The Way I See It

By Dr. Temple Grandin

A Parent Workshop that can Help Awaken Twice Exceptional Children

February, 2015

La Porte ISD

Brief Life History of Dr. Temple Grandin

Synopsis:

Temple Grandin was born August 29, 1947, Boston, Massachusetts. She was diagnosed with autism as a child and went on to pursue work in psychology and animal science. She became a leading advocate for autistic communities and has also written books and provided consultation on the humane treatment of animals. In 2010, HBO released an Emmy Award winning film on Grandin's life.

Early Life:

In her early life, Grandin's mother worked tirelessly to find the best care and instruction for her daughter's condition. Her treatments included speech therapy, which helped draw out and reinforce Grandin's communicative abilities. Social interactions remained difficult in middle and high school, where other students teased Grandin regularly for her verbal tics.

Despite these difficulties, she achieved considerable academic success, earning a degree in psychology, a master's degree in animal science and a doctoral degree in animal science.

Advocacy and Rise to Prominence:

As a high-functioning autistic person, Grandin has been able to make sense of and articulate her unusual life experiences with rare depth. She has described her hyper-sensitivity to noise and other sensory stimuli, which can make socializing painful and dull. She is primarily a visual thinker who considers verbal communication to be a secondary skill.

Grandin has taken strong positions on autism and the education of autistic children. She advocates early intervention, training of parents and teachers, and has opposed the notion of a comprehensive cure for autism.

Grandin, Temple. TheBiography.com.website. Chicago: Random House, 2014.

http://www.biography.com/people/temple-grandin-38062. Web. 20 Dec. 2014.

The Way I See It By Dr. Temple Grandin

How to Use 1950's Methods of Teaching Social Skills to Children that Worked for Me.

When I was young in elementary school during the 1950's all children were taught basic social skills the same way. When I visited a friend's house and I made a table manners mistake, I was corrected by my friend's mother. The methods and rules were the same at home, at the neighbors, and at school. All corrections were calm. There was no screaming and yelling.

1. *Use Teachable Moments – When a mistake in social manners is made, never scream "NO, stop it, quit it or cut it out." Instead give the instructions in a calm voice. Some examples are:*
    - *Eating mashed potatoes with my hands – RESPONSE – "Use you fork."*
    - *Wiping my mouth with my hand – RESPONSE – "Use your napkin."*
    - *I forgot to say please or thank you – RESPONSE - "You forgot to say _____."*
    - *Stuck my tongue at a person – RESPONSE – "Put your tongue back in your mouth – that is rude behavior."*
2. *Most important skills can be taught under age 8.*
    - *Learning to take turns. This was taught with a board game. When I got a little older, the whole family played cards. Lessons learned from taking turns in board games can be applied to taking turns during activities as a family. When the family went to a movie, I had to take turns with my sister picking the movie. Another example would be choosing a restaurant or a store to visit.*
    - *Saying please and thank you.*
    - *Shaking hands and greeting people. It was demonstrated like teaching a person in a foreign country how to behave. Mother and teachers demonstrated the correct distance, looking in the eye and the amount of hand pressure. I practiced my skills by being party hostess when my mother invited guests for dinner.*
    - *Shopping and learning the value of money. I got 50 cents a week to buy things I wanted such as comics, balsa wood toy airplanes, kites, and ice cream bars. These were items that if I wanted them I had to buy them myself. I also had to do all the interactions with the store staff. My mom stayed away when I made my purchases. My favorite toy airplane costs 69 cents so I had to have two weeks of my allowance to buy it. Comics were 10 cents and a kite and string were 20 cents. Today these prices would be higher, but I learned the value of money from my purchases. I also learned that I had to wait and save to get the 69 cent airplane.*
    - *My ability in art was always encouraged. My teachers and mother encouraged me to draw many different things.*
3. *Excessive praise is bad.*

When I was very young, Applied Behavior Analysis (ABA) methods were used to teach me to talk and lots of praise was used. This was required to get my speech started. By age four I had learned to talk and ABA methods were phased out. After I learned to talk, constant praise was stopped. Praise was reserved for something really special such as a really fabulous art project or singing at a concert. The following behaviors and activities were not praised. In the 1950's, children were expected to do the following. This may not work for a nonverbal child.

- *Be on time for meals, religious workshop or school bus pick up.*
- *Making my bed.*

- *Dressing myself. Before I went to bed, I was taught to lay out my clothes I was going to wear the next day. I started to do this at age five.*
- *Getting up on time.*
- *Being polite.*

Saying please when making a request and thanking another person for doing something I requested was always emphasized. In many situations, saying thank you was a form of praise. At the dining room table, my sister would ask me to pass the serving dish of green beans. When I passed it, she said thank you. To effectively teach children, the parents also have to practice good manners and say please and thank you.

4. *Temper Tantrums – When I had a temper tantrum at home or at school the penalty was no TV for one night. My mother and my elementary school teachers worked as a team. If I had a temper tantrum at home, she would put me in my room and let me scream it out. Thirty minutes later when I was calm, she invited me back to join the family, but there was no TV tonight. Mother always handled it calmly.*
5. *Oppositional Behavior - Provide choices to help prevent oppositional behavior where a child always says no. Below are some examples:*
    - *You can do your homework either after school or after dinner.*
    - *You can wear your blue shirt or your white one. I was allowed to pick out the clothes I wanted to wear from the clothes that were in the drawer.*
    - *Video game playing needs to be limited to one hour a day and two hours a day on weekends. Give the child a choice of activities they can do when they are not playing video games. They could choose between playing outside with kites and airplanes or adding to their rock collection. Both my sister and I had extensive rock collections that we kept in the garage. I spent hours doing airplane and kite design experiments. We also did creative craft projects such as making abstract art by gluing pieces of pasta to cardboard. Another time, my sister and I decorated our trikes with gold paint.*

Grandin, Temple. The Way I See It: A Personal Look at Autism and Asperger's. Chicago: Random House, 2014. Print.

Other Temple Grandin Ideas for Students as Presented in 2012 TED Talk on Autism

Twice exceptional kids thrive in an environment where they use GT talents first. Here are some beneficial suggestions to help students:

- *Participate in hands-on classes*
- *Need job experiences*
- *Learn to do tasks for someone else*
- *Speak to fixation, example: Draw a horse. NOW draw a pen for the horse. (expand on idea, suggest something to associate idea to)*
- *Community colleges*
- *Exposure to variety of experiences*
- *Recognize sensory issues and seek help*
- *May be good at math, not reading*
- *Seek help for high anxiety*
- *Teach basic life skills, example, manners*
- *Need academic rigor*
- *Find their "turn-on" switch*
- *Don't focus on limitations*
- *Allow extra time with stated limits*
- *Provide necessary tools, example, computer*
- *Positive home and classroom atmosphere*
- *Mentoring*
- *Strategize and use strengths*
- *Clear expectations, consequences and rewards*
- *Goal setting*
- *Look for alternatives*
- *Mistakes are part of learning*
- *View HBO Film, "Thinking in Pictures" starring Clare Danes (the story of Temple Grandin's struggles/successes)*

Grandin, Temple. 2010 Autism Talk. New York City, TED TALK Presentation, 2010.

http://www.TEDTalkwithTempleGrandin.Web.May,2010.

I'm Not Who you Think I Am

I may appear to be...	In reality I am...	What I need is...
Weird	Creative Imaginative Marching to a different drummer Misunderstood Bored	Acceptance A creative outlet Choices of assignments To celebrate my uniqueness Teachers with a sense of humor Peers with shared interests Mentors
Disrespectful	Afraid to risk failure Uninterested Under-challenged Testing limits Feeling trapped Frustrated Resentful of focus on weaknesses	Interaction with other twice-exceptional kids Supportive teachers Strength-based assignments Freedom to explore passions Negotiated boundaries Opportunities to share passions A social skills autopsy
Stubborn/ Trapped	Afraid to risk failure Afraid to do it any other way Already seeing the finished product Frustrated Persistence	Choices in how I learn Choices in demonstrating what I have learned Problem-solving techniques Explicit instruction for skill deficits To learn how to pick battles To explore others view point
Annoying/ Embarrassing	Lacking social skills Seeking attention Lonely Trying to be funny Looking for a friend	Social skills training Risk-free environment to practice social skills Coping strategies Practice Social skills autopsy
Lazy	Unsure academically Afraid to risk failure Helpless Disenchanted Developing asynchronously	Academic support Encouragement A noncompetitive environment Strength-based assignments Explicit instruction for skill deficits Hands-on opportunities
Immature	Shy Introverted Feeling out of place Feeling unimportant Developing asynchronously	A noncompetitive environment Social skills training Extra time to grow up Coping strategies To learn to regulate emotions
Impulsive	Enthusiastic Unable to envision consequences Experiencing sensory overload Confused Needing immediate gratification	Coping strategies Stress management Information on how the brain works Understanding of sensory overload Awareness of behavior triggers

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TWICE-EXCEPTIONAL STUDENTS

Strengths

- superior vocabulary
- highly creative
- resourceful
- curious
- imaginative
- questioning
- problem solving ability
- sophisticated sense of humor
- wide range of interests
- advanced ideas and opinions
- special talent or consuming interest

Challenges

- easily frustrated
- stubborn
- manipulative
- opinionated
- argumentative
- written expression
- sensitive to criticism
- inconsistent academic performance
- difficulty with written expression
- lack of organization/study skills
- difficulty with social interactions

Trail, B. (2011). *Twice-exceptional gifted children: Understanding, teaching, and counseling gifted students.* Waco: Prufrock Press. Used with permission from Prufrock Press Inc.(http://www.prufrock.com).

General Characteristics of Twice-Exceptional Learners

Elizabeth Nielsen and
Dennis Higgins, 1994

The following list should be viewed as characteristics which are typical of many children who are gifted and who also have a disability rather than characteristics which all such children possess. These twice-exceptional children do not form a simple, homogeneous group; they are a highly diverse group of learners.

Indicators of Cognitive/Affective Strengths

- Have a wide range of interests that are not related to school topics or learning.
- Have a specific talent or consuming interest area for which they have an exceptional memory and knowledge.
- Are interested in the "big picture" rather than small details.
- Are extremely curious and questioning.
- Possess high levels of problem-solving and reasoning skills.
- Have penetrating insights.
- Are capable of setting up situations to their own advantage often as a coping method.
- Are extremely creative in their approach to tasks and as a technique to compensate for their disability.
- Have an unusual imagination.
- Are humorous often in "bizarre" ways.
- Have advanced ideas and opinions which they are uninhibited in expressing.
- Have a superior vocabulary.
- Have very high energy levels.

Indicators of Cognitive/Affective Challenges

- Have discrepant verbal and performance abilities.
- Have deficient or extremely uneven academic skills which cause them to lack academic initiative, appear academically unmotivated, avoid school tasks, and frequently fail to complete assignments.
- Are extremely frustrated by school.
- Have auditory and/or visual processing problems which may cause them to respond slowly, to work slowly, and to appear to think slowly.
- Have problems with long-term and/or short-term memory.
- Have motorical difficulties exhibited by clumsiness, poor handwriting, or problems completing paper-and-pencil tasks.
- Lack organizational skills and study skills; often appearing to be extremely "messy."
- Are unable to think in a linear fashion; have difficulty following directions.
- Are easily frustrated; give up quickly on tasks; are afraid to risk being wrong or making mistakes.
- Have difficulty explaining or expressing ideas, "getting-to-the-point," and/or expressing feelings.
- Blame others for their problems while believing that their successes are only due to "luck."
- Are distractable; unable to maintain attention for long periods of time.
- Are unable to control impulses.
- Have poor social skills; demonstrate antisocial behaviors.

Indicators of Low Self-Esteem

One of the most common characteristics of these children is low self-esteem. They frequently "disguise" this low self-esteem through the use of any or all of the following behaviors:

- Anger
- Self-criticism
- Crying
- Disruptive behaviors
- Clowning behaviors
- Denial of problems
- Withdrawal
- Daydreaming and fantasy
- Apathetic behaviors

Short Description of the Various Exceptionalities

Exceptionality	Definition	Characteristics
Autism/Asperger Syndrome	A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, adversely affecting a child's educational performance. Other characteristics often associated with autism are resistance to environmental change or change in daily routines and unusual responses to sensory experiences.	• Severe social problems • Psychomotor coordination deficiencies • Organization difficulties • Lack of ability to read body language or facial expressions • Inability to understand pragmatic language • Often has one particular area of interest to the exclusion of all else • Can be comorbid with sensory integration dysfunction, obsessive compulsive disorder, and/or anxiety disorders
Specific Learning Disability	Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.	• Processing deficits resulting in slow responses and work production • Difficulty with long/short term memory • Deficient or extremely uneven academic skills • Lack of organizational and study skills • Possible social problems • Inordinately frustrated by school work • Possible issues of impulsivity • Can be comorbid with ADHD and sensory integration dysfunction • Possible gross and/or fine motor difficulties
Attention Deficit Disorder without Hyperactivity	A medically defined disorder characterized by a persistent pattern of inattention and/or hyperactivity. It involves an inability to direct and/or control attention due to an under-focus on all stimuli (hypo-focused)	• Seeks stimuli through a variety of actions in order to stay focused (e.g., fidgets, squirms, shifts from one activity to another, touches everything) • Difficulty sustaining attention for even short periods of time • Easily distracted by external stimuli • Loses/forgets things, information, etc. • Interrupts or intrudes on others • Inability to follow more than one step in a set of directions or instructions • May engage in physically dangerous activities • Cannot see the consequences of actions
Attention Deficit Disorder with Hyperactivity	A medically defined disorder characterized by a persistent pattern of inattention and/or hyperactivity. It involves an inability to direct and/or control attention due to an over-focus on all stimuli (hyper-focused)	• Distracted by stimuli and responds by(e.g., fidgeting, squirming, shifting from one activity to another, touching everything) • Difficulty sustaining attention for even short periods of time • Easily distracted by external stimuli • Avoids or complains about noise, other students, lights, smells, etc. • Paces or roams the room • Impulsive • Interrupts or intrudes on others • Inability to follow more than one step in a set of directions or instructions • Cannot see the consequences of actions

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Short Description of the Various Exceptionalities

Emotional Behavioral Disorder	A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: • An inability to learn that cannot be explained by intellectual, sensory, or health factors • An inability to build or maintain satisfactory interpersonal relationships with peers and teachers • Inappropriate types of behavior or feelings under normal circumstances • A general pervasive mood of unhappiness or depression • A tendency to develop physical symptoms or fears associated with personal or school problems EBD Includes mood disorders, anxiety disorders (e.g., generalized anxiety disorders, panic disorders, social phobia), and obsessive compulsive disorders,-but psychiatric diagnosis is not a required criteria for IDEA.	• Extremely inflexible • Low frustration threshold • Difficulty controlling emotions • Limited capacity for change • Extreme explosive episodes • Completely falls apart when hungry, tired, or stressed • Excessive worrying • Social withdrawal or aggression • Irritable or angry • Depression • Variety of physical symptoms
Speech and Language Impairment	Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.	The characteristics of speech or language impairments will vary depending upon the type of impairment involved. There may also be a combination of several problems. The types of impairments include: • Articulation disorder • Fluency disorder (stuttering) • Voice disorder • Language disorder, which refers to an impaired ability to understand and/or use words in context. Expressive language disorder: difficulty expressing ideas. Receptive language disorder: difficulty understanding verbal communication

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Short Description of the Various Exceptionalities

Traumatic Brain Injury	Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.	Children who sustain TBI may experience a complex array of problems, including the following: • Medical/Neurological Symptoms: speech, vision, hearing and other sensory impairment, decreased motor coordination, difficulty breathing, dizziness, headaches, impaired balance, loss of intellectual capacities, partial to full paralysis, reduced body strength, seizures, sleep disorders, and speech problems • Cognitive Symptoms: decreased attention, organizational skills, and problem solving ability; difficulty with abstract concepts; memory deficits; perceptual problems; poor concentration and judgment; slowed information processing; and poor memory • Behavioral/Emotional Symptoms: aggressive behavior, denial of deficits, depression, difficulty accepting and responding to change, reduction of inhibitions, distractibility, feelings of worthlessness, lack of emotion, low frustration level, helplessness, impulsivity, inappropriate crying or laughing, and irritability • Social Skills Development: difficulties maintaining relationships, inability to restrict socially inappropriate behaviors, inappropriate responses to the environment, insensitivity to others' feelings, limited initiation of social interactions, and social isolation • Any or all of the above impairments may occur to different degrees. The nature of the injury and its attendant problems can range from mild to severe, and the course of recovery is very difficult to predict for any given student.

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- School
- Family
- Community

Equity in Gifted/Talented (G/T) Education

Twice-Exceptional Students and G/T Services

Homework Support

Parents of twice-exceptional students have witnessed the frustration their children experience when trying to complete homework assignments. Supporting your child is very important; however, do not take on the responsibility for doing the work. You can support your child in in the following ways:

1. Set aside a specific time when homework is to be done. If possible, make it a family time to read and work on projects.
2. Provide a place to work that is stocked with all the materials needed to complete assignments.
3. It is helpful to discuss what needs to be done and prioritize homework before beginning so the things due the next day are completed first.
4. Encourage your child to set a goal for what homework they will complete, estimate the time it will take, time themselves to see if they reach their goal, and celebrate accomplishment of goal.
5. Plan short 10-minute breaks during study time and plan a fun activity when all homework is completed.
6. When students are unorganized, papers are lost. Work with teachers to set up a system to either email assignments home or post them on a website. Completed assignments can be scanned and emailed to the teacher.
7. Help your child understand the instructions but never become too involved in answering or completing assignments. Remember, it is their job to do the homework.

(Trail, 2011)

- School
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Equity in Gifted/Talented (G/T) Education

Twice-Exceptional Students and G/T Services

When There is a Problem

1. When you become aware a problem exists, begin your discussions with the classroom teacher. Phone or email the teacher to ask if you can (1) observe the class and (2) schedule a conference time after your observation.
2. Prepare for your observation and meeting by talking with your child to find out as much as you can about the cause of the problem.
3. Remember your child's description of the problem is their perception. There can be differences between perceptions and reality.
4. Begin the meeting on a positive note by sharing something positive from your classroom observation. Then discuss your concerns and explain your desire to work collaboratively to resolve the problem.
5. As an advocate for your child, it is your job to help the teacher understand your child's strengths and how areas of challenge are impacting his/her school performance.
6. Share samples of your child's work that demonstrates particular strengths and interests, as well as, samples of work where areas of weakness resulted in poor performance.
7. Develop a plan, process for monitoring progress, and schedule a follow up conference. Thank the teacher for taking the time to meet with you.

(Trail, 2011)

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Equity in Gifted/Talented (G/T) Education

Twice-Exceptional Students and G/T Services

Family/Community Resources

G/T

http://www.hoagiesgifted.org

http://www.sengifted.org

http://uniquelygifted.org

http://gtworld.org

http://www.davidsongifted.org

http://www.nagc.org

http://txgifted.org

https://www.nagc.org/NAGC2/NGCShopper/ProductDetails.aspx?productID=NGC42112

2E/Special Education

http://2enewsletter.com

http://uniquelygifted.org/

http://www.ldonline.org/index.php

Transition:

http://www.washington.edu/doit/

http://www.pacer.org/tatra/resources/self.asp

http://www.waisman.wisc.edu/naturalsupports/pdfs/FosteringSelfDetermination.pdf

http://www.beachcenter.org/education_and_training/self-determination/default.aspx?JScript=1

Books:

If This is a Gift, Can I Send it Back?: Surviving in the Land of the Gifted and Twice Exceptional by Jen Merrill and Sarah J. Wilson

"Twice-Exceptional and Special Populations of Gifted Students" (Essential Readings in *Gifted Education Series*) by Susan Marcia Baum and Sally M. Reis

Twice-Exceptional Gifted Children: Understanding, Teaching, and Counseling Gifted Students by Beverly Trail Ed.D.

Uniquely Gifted: Identifying and Meeting the Needs of the Twice-Exceptional Student by Kiesa Kay

Bright Not Broken: Gifted Kids, ADHD, and Autism by Diane M. Kennedy, Rebecca S. Banks, and Temple Grandin

"Successful Strategies for Twice-Exceptional Students" (Practical Strategies Series in *Gifted Education*) by Frances Karnes Ph.D., Kristen Stephens Ph.D., and Kevin Besnoy Ph.D.

"Social/Emotional Issues, Underachievement, and Counseling of Gifted and Talented Students" (Essential Readings in *Gifted Education Series*) by Sidney M. Moon and Sally M. Reis

Smart Kids with Learning Difficulties: Overcoming Obstacles and Realizing Potential by Rich Weinfeld, Sue Jeweler, Linda Barnes-Robinson, and Betty Shevitz

Smart but Scattered Teens: The "Executive Skills" Program for Helping Teens Reach Their Potential by Richard Guare Phd, Peg Dawson EdD, and Colin Guare

Different Minds: Gifted Children with Ad/Hd, Asperger Syndrome, and Other Learning Deficits by Deirdre V. Lovecky

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