the other hand**, however, the mechanics involved in reading, spelling, written expression, penmanship, rote memorisation, basic computation and other ostensibly simple and basic academic tasks (particularly timed tests), or even physical tasks such as tying shoelaces, may prove unnecessarily demanding and present seemingly insurmountable difficulties.

GLD children **frequently have** poor time management and organisational abilities, and/or inconsistent attention issues. They may perform poorly under pressure, or they may appear vague or preoccupied, and they may have difficulty following simple step-by-step instructions, or have ongoing issues with social communication and peer relationships.

Again, there exists **no definitive list** of disability characteristics, as children with disability are also a heterogeneous group. Similarly it is never a case of 'Tick this number of boxes and a child has a disability.'

### **Giftedness paired with disability**

GLD children may sometimes achieve outstandingly high results in academic competitions **outside of school**, yet be receiving mediocre outcomes on everyday school assessments and tests. They may excel on multiple choice tests yet struggle when asked to compose answers on a blank page – or sometimes the other way round. Their unique abilities can be underestimated because they may have unrecognised gaps in learning. Their school grades do not reflect their conceptual understanding, and this mismatch may have a long-term impact on their self-esteem and mental health.

Because GLD children can be expected to be developing simultaneously both ahead of and behind age peers, being GLD is somewhat akin to being the **rope in a tug-of-war**: the GLD child may be pulled in one direction by their high IQ and their intense desire to pursue their intellectual interests, but at the same time they may be pulled in the opposite direction by their disability which may inhibit their capacity to develop their gifts into talents – to transform their high intellectual potential into high academic performance.

### 3. How do parents and teachers identify GLD children?

GLD children are often **hard to identify**. Perhaps because they usually don't fit the stereotype of either a gifted child or a child with disability, many GLD children go unrecognised or are not formally identified until relatively late in their academic career – typically later than non-gifted students with comparable learning challenges.

The most common and **significant feature** of a GLD child is uneven or inconsistent academic performance which is unexplained and unpredictable.

From a teacher's perspective, it is important to note whenever a child **demonstrates** surprisingly uneven academic performance such as discrepancies among subjects/teachers, or an excellent ability to orally explain, or extraordinary knowledge of a subject, accompanied by a reluctance to read or to complete written work. It is imperative to look closer by administering standardised tests of oral reading, including decoding skills, reading comprehension and spelling, to further identify the child's skill levels. Such discrepancy can occur also in mathematics (ie, a child may be able to solve complex abstract quantitative problems, but may find it hard to memorise basic number facts/maths tables).

#### ***The masking effect***

The greatest impediment to identifying some GLD children in the early years stems from the fact that their high cognitive ability may overshadow or compensate for their disability, while their disability may **mask** or shroud their intelligence. Thus, one or other characteristic is disguised, undermined or exaggerated by the other, and the child regularly demonstrates neither high academic performance nor diagnosable disability. The two conditions coalesce to ensure that the child lives incognito. In particular, their school achievements may be well behind what would be expected of most gifted children without disability. GLD children may accordingly present at school as having generally 'average' intellectual ability and Year-level performance and, since 'average' is generally regarded as being appropriate at school, such children attract little attention. Few notice a child who is average on the outside and gifted on the

inside.

Some GLD children may be first noticed because of complex **behaviours**, the latter usually understandably stemming from frustration and embarrassment when GLD children find themselves readily succeeding at complex undertakings which others seem to find 'hard', yet unexpectedly unable to perform simple school tasks which others seem to find 'easy'.

In other cases, the child's intellectual giftedness may have been identified but the disability not, or conversely the disability may be patently visible while the giftedness remains obscured. Unless behaviour starts to become an issue, the quiet, behaviourally compliant, polite GLD child may continue to **underachieve** at school for years and years, drifting through the early years with neither the giftedness nor the disability poking through. No one usually notices a non-squeaky wheel.

#### ***Barriers to identification***

Sometimes when only one of the giftedness or the disability has been identified, schools do not evaluate beyond the initial diagnosis. They adopt a '**one label per customer**' model, and may stop looking for any additional challenges which a GLD child may be experiencing. Even some special educators may struggle to accept intellectual giftedness within the context of disability.

No student, GLD or otherwise, sets out to fail at school.

Observations which lead to **harshly critical** teacher or parent **comments** such as 'lazy', 'careless', 'needs to try harder', 'should concentrate more', 'is wasting his potential' and 'could do better' may constitute red flags for possibly unidentified disabilities.

Many GLD Australia parents with **so-called 'lazy'** children have had their children IQ-tested only to discover that all along the child has been surreptitiously coping with an undiagnosed and unidentified disability. Other parents, convinced that their child's underachievement at school must be the result of some form of disability, or worried that the child is 'just not very bright', are surprised when the psychologist calls them in from the waiting room to say, "I suppose you already know that she is highly gifted?" The core message here must be: "Don't just guess – assess."

## 4. How do professionals identify GLD children?

### *Why is this important?*

Accurate **professional identification** of the underlying disability is crucial because different intervention strategies will be required for different problems. For example, consider a child who, despite having received evidence-based instruction at school, is having trouble learning to read. That child may have a problem with vision or with attention, or may have dyslexia or any combination of these. Such a child would require different kinds of remedial intervention and support, depending on the precise nature of the underlying problem, and the level of impairment occasioned by it. Each disability comes in sizes Small, Medium and Large. There is no 'one level of impairment fits all'.

Accordingly, an **early comprehensive assessment** by a professional is recommended for all intellectually gifted children who are presenting with any kind of erratic, inconsistent or unexplained underperformance – or simply any other concern which prompts a parent to think, "I wonder what's really going on here."

### *IQ testing*

Individual psychometric (IQ) testing (such as a WISC) will usually identify GLD children. They typically score very highly in some sub-tests and poorly in others. You may hear this phenomenon referred to as a 'jagged educational profile' or an 'atypical subtest **scatter**'. Even 'average' scores on some sub-tests, though seemingly falling within the 'normal' range, may still provide a clue to an area of disability. Testing is best conducted in concert with individualised achievement testing (such as a WIAT) so that the assessment is as comprehensive as possible. Be guided by your professional as to which tests are most appropriate for your child.

Testing should be **carried out by** educational and developmental psychologists or by developmental paediatricians who have extra specialised training in identifying developmental differences such as the conditions listed in Part1 above (in particular, the predominantly inattentive, vague, dreamy presentation of ADHD without hyperactivity, impulsivity, defiance or so-called 'bad' behaviour).

This inattentive ADHD presentation often occurs with reading disorder (dyslexia).

Of course, IQ tests are but **one way** to identified gifted learners, but for GLD children they can be an important first step.

### *Choosing professionals*

When choosing a psychologist, it is important to look carefully at the professional's website. If someone is advertising that they just assess IQ but do **not diagnose disorders** or disabilities, it may be wise to look elsewhere. Even if you suspect that your child will turn out to be just 'plain' gifted with no disabilities, you may never receive a complete picture if early warning signs of disability are ignored or dismissed. Too many in the GLD Australia group over the years have had their expectations unrealistically raised by professionals' reports which boast very high IQ scores but no disability. Too often the child can't ultimately succeed in meeting these expectations academically, sometimes several years down the track, and instances of disruptive behaviour seem to be increasing every year. When the disability is finally accurately diagnosed by a different professional, too much time has been lost, and the child's self-efficacy may have been affected (sometimes irrevocably) by the experience of years of trying as hard as they can at school, yet never being able to live up to the expectations raised by their initial IQ for reasons which no one has known or guessed.

Similarly, the experience of many in GLD Australia is that it is always best to **start** with a comprehensive assessment by **an** educational and developmental psychologist or by a developmental paediatrician, who can then on-refer to other professionals if that turns out to be indicated. Too many parents over the years have erroneously suspected that their child has X disability or condition, and accordingly have started by consulting first a professional (or worse, a business) who is known for specialising in X. There, unsurprisingly, the diagnosis turns out to be X – the very disability treated by that professional or business.

But later, when the diagnoser's own (often expensive) treatment for X is not 'working', parents change tack and consult an educational and

developmental psychologist or a developmental paediatrician, and it turns out that the problem was never X in the first place. This again results in wasted money and, more importantly, lost time. Further, with an educational and developmental psychologist or a developmental paediatrician, parents don't risk being referred to some shonky edu-business charging a lot of money for some remedy or 'cure' which is not empirically supported.

### ***Documenting the diagnoses***

The **reports** of reputable testing professionals will usually contain not only their diagnoses and a summary of the results of their investigations, but also ideally a list of recommendations as to how the child can be assisted at home and at school. These recommendations should address *each* of the five Ingredients in the GLD 'recipe' described in Part 6 below.

Before choosing any professional, be sure to **check** with your child's **school** that a report from that type of professional will be accepted and acted upon. Some parents in GLD Australia have spent a good deal of money on assessments which produce a report which a school won't read: "Oh no, we only look at reports from [X kinds of professionals], not from this type of assessor or business. Take your child to an X and have it done all over again."

### ***Cost of diagnoses***

Commissioning reports from professionals can be **expensive**, especially if the professional's fees are not partially covered by Medicare. If you feel that you cannot afford to have your child assessed by outside private professionals, start early to advocate to have your child assessed for free by the school psychologist or school counsellor. Do not accept a rejoinder that a disability can be 'imputed' by NCCD, NDIS or similar. 'Imputed' in the governing legislation does not mean 'no formal diagnosis, but we'll just treat him as if he *had* the disability'.

And most importantly, for purposes of obtaining disability adjustments for the state-endorsed and state-legitimised Year 12 final exams in years to come, you will need a '**real**' **diagnosis**. You will need evidence that the child falls within the protection of the legislation, and the threshold issue will be, "Is there a diagnosed disability?" – not "Has someone attributed a disability to him?" Further, educators who believe that all learning and associated

disabilities are always identified in the very early years of schooling may suspect that an issue flagged for the first time in upper primary school or in high school is 'just a silly excuse' for low motivation and sub-standard achievement. The parent presenting such a report to a school may find themselves accused of trying to gain an unfair advantage for their child – i.e. to 'cheat'.

## **5. What happens to GLD children at school?**

Just as being gifted sets a child apart from the mainstream in terms of IQ, so having a concomitant disability can set them apart in many other ways. Children **need not** be actually **failing** at school to be experiencing a disability which affects learning or academic success. As noted above, in the early years, GLD children may appear to be functioning normally, but in reality are usually performing well below potential.

### ***Disability starting to poke through***

As children progress from primary to high school, academic **work increases in difficulty**, complexity and volume, and demands more hours of sustained attention, effort and independent productivity. Of course, *all* children in early high school are presented with ever increasing organisational and time-management challenges stemming from a new and complex schedule, multiple teachers and classrooms, and numerous textbooks which are meant to be kept (but are in fact often lost...) in lockers and schoolbags. Many GLD children, however, may find these challenges utterly overwhelming. When they can't cope, they may find themselves labelled as 'lazy', 'forgetful', 'careless', 'sloppy' or even 'naughty'.

In reality the GLD child may be continually struggling to make sense of having *both* high intellectual potential *and* some form of disability. They may begin to **doubt their abilities** and become increasingly frustrated and mystified, as the compensation strategies which they have unknowingly developed in primary school cease to work as well, or at all, especially when the child is tired, ill or stressed. The child's high intelligence is no longer able to camouflage or compensate for the disability, and school performance steadily diminishes, even though

the child believes that they are truly making considerable effort. The child may worry that their whole life has been mysteriously tipped upside down.

When **teachers** recognise that a child is capable of very advanced work, they are **puzzled** and frustrated when the child cannot sustain that high level of academic performance. Especially if the child is enrolled in a gifted program, teachers and parents become increasingly mystified when the child fails to reach expected outcomes as the schoolwork becomes more difficult. Teachers may wonder, for example, why a seemingly clever child can invariably score perfect grades in math, but can't sit still, can't find their homework, or can't maintain peer relationships. Similarly, a child who exhibits intense intellectual curiosity yet inexplicably refuses to go out to play at recess may seem defiant.

### ***Once both disability and giftedness are identified***

**Schools** have a dual **responsibility** to address the GLD child's needs with respect to both the intellectual giftedness and the disability. This is sometimes called 'dual differentiation'. Educators are advised to adopt a model addressing both academic needs and (if relevant) behaviour needs. Some schools may unilaterally decide that the child is 'not good enough' to be admitted into its gifted programs, but at the same time 'too good' to qualify for remedial interventions and disability adjustments, resulting in omission from services on both counts. Some educators who do not appreciate the reality of GLD may point on the one hand to the child's giftedness or high grades to 'prove' that the child has no 'real' disabilities, and then on the other hand point to the child's disabilities to suggest that the child is not 'really' gifted. Either approach can be tragic.

**The** confusing combination of giftedness and disability, and the highly nuanced cognitive and psychosocial patterns occasioned by it, may mean that the GLD child is **unable to access services** from programs specifically designed to address either issue.

## **6. How can we support GLD children – a 'recipe' for success**

It is crucial that appropriate support be given to GLD children, **both at school and at home**.

The goal for each GLD child should be **'high**

**challenge, high support'**.

For most GLD children, support should include the following **five 'Ingredients'**. All are important and necessary.

Of course, the 'recipe' outlined below **may vary** according to the nature of the disability. What follows simply draws together some threads which apply to most GLD children.

### ***Ingredient One: First and foremost, feed the gift***

Before all else, the gifts of GLD children must be explored and developed, and students must be regularly provided with work which they find challenging, enriching and interesting, and which is in keeping with their intellectual abilities, even though they may not already be scoring stellar grades at school. Even in the presence of a disability, some GLD children, like many intellectually gifted children without disability, will have already demonstrated early mastery of the mandated curriculum, and will learn new material at a faster pace. This should be encouraged. At least part of a child's school day should be spent with **like-minded**, similar-ability peers (or preferably, with those of even higher ability). It is from amongst this population that the GLD child is most likely to make their friends. Those peers need not be of similar chronological age since, for a GLD child, intellectual friends are often more important than similar-age ones.

There needs to be something each day at which the child can reasonably expect to succeed or even excel. We must determine the child's special interests or **areas of passion**, and ask how these strengths can be drawn on to design teaching strategies and assessments, without compromising the exigencies of the mandated curriculum.

Too often, GLD children are denied access to programs and services designed for advanced learners. Educators say (or imply): "We have to 'fix' what's 'wrong' with you, before we begin to nourish what's 'right.'" The intellectual **gift** may thus be allowed to **shrivel up** and perhaps fade away under the weight of the disability.

Since too many school programs tend to **focus** only on remediating learning **challenges** rather than extending GLD students' learning beyond Year-level requirements, some GLD students spend the majority of their school day struggling with lagging

skills, and little to no time developing interests. They may soon become disheartened and discouraged.

To prevent this, **teachers** can decide early in the academic year to develop a **relationship** with each of their students by taking an interest in their lives and fostering a sense of caring and trust. Once teachers discover what their students love, they can create intentional approaches to fostering students' abilities whether they be latent, emerging, or apparent, and they can offer related resources that students can become immersed in. They can begin to incorporate students' individual interests into each school day. If children are allowed some time to engage in areas of passion, they are usually more willing to comply with what they find to be the less pleasant activities designed to remediate weaknesses.

If we routinely ignore the child's strengths and instead turn our gaze **only to deficits**, we risk disengagement and loss of motivation because 'the gifted side gets bored.'

***Ingredient Two: Introduce remedial intervention (for those disabilities which can indeed be remediated)***

Once the exact nature of a disability has been identified and quantified, specialised remedial intervention is indicated in virtually all cases so that the GLD child develops improved accuracy in basic literacy and numeracy tasks, and then improved fluency or automaticity. Particularly in the case of young children (ie, age 9 and below), if the disability is one which *can* be remediated, the possibility of **evidence-based remedial intervention** should always be immediately explored. A 'let's wait and see' approach is never justified, since it is essentially a 'wait to fail' strategy. The latter may eventually result in some limited funding at school when a child does indeed fail, but it also means that the child will probably never catch up.

Targeted small group or **one-on-one** remedial programs are preferred to ensure high levels of mastery in literacy and numeracy. Those who subscribe to the ideology of 'neurodivergence' may prefer terms such as 'individualised instruction' rather than 'remediation', since they believe that the latter suggests the child needs to be 'fixed'.

Those who are proponents of neurodivergence hold that all children are fine just as they are, and don't need to be 'fixed'. Nevertheless, most parents of a child with the kind of disability which can indeed be 'fixed' (or at least somewhat ameliorated) choose what they regard as a better path for the long-term success and wellbeing of the child.

Ideally, remedial programs should be **delivered by** special education teachers or allied health professionals using an empirically-supported method. It should take place in a quiet setting, outside the regular classroom so that the child cannot be observed by peers. Separate classes designed for children with intellectual impairment are usually disastrous for GLD children, who invariably are not assisted by mere repetition of material already taught, and who, despite their disabilities, still require regular opportunities to interact with their intellectual peers. Being confined in such classes may result in boredom, daydreaming, frustration, disengagement or behavioural challenges.

Contraindicated also is any deficit-focus approach which **withholds opportunities** to use the child's strengths and gifts until the child 'fixes' their disability or improves their so-called 'bad' behaviour. Participation in an academic gifted program or in extension activities should never be held out as a 'reward' for accomplishing what a GLD child cannot unilaterally achieve, or be delayed in order to allow more time to first 'fix' what the child cannot do and probably hates.

As for out-of-school remedial intervention, teachers need to be vigilant when suggesting to parents that GLD children be enrolled in (or assessed for) **expensive but unproven therapies** and out-of-school programs run by commercial 'edu-businesses'. Disabilities associations such as AUSPELD, SPELD NSW, and Learning Difficulties Australia caution in particular against programs such as Reading Recovery, Arrowsmith, Brain Gym, Cellfield, Cogmed, Fast ForWord, Davis Dyslexia, DORE/DDAT, Lumosity and Tomatis. Just because these initiatives are sometimes spruiked at academic conferences doesn't mean that they 'work'.

As noted in Part 4 above, many members of GLD Australia have devoted enormous amounts of

money over the years to programs and ‘remedies’ which turn out to be shams, scams and **hoaxes**. Further, all the time and money spent on such programs could have been more usefully devoted to a non-commercial, evidence-based remedial intervention program delivered by a highly credentialled and experienced special education teacher or allied health professional.

***Ingredient Three: Provide disability adjustments – either temporary or ongoing***

Like all children with disability, GLD children also **require adjustments** to their educational programs to allow them to access and participate in their classroom activities, assessments, and homework assignments and in their high-stakes State examinations on the same basis as children without disability.

Adjustments should be implemented either on a **long-term** basis (for disabilities which cannot be remediated) or on a **temporary** basis (for disabilities which can at least to some extent be remediated, as discussed in Ingredient Two above).

Regular **in-class** adjustments include providing handouts before or after class, preferential seating, extended time for submission of assignments, sometimes allowing written work to be dictated or typed, or providing a choice of assessment styles (e.g. written, oral or audio-visual), and advance warning of changes to routine or any extra expectation such as being required to read aloud or speak in front of peers.

Disability adjustments for limited-time **tests and exams** (sometimes called ‘special provisions’, ‘disability provisions’ or ‘accommodations’) include (but are not limited to) measures such as extra time and rest breaks, individual separate supervision or preferential seating, provision of a reader or scribe, access to a laptop or word processor, dimmed lighting, sloping easel, coloured paper, enlarged print, or flexible exam timetabling.

Disability adjustments serve to remove some of the disability-related barriers preventing the GLD child from performing academically in accordance with their intellectual ability. Just as prescription spectacles allow a vision-impaired child to see clearly what those with 20/20 vision can see effortlessly, adjustments help the child to **more accurately demonstrate** in tests and examinations

what they have learned and what they can do in a manner more closely approximating that afforded to children without disability.

A collaborative partnership is required to develop the most suitable personalised adjustments for each GLD child. Since GLD children are a heterogeneous group, there is no single GLD profile or even classification system of GLD profiles premised on an agreed pattern of strengths and weaknesses. There is **no universal solution** appropriate for all GLD children.

**If you’ve met one GLD child, then you have met just one.**

A **profile** of each child’s disability adjustment needs must be drawn up, and a procedure implemented such that school and medical records follow the child from year to year, and continue to be available to all stakeholders. This entails ongoing consultations between schools, classroom teachers, learning and support teachers, teacher aides, school counsellors, parents and diagnosing professionals. Depending on age, the child could also be consulted in this process.

Some schools call such profiles an IEP, PLP, ILP, ISP, NEP or a variety of other, often confusing and overlapping acronyms. However, because Australian legislation does not mandate (or even mention) an IEP (or any of its cousins), a simple sheet of paper entitled ‘Disability adjustments for Timmy’ will be just as effective and enforceable. The crucial test is not nomenclature, but rather evidence of meaningful consultation between the parent and the school, and evidence that a true agreement has indeed been reached. The agreement can be in any format – specified in a self-contained document or made up of a series of emails, meetings minutes, or even file notes. It need not be signed, as agreement can be inferred from conduct and emails. It may or may not prescribe provisions to address the giftedness, but in any event these would not be enforceable since gifted education is not underpinned by legislation. So any provision to address the child’s giftedness would be purely aspirational.

Under federal **legislation**, adjustments are to be made available in the context of *all* disabilities, not just those few which as a matter of policy have been singled out for extra government **funding** (as

mentioned in Part 1 above). Similarly, there is no mandated cap on the number of children receiving adjustments at any given school or any given Year level. Legislative requirements with respect to disability adjustments cannot be overridden or circumscribed by departmental or school policy. Adjustments may not be withheld on the grounds of intellectual giftedness or ‘not actually failing’, and may not be offered only as a ‘reward’ for so-called acceptable classroom or playground behaviour.

Depending on the circumstances, **failing to provide** professionally recommended adjustments would disadvantage the GLD child in classroom activities, assessments and homework assignments, and State examinations. Such failure could be found to amount to treating GLD children less favourably than children without disability, or requiring GLD children to comply with requirements and conditions with which they are unable to comply (by reason of their disability), but with which a child without disability *would* be able to comply.

Contrary to what some educators contend, when provided alongside appropriate remedial intervention, disability adjustments do not render a GLD child ‘soft’, ‘dependent’ or ‘unprepared for life in the real world after school’. Importantly, professionally recommended and documented disability adjustments are available at tertiary institutions much more readily than at school, but tragically some intellectually gifted children will never succeed in obtaining the ATARs required for entrance into their preferred tertiary courses because at school they have been deprived of access to appropriate disability adjustments. A young GLD child is not assisted by being told: “No extra time for you. When you grow up, the tax department won’t give you an extension when it comes time to file your tax return.”

Sadly, GLD children are too often scolded, “I’m sure you don’t need these adjustments. I’m sure you could write faster / read faster / think faster if only you would try harder!” And as long as a child can be written off as ‘average’, a school may be hesitant to evaluate the child for remedial intervention or provide adjustments on the grounds that, “Well surely you’ll **still pass without this adjustment**, and anyway, I have plenty who are worse and who need it more.” Suddenly, ‘not failing’ becomes the threshold test for support for the disability for GLD.

This hollow excuse is further reinforced by the introduction of the money-saving ideology of ‘full **inclusion**’ and its enthusiastic adoption by education departments (often over the protests of regular classroom teachers). Under ‘inclusion’ policies, more and more children with complex disabilities are being moved out of schools for specific purposes and out of support classes and into mainstream, mixed-ability classrooms. They are supposed to be taught from now on by the ‘regular’ classroom teacher, whether or not that person is trained in special education. Teachers are prohibited by their codes of conduct from pointing out publicly that the inclusion ideology can be simply a cheap and quick-fix method of paying lip service to an issue which demands a more nuanced solution.

So, under the ‘inclusion’ ideology, a GLD child who used to be just ‘**not the worst I have**’ morphs into a child who is ‘nowhere *near* the worst I now have’. The teacher is pressured to look after the very ‘worst’ first. A gifted child who is not failing is not usually the ‘worst’: “But he’s *passing* – what more do you want, Mrs. Overly-Ambitious Mother?”

Of course, no one is arguing here that children with complex disability do not deserve to have their needs met at school. Every child with disability does. Every child with disability deserves appropriate remedial intervention and/or disability adjustments. It should never come down to a **contest** between those with complex disability who are allegedly the ‘worst’, and GLD students who are passing but not working to potential.

#### ***Ingredient Four: Offer emotional support***

High IQs and low school grades usually don’t live well together.

Children who have been identified as GLD have had academic, social, and emotional experiences that are informed by both their giftedness and their disability. Similarly, GLD children who remain unidentified have **extra layers** of social and emotional complexity to negotiate.

An indeterminate number of intellectually gifted children experience chronic and significant **underachievement** due to disability, especially if their complex learning profile is misunderstood. After repeated failures, unidentified or unsupported GLD children become acutely aware of their difficulties at school. They eventually tend to conclude that they are ‘just stupid’ or ‘lazy and

weird', since this is the message which they have picked up either overtly or subliminally from parents, peers and educators. Many have accumulated and filed away an assortment of critical, sarcastic, or disparaging comments from school personnel over the years – comments which continue to live unbidden and rent free in their heads, sometimes right through university.

While some GLD children will call upon their chutzpah tendencies to paper over their pain, others may even begin to openly *agree* with the 'lazy' appellation, since of course anyone would rather be viewed as 'lazy' than 'dumb'. We watch as previously academically driven GLD students gradually generalise their feelings of continuing school failure to an overall sense of personal inadequacy. They begin to wonder if everyone else has an instructional manual in how to be a good student but, "Perhaps I was away on the day the school handed it out..."

The years of academic failure which a GLD child may experience if neither their strengths nor their weaknesses are addressed will invariably lead to continually widening learning gaps, poor self-efficacy and self-concept, frustration, anger, learned helplessness, lack of motivation, chronic literacy problems, poor peer relationships, disenchantment with school or finally school refusal and even dropout. These in turn can have serious **long-term** damaging **effects** on career opportunities, employment, socio-economic status, mental health, family and social relationships, and all aspects of adult life.

Even a child who claims to be unconcerned about academic failure may suffer from the social isolation occasioned by not being able to identify with any other group – not their gifted peers, nor their typically developing peers, nor their peers with disability. The GLD child's giftedness may result in a heightened awareness of being very different, leading to loneliness and perhaps defiant behaviour. It's no fun being a **Ferrari brain** which always seems to have at least **one wheel** which doesn't work.

Consequently, early **emotional support** and understanding from parents and teachers are crucially important. Parents know their child best and will probably be the first to notice changes in behaviour, mood, motivation or attitudes towards school. As well as providing a home environment

which supports the child's strengths and provides opportunities for intellectual challenge and growth, parents need to ensure that they are seen as 'the soft place to fall', instead of 'the homework police'.

As noted in Part 3 above, sometimes a GLD child's frustration may result in **behaviours** of concern. It is crucial to remember that the behaviour is a signal that the child is having a hard time – rather than trying to give their parents or teachers a hard time. It is wise to remove scolding and disappointment from the adult's agenda, to avoid embedding the child's self-talk to the effect that, "I'm just no good at school."

#### ***Ingredient Five: Advocate tirelessly and effectively***

As well as trained, understanding teachers, success for GLD children depends on well-informed parents who are able to develop and maintain good relations with their children's teachers and schools, and are skilled **at** effectively advocating to have their children's needs met at school. It is so important that **vigilant parents** take steps to ensure that their child receives evidence-based remedial intervention if appropriate, and that the child's professionally supported applications are approved for legislatively mandated disability adjustments.

That being said, it's best to remember that the vast majority of teachers are well-intentioned and do the best they can for most children most of the time. When they don't, it's usually because they simply don't know how. The vast majority of **teachers** have not been **trained** in gifted education in their undergraduate university courses. Education graduates are supposed to have had training in disability, but most GLD parents report they suspect that is not the case.

Instead of presenting busy educators with a thick file of professionals' reports, it will probably pay in the first instance to make up a **one-page summary** about your child – both strengths and weaknesses. Not all educators have been trained in the art of reading professionals' reports. If you were to present your child's teacher with a report showing the child has a rare chromone disorder (say 1 in 1000), you would not expect the teacher to say, "Yes, I know all about that. I know exactly what to do." Similarly, a report showing that a child has an IQ in the 99.9<sup>th</sup> percentile (1 in 1000) may be equally

perplexing for many educators.

It can sometimes be helpful to initiate **conversations** with your child's teacher by acknowledging you know your child is unusual. It is also usually wise to adopt a cordial but rather business-like manner when discussing your child's needs. Your IQ report will say all that's required – no need to talk at length about every precocious thing your child ever did in his highchair years ago. Best also to stay away from discussing how much you love your child, and how hard he is trying, and how it is breaking your heart to have to watch him not succeeding at school.

**Reading** widely about GLD and attending conferences and webinars on both giftedness and disability will greatly assist with advocacy. Joining **groups** such as GLD Australia, gifted associations and disabilities associations may also assist parents to acquire the requisite knowledge, expertise and confidence, and at the same time to benefit from being part of a sympathetic support network of other parents who are walking the same road.

As well as offering emotional support to their GLD children, it is important for **parents** to be mindful that raising GLD children can be an **emotionally draining**, tiring and frustrating endeavour. No parent signs up for this. Said one mother, "I would happily 'give back' all of my son's giftedness and his high IQ if only he didn't have the disabilities." Acknowledging those sentiments may be cathartic for some parents, in addition to maintaining supportive contact with other parents of GLD children.

## 7. What else can parents do to support their GLD children?

### *Early, early, early*

**Early action** by parents is crucial. The sooner a problem can be accurately identified, the greater the chance that it can be addressed. Usually, the higher the IQ, the later an accurate diagnosis is made. Some parents don't notice their child's problem, or choose not to implement treatment for it, until the GLD child is much older, and until a pattern of chronic underachievement has already been allowed to become established. By then, it's harder to reverse, and for some GLD it may be already too late. Better to know the full picture

upfront. Any resulting professional's report or diagnosis which you don't agree with, or are not comfortable with right now, can be put away in a drawer. It needn't be shared with the school or anyone else. But at least then you'll *know*.

### *The furphies*

Parents should be especially **cautious** not to delay investigating and addressing the cause of unexpected and unexplained academic underachievement on the grounds of popular notions or ideologies which are not empirically supported. Amorphous but now discredited explanations for underachievement such as 'learning styles', 'left/right brain thinking', 'multiple intelligences', 'differently-wired brains', 'asynchronous development' and 'overexcitabilities' are sometimes proffered by well-intentioned but non-professional onlookers in an attempt to convince parents that there is 'nothing wrong' with their gifted child. Rather, the child is said to be just the victim of an education system which has not been designed for them and doesn't understand them – the 'square peg / round hole' aphorism. These specious explanations should never be accepted in the absence of professional assessment. They may seem temporarily comforting, but they do nothing to help the child.

Similarly, well-meaning but misinformed bystanders sometimes erroneously warn parents that their gifted child should not be taken to medical and allied health professionals for a comprehensive assessment because the child "might be diagnosed with a disability which they don't have." One catchcry of such observers is "Disabled? No, just dis-labelled!". Sadly, a well-publicised '**misdiagnosis** initiative' scare overseas has resulted in too many gifted children not having an addressable concomitant disability diagnosed until it is far too late. Some disabilities can be diagnosed by every corner GP after a five-minute chat in the US, but can be diagnosed only by specialist medical professionals in Australia. There is no evidence that gifted children in Australia are being diagnosed with disabilities which they actually don't have.

### *Watching our language*

Over several years, we have noticed that, when advocating with schools for GLD students, parents tend to have greater success if they are careful to

use only current Australian **terminology** and avoid overseas expressions or outdated diagnoses. Few schools will pay much attention to something which sounds as if it has been copied from an overseas publication, based on very different legislation and a very different education system.

In particular, it is wise to say:

- ⇒ GLD ..... **instead of** ..... 2e
- ⇒ Child with disability ..... instead of ..... disabled, handicapped
- ⇒ Disability ..... **instead of** ..... difficulty, difference, challenge, weakness, overexcitability
- ⇒ ADHD ..... **instead of** ..... ADD
- ⇒ Autism ..... **instead of** ..... Aspergers, ASD
- ⇒ Developmental coordination disorder ..... **instead of** ..... motor dyspraxia, dysgraphia
- ⇒ Disorder of written expression ..... **instead of** ..... writing disorder
- ⇒ Masking ..... **instead of** ..... cancelling each other out
- ⇒ Grouping by readiness to learn ..... **instead of** ..... ability grouping
- ⇒ Underchallenged ..... **instead of** ..... bored
- ⇒ Behaviours of concern ..... **instead of** ..... bad behaviour
- ⇒ Develop potential ..... **instead of** reach potential
- ⇒ Adjustments ..... **instead of** ..... accommodations, special provisions, disability provisions, special consideration
- ⇒ Year ..... **instead of** ..... Grade
- ⇒ Upper primary ..... **instead of** ..... middle school
- ⇒ University ..... **instead of** ..... college

## 8. What happens to GLD children?

GLD children virtually **never** 'grow out of it'. There are no magic wand solutions, but there **are** strategies for managing GLD.

If given the opportunity to explore their passions, GLD students have the **potential** to become leaders in their chosen fields when they enter employment. Teachers can and should send their students out into the world confident that they will make a positive difference.

Many members of GLD Australia are now finally **nearing the end** of their 'GLD journey'. They watch

with pride and relief as their early-identified and early-supported GLD children move into careers which they love.

Some **parents report** that their GLD children, after many years of post-diagnosis school intervention and/or professional treatment, have against all odds managed to reverse their chronic academic underachievement. Some have graduated from high school with remarkably high ATARs and have qualified for admission to extremely competitive tertiary courses, including up to the PhD level. Some can point to accomplishments such as winning the university medal in a professional degree, or competing in a prestigious STEM competition overseas – achievements unthinkable all those years ago when the child's disability was first noticed and diagnosed.

Some are now pursuing demanding **careers** in a variety of sectors. Have their disabilities been 'cured' or left behind forever? Of course not. Are the symptoms no longer noticeable? Again, usually no. But in our experience, GLD young adults tend to choose careers where their strengths will be celebrated, and their disabilities overlooked or no longer relevant while at work. For example, some may conquer the remnants of their reading disorders or their slow processing speeds by covertly taking work home – perhaps more often than a colleague who has never experienced disability. And in our COVID era, adults working from home is hardly a novelty anymore.

With positive support at school and at home, GLD need not be an insurmountable problem. It **can** be addressed – sometimes with huge success!

**GLD Australia** <http://gldaustralia.org/> June 2022

*Further information:*

Carol Barnes - [carol@bartink.com.au](mailto:carol@bartink.com.au)

**GLD Australia** is a national online learning community responding to the needs of intellectually gifted learners with disability, and the concerns of those who care for, teach and advocate for them, through the sharing of information, research and personal experiences. GLD Australia is run by non-paid volunteers, operates on a not-for-profit basis, and has no political or commercial affiliations.



## GLD Australia: Advocating for Gifted Learners with Disability

- GLD Australia is a national not-for-profit online learning community and support group responding to the needs of intellectually gifted children with disability which affects learning, academic achievement or wellbeing.

Joining GLD Australia is **free**, once you become a financial member of QAGTC or another gifted or disabilities association.

**Simply send an email to:**  
[gldaustralia3@gmail.com](mailto:gldaustralia3@gmail.com)

**You will receive an auto-invitation to join. Accept the invitation and your name will be added to our discussion list automatically.**