

# SOME FREQUENTLY ASKED QUESTIONS- FAQs



Since the launching of my website, I have received many questions, queries and requests from parents, teachers and other professionals. Some of the more common inquiries and my responses are presented below.

## **SCHOOL READINESS**

### **How do I determine if my daughter/son is ready to start school?**

In the past, learning readiness tests were a common method of assessing a child's readiness to commence school. The focus was mainly on the prerequisite skills for reading. Today, very few general learning readiness tests are available and there is not much evidence that they are used.

Parents are usually in the best position to evaluate their child's social and emotional maturity. They obviously witness behaviour in a wide variety of situations and over extended time periods. Teachers and other professionals do not have such luxuries. Hence, observant, objective parents should be in a position to accurately determine their child's social and emotional maturity. Valuable insights are gained from a comparison with the early development of any sibling(s), and with similar aged peers. Furthermore, staff at the child's preschool should provide useful information. Unfortunately, some parents are in denial about their child's reported immature behaviour.

Readiness in terms of other factors including general ability (thinking and reasoning) language (both receptive and expressive) and important learning requirements such as motivation, task commitment and concentration are clearly important.

Checklists that enable parents and teachers to ascertain readiness in a variety of important areas are available on my website (See Learning Readiness and Early Learning Essentials 1 and 2 Sections for details). Generally, these checklists focus on the readiness skills considered necessary for the successful early learning of reading, spelling, handwriting and mathematics. By completing the checklists, a parent can gain some objective, relevant information about their child's development in a range of learning prerequisites. Such information can be supplemented by direct observations and any reports from the child's preschool.

If serious doubts are raised about a child's readiness for school, I usually recommend that commencement is delayed for 12 months. Remember that the information gained from the checklists and the preschool reports is not wasted-it can provide explicit guidelines about relevant skills needing attention and development. If social and emotional skills are underdeveloped, professional support and guidance are strongly recommended.

## **EARLY READING AND SPELLING**

### **How can we as parents help our child learn to read and spell?**

Perhaps this is the most frequently asked question. At the preschool stage, I suggest that parents provide a positive reading environment for their son or daughter. This means demonstrating an enthusiasm for reading by valuing books, having trips to the library, visiting bookshops, giving books as presents, lots of reading to their child, indicating that books provide pleasure and importantly, showing that reading is valued by actually participating in silent reading in the presence of their child.

Once their child starts school, these positive activities should continue. In addition, parents need to become familiar with their child's school method(s) of teaching reading. A healthy climate of co-operation between home and school is very important. Teachers are usually very pleased to inform parents about the learning to read stage and advise them on ways they can support classroom strategies. Often schools run special sessions on how parents can help their child with academic learning.

The following material can be also found in the **Section - Parenting**

### **Helping Your Child Learn to Read**

While there has usually been an interest for some parents to be actively involved in their children's education, this interest has shown a marked increase over the past few years.

During my case-conferences when I explain their son's or daughter's psycho-educational report, parents of young children invariably ask for advice about supporting their child's learning. I remind parents that providing educational assistance to their children is far from easy. Despite the best of intentions, such efforts too often result in frustration and tears-for both parties! Parents need to be reminded that rarely are they born teachers and hence they are best to see their role as being a partner or mentor in their child's learning. In this role, their most valuable contributions are to engage in relevant and enjoyable educational activities and to provide a friendly and encouraging atmosphere.

My message to parents is consistent. "Talk to your child's teacher and see how you can be actively involved in the child's learning". In the majority of cases, the teacher knows the child's learning progress and can give valuable insight into the underdeveloped skills in the struggling student.

For the parents who feel a need to try some special approach, usually offered by private practitioners, be cautious. ALWAYS ask for evidence that the recommended method has been shown to be superior to regular approaches.

So-called "new" or "special" doesn't necessarily mean better. Be advised that there has been a long list of guaranteed "golden methods" of learning to read since at least the 1930s and 40s. Many of the current "new" methods have their origins at this time. Unfortunately, this is not revealed to teachers or parents. No one method has been shown to have general superiority over other methods for all students.

As the following information is for parents, an attempt has been made to provide a brief and concise explanation of the key aspects involved in learning to read. For those parents who would like more details, please consult the **Reading Section** on this DVD.

The following activities are based on established research and theory and can be viewed as being supplementary to most approaches used currently in schools.

As reading is an important aspect of language, some basic points about language development in children are a useful starting point.

The language continuum starts with the child's ability to listen and understand spoken language. Hence, oral language (both heard and spoken) is developing well before a child attends school and begins to formally learn to read. Obviously, an understanding and use of spoken language continues to develop throughout life and play a central role in reading.

When the child starts school, often they are introduced to reading. Reading can be seen as the secondary form of language—that is, written language being superimposed on the already established and developing spoken language.

### **Learning to read involves three fundamental skills**

#### Phonological Skills

These are the skills involved in hearing, identifying and manipulating speech sounds. These skills are being established from a very early stage of the child's language development. Very natural, informal activities such as listening to spoken language, speaking and hearing and learning nursery rhymes and songs help develop an awareness of speech sounds. While informal, these early, basic skills have been shown to play a very significant role in learning to read and also to spell. Teachers have been increasingly concerned about the development of phonological skills and most will give special attention to these important skills.

#### Phonic Skills

During the first year at school, students are introduced to phonic skills. Phonic skills involve the association between the already developing or established awareness of the sounds of spoken language with their written language equivalents. More formally stated, the letter-sound correspondences. Such skills involve the learning of the alphabet and an understanding of the different sounds the letters of the alphabet and other letter combinations can make. These skills form the basis of reading.

## Word Recognition Skills

These involve the ability to identify written words, both in isolation and in context. Several cues are used to identify written words-

1. Word-attack skills-sounding out words using both phonic and phonological skills.
2. Word recognition skills-the instant, visual, whole-word recognition of words.
3. More advanced syntactic (grammar) skills and semantic (understanding) skills to aid the recognition of words in the context of sentences, paragraphs and prose.

Generally speaking, I suggest that parents focus mainly on the Word Recognition Skills through flashcard activities and reading. Teachers are better able to teach the phonological and phonic skills. However, if parents are interested, they may like to help their child develop Phonological Skills which can be established and reinforced through many fun, informal games and activities.

## **Word Recognition and Early Reading Activities**

### Word Recognition Activities

For parents, an excellent way to establish and reinforce word recognition skills is through flashcard activities and games. Key words are written on small cards and the child learns these words through their regular exposure. A list of basic words is provided below. For a more extensive range of important basic words, see the **Spelling Section** on this site.

Activities can include the following-

Flashing (for just a few seconds) the word to the child and having her/him identify the word. This usually is seen as a fun activity as the child tries to read the rapidly flashed word.

Showing (no time limit) the word and having the child identify the word.

Playing cards games such as match, snap, same or different. This requires two or more sets of words and two or more players.

Having a key word placed on the fridge or some other prominent location and treating it as the word for the week.

More elaborate cards can be made having picture cues or other cues to aid recognition of the word on the front of the card.

These activities can be undertaken in very short sessions, say no more than 10 to 15 minutes, several times per week. If the child sees these sessions as being enjoyable they are likely to participate willingly and enthusiastically. It is imperative that the child receives ENCOURAGEMENT and PRAISE for their efforts, not DISCOURAGEMENT and CRITICISM. Hence, negative comments must be avoided.

## The Dolch Basic Sight Vocabulary of 220 Frequently Used Words

all	do	help	my	seven	use
always	does	her	myself	shall	
am	done	here		she	very
an	don't	him	never	show	
and	down	his	new	sing	walk
any	draw	hold	no	sit	want
are	drink	hot	not	six	warm
around		how	now	sleep	was
as	eat	hurt		small	wash
ask	eight		of	so	we
at	every	I	off	some	well
ate		if	old	soon	went
away	fall	in	on	start	were
	far	into	once	stop	what
be	fast	is	one		when
because	find	it	only	take	where
been	first	its	open	tell	which
before	five		or	ten	white
best	fly	jump	our	thank	who
better	for	just	out	that	why
big	found		over	the	will
black	four	keep	own	their	wish
blue	from	kind		them	with
both	full	know	pick	then	work
bring	funny		play	there	would
brown		laugh	please	these	write
but	gave	let	pretty	they	
buy	get	light	pull	think	yellow
by	give	like	put	this	yes
	go	little		those	you
call	goes	live	ran	three	your

came	going	long	read	to
can	good	look	red	today
carry	got		ride	together
clean	green	made	right	too
cold	grow	make	round	try
come		many	run	two

There is general agreement that students are normally able to read these words by Grade 2 and spell most of them by Grade 3.

**Source:**

Dolch, E. W. (1955). Methods in Reading. Champaign Illinois: The Garrad Publishing Co., (pp. 373-374).

The Dolch List was the first published and widely used basic word list and hence I mention it above and elsewhere on this DVD. I have also referred to other basic word lists on this DVD. See **Sections Reading** and **Spelling** for further details.

**Reading Activities**

Learning to read by reading is the basic premise of the following activities. The focus is on the child actually reading words in isolation or in context. Obviously, for the non-reader or struggling reader, support is needed to be able to read. There are several ways for parents to provide such support.

Reading Together or Paired Reading Approaches

This approach was the basis of early reading many years ago when grade readers were in vogue. The teacher and children had the same book to read. This enabled the children to read along with the teacher and learn to recognise words by reading. Re-reading and constant practice helped reinforce word recognition. Context was very important both for the use of general language cues including semantic (meaning) and syntactic (grammar) cues but also for establishing and maintaining interest and motivation.

Today, several Reading Together approaches are used with basically the same fundamentals being constant. These approaches are referred to by the following names-

- Choral Reading
- Books on Tape
- The Neurological Impress Method

There are many advantages of these Reading Together approaches. Importantly, it enables children to read before they have mastered the basic phonological and phonic skills: skills, which many young children find very difficult to acquire. Children can also experience successful learning outcomes-they feel that they can read and hence excellent encouragement and positive reinforcement are provided. Because Reading Together approaches do not require a knowledge of the basic reading skills, parents can readily engage in such activities. Furthermore, the material being read can be selected to be high in interest as the words to be read do not have to be controlled in terms of difficulty. The child is not required to recognise words initially but simply to read along or instantly repeat or copy what the teacher or parent is saying.

In selecting the material to be read by the parent and child, the following are the popular options. It can be something the child has composed and perhaps written down by the parent or teacher- a phrase, a sentence or a short story about a topic of interest, usually to accompany a drawing. Or it can be a selected published book, usually one the child is very keen to read. Some gentle guidance may be needed to ensure that the book is appropriate both in terms of interest and difficulty.

### Reading Together Strategies

I recommend that two copies of the chosen book are procured. This makes the process easy if both parent and child have a book each. It also indicates that the book is important-it is a valued possession.

Firstly, the parent reads the whole story to the child. This may be repeated several times. The story can also be retold by the parent with the child adding her/his comments and interpretations. The rationale is for the child to gain a good understanding of the story including key characters, names, plot etc. This will greatly aid word recognition when the child later comes to read along because she/he will know what to expect.

Secondly, the child is encouraged to read along-say, one page at a time. Again, the story can be discussed. This can be repeated several times. Obviously, the parent needs to be cautious not to bore the child with too much repetition. But the more the child is prepared to repeat the activity, the greater is the likelihood of her/him remembering/recognising the words.

Thirdly, the child can be encouraged to recognise certain words. The parent might ask if the child can "read" a particular word. They should try to select a word that the child is highly likely to know. The parent should point to the target word. If the child is correct, PRAISE the effort enthusiastically "WOW, what a great effort, you can read". If the child is uncertain or incorrect, say "Great try" and quickly give the target word. It is IMPERATIVE that the child is ENCOURAGED and PRAISED not CRITICISED and DISCOURAGED.

This method is very dependent on the child's willingness to have a go. Unless the child is provided with a caring, encouraging, non-competitive environment and feels capable of achieving successful outcomes, she/he will be a most reluctant, unsuccessful and very unhappy participant. Obviously, such a situation must be avoided at all times.

## Helping your child learn to spell

Parents typically get involved in their child's spelling activities-usually by "testing" the words set by the teacher as homework to be learned each week.

For those parents who wish to become more involved in the early stages of their child's learning to spell, the following activities are suggested. The words included in the Dolch List above are a most convenient source of basic, commonly used words. Of course, other word lists are available on this DVD and can be consulted. Additional words to those contained on the basic word lists can be added if deemed relevant or necessary.

### A suggested activity to teach basic words

Firstly, it is important to check that the words can be read before expecting them to be spelled.

Mention has been made of a strategy that I have recommended to teachers and parents. As the feedback has been very positive, it would seem worthwhile to provide details on the way basic words and other selected words can be taught.

Once the target word has been identified either through direct assessment or through a search of workbooks to find spelling errors, the word is printed on the front of a flashcard. On the back of the flashcard, the same word is written with the "error", "tricky bit" or "demon" letter(s) in red. For example, using the target word "any"-

Front

**any**

Back

**any**

When introducing the word to the child, the teacher/parent places the word on the desk/table before the child and says-

"This word is "any". Look at this word. You found it a "tricky" word to spell. The "tricky" bit is written in red on the back of this card". Parent/teacher turns the card over and shows the child saying-"See the letter "a" is red". This can be repeated for two or three other "tricky" words during the session.

When each word is again placed before the child, (front side up), the teacher/parent asks "Which letter is red"? If the child is correct, turn the card over and reinforce the correct choice with praise- saying "Well done". If the child forgets or chooses the wrong letter, turn the card over and say-"Have a look or check your answer". "Where is the "tricky" bit?" Have the child say the letter then add "Yes, well done". "We will try this word again later to see if you can remember the "tricky" bit".



This activity can be repeated several times during the week. New words can be included while "known" words can be removed from the set. The set of words should not exceed 4 or 5 words at any one time. It is important to reintroduce the "known" words at regular intervals to reinforce correct spelling.

Again it is worth stressing that activities involving parent and child are very dependent on the child's willingness to have a go. Unless the child is provided with a caring, encouraging, non-competitive environment and feels capable of achieving successful outcomes, she/he will be a most reluctant, unsuccessful and very unhappy participant. Obviously, such a situation must be avoided at all times.

## **MATHEMATICS**

### **Does my son need to know his "tables"?**

A knowledge of multiplication tables certainly helps with the acquisition and development of early mathematical processes. Fortunately, many students are successful in learning their "tables". For some, however, the task is formidable- especially those students with a learning disability.

While I suggest that such students should be encouraged to learn their tables, I have found that some students actually seem to benefit from discovering number facts through their own creative strategies. Such strategies, as opposed to rote drill, enable some students to gain valuable insights into number sequences, patterns and processes. Perhaps this preferred approach matches the student's learning style- that is, a discovery, heuristic style of learning. I have been fascinated by the range of creative strategies some students use in solving mathematical problems. The key to identifying such approaches is to have the student solve a problem "aloud" hence identifying their particular method(s). Ultimately, these creative and personal strategies usually lead the student to gaining a broader, deeper and more meaningful understanding of mathematics.

Very interestingly, I have found that some students studying Specialist Mathematics at Year 12 confess that they were very slow to learn their tables using traditional, rote methods. This has been confirmed by their relative difficulties solving basic mental mathematical problems on intelligence tests.

## GIFTEDNESS

### **Can you comment on why many bright students, especially boys, are not enthusiastic readers?**

Many bright students report that they find the selection of reading material lacking in interest and relevance and reading instruction boring. Interestingly, this topic was mentioned by Professor Barry McGraw, chairman of the National Curriculum Board and a highly respected educationalist. He raised concerns about the fall in reading standards of Australian students compared to international benchmarks. In interpreting the slide in literacy standard in results published by the Program for International Student Assessment (PSIA), McGraw, expresses concern about the education of our brightest students. McGraw argued that "Australia's ranking fell mainly because its overall mean score was affected by marked declines in the test scores of its highest-performing students". He continued that the..."interesting message from these results is that the decline in achievement is at the top end." He contended that there is a need "to develop higher-order reading skills because learning is so dependent on that."

Professor Peter Freebody stated that the latest PSIA results suggest that the curriculum might be too easy or too dull for many bright 15-year-olds. He concluded that "We really need to make sure with all of the curriculum areas that there is plenty of extension work for kids who are academically strong".

**Source:** (Education Age, September, 15, 2008, p.3).

My experience with gifted students mirrors that of the above experts. Evidence shows that many of our bright students at both the primary and secondary school levels are not sufficiently engaged in explicit, motivating higher-order reading instruction. Such activities should focus on the following-

- Reading vocabulary-word knowledge-synonyms and antonyms
- Reading comprehension (reading for understanding -sentence, paragraph and story) including the following activities-
  - pre-reading strategies
  - text preview
  - story impressions
  - retelling
  - literal
  - inferential
  - cloze
  - concept maps
  - 5 Ws who, where, why, what, when?

Reading comprehension **MUST** be explicitly taught-it is not caught through general reading activities. The emphasis should be on reading for thinking, not just reading for information seeking. Reading should involve thinking between and beyond the lines, not just on the lines.

See the **Reading Section** on this DVD for more details.

## **Why do so many bright students underachieve academically?**

The objective identification of bright students is usually based on their performance on a standardized measure of general ability or intelligence. Such a test enables the student's performance to be compared with other students of the same age and provides IQ scores and percentile rankings. It is generally accepted that students with an IQ of 120-129 have "superior" abilities while students with an IQ 130 or beyond have "very superior" abilities. (See **Section Giftedness**, for details about definitions and IQ scores).

Intelligence tests sample a student's thinking and reasoning abilities. Most assess both verbal and non-verbal problem-solving abilities. Because academic learning involves the ability to reason, think, solve problems and retain information intelligence tests are relevant indicators of learning potential. However, they were not explicitly designed for this purpose. While a high score on an IQ test suggests that the student is capable of advanced thinking ability, it does not guarantee learning success. Many factors other than cognitive abilities determine learning success including enthusiasm for learning and the acquisition of knowledge, achievement motivation, task commitment, a stimulating curriculum, learning opportunities and teacher competence.

Obviously many factors can contribute to academic underachievement in bright students. For boys, two major constitutional, causal factors can result in underachievement and are as follows-

1. early bouts of middle-ear infections with associated intermittent hearing loss,
2. a learning disability

Interestingly, these two "within" causal factors are not so common in girls.

For both boys and girls, many environmental factors can interfere with learning or restrict learning achievements. A conceptual framework in **Section-Learning Disability** outlines these antecedents.

## **Should we consider accelerating our gifted child?**

Perhaps acceleration is the most debated and contentious topic in the field of gifted education. As Silverman (2013) has forcibly stressed "Education is notoriously anti-acceleration on the grounds that it will create social misfits". (p.79).

Once a student has been identified as being "gifted and talented" the next questions are what are the educational options and what is the most appropriate for the student. Options include the following-

- enrichment activities
- subject acceleration
- grade acceleration
- special workshops for gifted students
- mentors

As the literature indicates, the options need to be considered in the light of the student's intellectual, psycho-motor, academic and social-emotional profile. In addition, the student's opinions and wishes must be considered as should those of their parents.

Clearly, the school's policy on the education of "gifted and talented" students is a critical component. However, principals and teachers will now need to be aware of the Victorian Governments' recent policy. The Victorian DEECD policy on the education of "gifted and talented" students has been updated with the release of the following reports.

(2012, June) Inquiry into the Education of Gifted and Talented Students.  
Education and Training Committee . Parliament of Victoria.

(2012, December) Inquiry into the Education of Gifted and Talented Students.  
Victorian Government Response to Recommendations.

These documents are highly recommended reading for those interested in the proposed future education of gifted and talented students.

The Committee made some 65 recommendation, the following supporting acceleration. This recommendation received the endorsement of the Victorian Government.

### **Recommendation 19: Guidelines for Year Level Acceleration**

That the Victorian Government develop and promote guidelines for year level acceleration.

Hopefully, these publications will provide gifted education in the State, the much needed impetus for change and the framework for enhancing the education and support for "gifted and talented" students.

The need for change was obvious to the Committee. It stated-

"All student's have a right to an education that meets their needs. However, the Victorian education system is currently failing many gifted students.

At present there is no systematic approach to gifted education in Victoria. Provision for gifted students is very ad hoc, predominately provided on a school-by-school basis. Many schools make no, or minimal, provisions, after extensive parent advocacy". (p.xxiii).

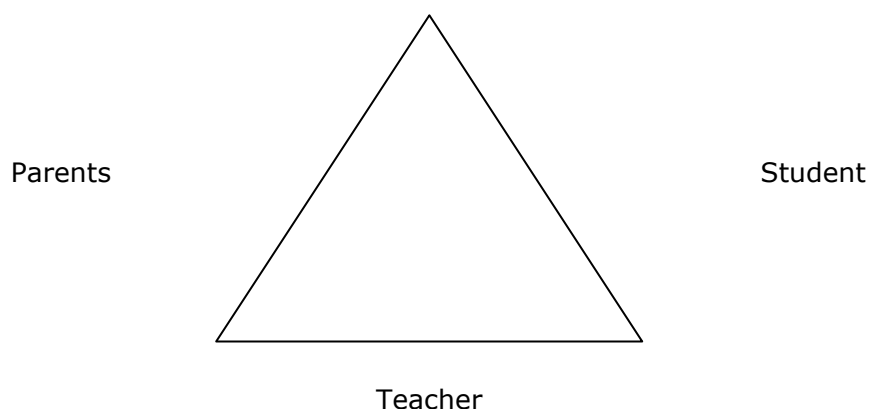
"The Victorian education system is clearly not meeting the needs of gifted students, with many students never given the support and stimulation they need to transform their gifts into talents" (p. xxiv).

The new policy provides an excellent framework for developing a program for gifted and talented students. It also gives a thorough and comprehensive coverage of important issues and gives well defined recommendations. Another positive feature was the Committee's wide consultation with key stakeholders.

A major criticism of the report is the sourcing of very dated literature and research. Unfortunately, the Committee appears to have relied almost exclusively on one text, Nicholas Colangelo and Gary Davis (2003), (Eds.), Handbook of Gifted Education, (3<sup>rd</sup> edition), for much of the theoretical frameworks and directions and research evidence. Apart from recent Australian publications- mainly Department of Education reports- many of the references are pre-2005. It is surprising that the Committee did not consult more recent publications, such as S. Pfeiffer's, (Editor). Handbook of Giftedness in Children: Psychoeducational Theory, Research and Best Practices. (2010).

My experience over many years has highlighted the extremely contentious nature of the debate over acceleration. While the research evidence continues to stress the many positive benefits of this strategy, I have found most principals and classroom teachers extremely reluctant to consider grade acceleration. Their typical refrain is "What about the social and emotional problems? " Hopefully, the report will encourage a more rational and informed debate about acceleration. (See Section- **Giftedness** p.43 for a comprehensive summary of important articles/ reports on acceleration).

In explaining the implementations of an acceleration program to parents, teachers, psychologists and other professionals, I have invoked the notion of the Stable/Unstable Triangle. The three sides of the triangle are labelled as such-



Successful implementation of an acceleration program requires the three parties to be "stable"-i.e., an unconditional commitment to the plan.

If one or more of the parties fails to honour this commitment, then the Triangle becomes "unstable". Unfortunately, as my experience over 30 years has consistently shown (as has the published research), that in most cases, it is the "base"- the teacher, teachers and/or principal component who fail to agree with, or commit to, the plan. Overwhelmingly, their resistance is not based on extensive relevant experience or a thorough knowledge of research but on a concern about possible negative social-emotional consequences. Basically, this concern seems to stem from a lack of relevant knowledge, experience, competence and confidence. The implications are obvious-there is a pressing need for important components of gifted education to be taught in all teacher training courses.

Feldhusen, Proctor and Black (2002) provided excellent criteria to determine if acceleration will be effective, including-

- a. a comprehensive psychological evaluation of intelligence, academic mastery and social and emotional adjustment
- b. an IQ of at least 125
- c. academically, the child demonstrates skill levels above the mean of the grade desired
- d. the child is free of any serious adjustment problems
- e. the receiving teachers have positive attitudes and a willingness to help the child adjust to the new situation
- f. efforts are made to accelerate at natural transition points and
- g. grade advancement is done on a trial basis of approximately 6 weeks.

As stressed above, it is imperative that any decision to accelerate a student begins with the student being asked whether or not he or she wants to be advanced. The student should be given every opportunity to discuss their decision in a friendly, positive, non-confrontational meeting with parents, teachers and school principal.

Rogers (2002) emphasised that acceleration requires groundwork and that children's needs and responses must be anticipated. For example-

Was the accelerative placement too exaggerated or too abrupt, producing unwanted side effects?

Were there skills or content expected of the student that required anticipatory preparation?

Did the student experience the unaccustomed degree of challenge as a "failure"?

Were the problems that prompted the acceleration actually more complex or serious than a strictly educational approach could accommodate?

Was social and emotional support so lacking in the accelerative practice that the student was confronted with suspicion and even hostility in the new setting?

Did the move reduce the student's opportunity to maintain his or her self-concept when the comparison group was removed too suddenly?

Rogers claimed that considering such possibilities can suggest many ways that parents and teachers can help to assure a smooth and successful transition for the gifted student.

In a recent article entitled, "Teachers little help to brightest students." (The Age, October, 25th. 2013, p.8), the results of study are reported on 40,000 students in State and Catholic schools. It revealed that teachers are adding little "value" for students who are highly proficient in reading and mathematics.

The study extended Professor Patrick Griffin's previous research that found that the lowest 25 percent of students were making huge improvement. They improved about five times more than anticipated, while the top 25 percent were not improving on average.

Griffin contended that "the idea of differentiating and targeting kids at where they're ready to learn seems an impossibility to most student teachers". He added that teachers need greater support to prepare lessons targeting students at various ability levels. He concluded that the results should have major implications for teacher training at Universities.

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**(Available at [www.gifteddevelopment.com](http://www.gifteddevelopment.com))**

Silverman, L. K. (2013). Giftedness 101. (See Chapter 7. Optimal development of the gifted. Springer. N.Y. **Contains very useful information for parents and teachers.**



## AUTISM SPECTRUM DISORDER

### Does my son/daughter have Autism Spectrum Disorder?

With the release of the DSM-5 in May, 2013, it has been necessary to update the information on Autism Spectrum Disorder. As mentioned in the **Section-Behavioural and Developmental Problems**-significant changes have been made to the classification and definition of Autism Spectrum Disorder. These changes will not be detailed here. However, it is important to be aware that the term Autism Spectrum Disorder now encapsulates the disorder- Asperger's Syndrome.

In the past, several terms have been used interchangeably including the following-Asperger Syndrome, Asperger's Disorder, Asperger's Syndrome, Autism Spectrum Disorder, High Functioning Autism. The term Autism Spectrum Disorder will be used here as it has been recently adopted by the DSM-5.

The requests for information about Autism Spectrum Disorder and the referrals to my private practice have increased significantly over the past few years.

During my time at the Krongold Centre at Monash University and since in private practice, I have been referred many children, adolescents and adults who were thought to display behaviours characteristics of Autism Spectrum Disorder.

Diagnosis is not straight forward. Traditional checklists typically tell only part of the story. I request family input especially from any siblings, to identify important tell-tale signs.

Dr. Asperger (1944) first reported on four children who displayed difficulty integrating socially. Despite apparent normal intelligence they lacked nonverbal communication skills, failed to demonstrate empathy with their peers and were physically clumsy and awkward. He called the condition "autistic psychopathy" and described it as a personality disorder primarily marked by social isolation. Dr Lorna Wing (1981) later called the condition "Asperger Syndrome". In 1994, Asperger's Disorder was added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-1V), the American Psychiatric Association's diagnostic reference book. Interestingly, in the most recent revision (DSM-1V-TR, 2005) some additional points are made about Asperger's Disorder. These will be highlighted below.

Autism Spectrum Disorder is now classified as a Neurodevelopmental Disorder. Previously, Asperger's Syndrome was classified as a Pervasive Developmental Disorder. ASD is characterised by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or the presence of stereotyped behaviour, interests and activities.

To provide some sense of progress with the classification and diagnosis of the previously known Asperger's Syndrome, the following information has been retained. This is considered important as the term Asperger's Syndrome and the original definition are likely to continue to appear in the literature and be used by professionals.

With Asperger's Syndrome, the essential features are a severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behaviour, interests, and activities.

The DSM-1V-TR (1995) Diagnostic Criteria for Asperger's Disorder are as follows-

A. Qualitative impairment in social interaction, as manifested by at least two of the following:

1. marked impairment in the use of multiple non-verbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
2. failure to develop peer relationships appropriate to developmental level
3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
4. lack of social or emotional reciprocity

B. Restrictive, repetitive and stereotyped patterns of behaviour, interests, and activities, as manifested by at least one of the following:

1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
2. apparently inflexible adherence to specific, nonfunctional routines or rituals
3. stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
4. persistent preoccupation with parts of objects

C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

D. There is no clinically significant general delay in language (e.g., single words by age 2 years, communicative phrases used by age 3 years).

E. There is no clinically significant delay in cognitive development or in the development of aged-appropriate self-help skills, adaptive behaviour (other than in social interaction), and curiosity about the environment in childhood.

F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

In the most recent edition of the DSM-1V-TR, 2005 it is stressed that while there are no clinically significant delays in language or cognitive development, **this does not imply that there are no problems with communication.**

Asperger's Syndrome is a **Pervasive** Developmental Disorder, hence no one single tell-tale feature should be used to make a diagnosis. Too often the condition is applied to children who display only social and/or behavioural problems. Other important qualifiers of the condition are that it must be severe and sustained.

There is substantial individual variation in the presentation of the disorder.

Caution must be taken not to falsely label children who are excessively shy or excessively naughty.

Many people are familiar with the typical triad of impairments-

- Social/behavioural impairments,
- Communication impairments and,
- Restricted repetitive behaviour and interests.

Some commonly reported characteristics are as follows-

### **Social Impairment**

- Social immaturity
- Socially inappropriate behaviour
- Socially confused
- Interpersonal problems
- Limited empathy with peers
- Difficulty interacting with peers
- Social awkwardness-"active but odd"
- Seem insensitive to others' needs
- Lack of social reciprocity and empathy and severe difficulties in social integration
- Aloofness
- Lack of interactive play
- Follow own desires and beliefs

### **Emotional/Behavioural Problems**

- Emotional immaturity
- Emotionally inappropriate behaviour
- A "difficult" child-tends to be irritable, unhappy, intense, naughty
- Great difficulty adjusting to change
- Limited self-control
- Emotional outbursts, aggressive, disruptive
- Confused and bewildered
- Disobedient and defiant

### **Communication Impairments**

- For many, their expertise, high level of vocabulary and formal speech patterns make them seem like "little professors"
- A tendency to "talk to" rather than "talk with" somebody
- Verbosity, use of formal or idiosyncratic speech
- A peculiar, stiff gaze
- Abnormal eye contact

### **Restricted, stereotyped, repetitive repertoire of interests and activities**

- Repetitive routines or rituals
- Strong preference for experiences that are controllable rather than unpredictable
- Obsessive interest in a single object or topic
- Fascinated with machines

Again, it needs to be stressed that individuals with Asperger's Syndrome do not display all the above characteristics. There is considerable variability in the nature, range and severity of symptoms. Remember, each child, adolescent or adult with Asperger's Syndrome displays their own unique profile of characteristics.

I have been asked by parents, teachers and psychologists to develop an easy to use preliminary screening checklist that can be helpful in identifying common characteristics frequently observed in children and adolescents with Asperger's Syndrome. If several positive signs are noted in more than two of the four domains, then the student should be referred to a team of specialists including a paediatrician, a psychologist and a speech pathologist for comprehensive diagnostic assessments.

The following screening checklist draws on the valuable contributions of the following-

- DSM-1V-TR
- ICD-10
- Gillberg and Gillberg (1989)
- Szatmari, et al., (1989)
- Childhood Autism Rating Scales –CARS2 (Schopler, et al., 2010)

In addition, the author's several decades of clinical observations are also used to identify defining characteristics.

The following is a checklist of the characteristics that I use and share with parents and teachers to tentatively identify children with possible Asperger's Syndrome and to decide whether or not to conduct a formal diagnosis.

This checklist can be used to identify the presence (Yes) or absence (No) of relevant characteristics.

The presence of Age Appropriate or Positive Attributes in cognitive, language and often academic areas, are important requirements while a range of Developmental Delays or Negative Attributes are defining characteristics.

The common symptoms of Asperger's Syndrome are arranged in four domains-

- Social Impairment
- Language and Communication Problems
- Motor Clumsiness
- Restrictive and Intense Interests

# ASPERGER'S SYNDROME CHECKLIST

## CHARACTERISTICS

<b>Age Appropriate or Positive Attributes-</b>	<b>Yes</b>	<b>No</b>
	<b>✓</b>	<b>X</b>
<ul style="list-style-type: none"> <li>No clinically significant general delay in spoken or receptive language or cognitive development</li> </ul>		
<ul style="list-style-type: none"> <li>Satisfactory or better academic progress</li> </ul>		
<b>Developmental Delays or Negative Attributes-</b>		
<b>Social Impairment</b>		
<u>Solitary Activities</u>		
<ul style="list-style-type: none"> <li>No or few close friends</li> </ul>		
<ul style="list-style-type: none"> <li>Avoids others, no or little interest in making friends</li> </ul>		
<ul style="list-style-type: none"> <li>Great difficulty keeping friends</li> </ul>		
<ul style="list-style-type: none"> <li>A loner</li> </ul>		
<u>Impaired Social Interaction</u>		
<ul style="list-style-type: none"> <li>Failure to develop age appropriate peer relationships that involve a mutual sharing of interests, activities and emotions</li> </ul>		
<ul style="list-style-type: none"> <li>Impaired or deviant response to other person's emotions</li> </ul>		
<ul style="list-style-type: none"> <li>Lack of spontaneous seeking to share enjoyment, interests or achievements</li> </ul>		
<b>Language and Communication Problems</b>		
<b>Verbal</b>		
<u>Speech</u>		
<ul style="list-style-type: none"> <li>Abnormalities in inflection, prosody, voice characteristics</li> </ul>		
<ul style="list-style-type: none"> <li>Repetitive pattern of speech</li> </ul>		
<ul style="list-style-type: none"> <li>Superficially pompous, perfect or pedantic speech</li> </ul>		
<u>Language</u>		
<ul style="list-style-type: none"> <li>Failure or weak use of eye-to-eye gaze</li> </ul>		
<ul style="list-style-type: none"> <li>Talks to, not with, a person- engages in a monologue rather than a dialogue</li> </ul>		
<ul style="list-style-type: none"> <li>Idiosyncratic use of word</li> </ul>		

<b>Language and Communication Problems</b>	<b>Yes</b>	<b>No</b>
<b>Non-verbal</b>		
Failure to use the following to regulate social interaction		
• Facial expressions		
• Body posture		
• Gestures		
• Social distance, social space		
<b>Motor Clumsiness</b>		
• Underdeveloped fine-motor skills and co-ordination-handwriting problems common		
• Clumsy gross-motor skills		
• Awkward gait		
<b>Restrictive and Intense Interests</b>		
• Preoccupation with stereotyped and restricted pattern of interests		
• Compulsive adherence to specific, non-functional routines or rituals		
• Stereotyped and repetitive motor mannerisms that involve hand or finger flapping or twisting or complete whole-body movements, pacing		
• Preoccupation with part-objects or non-functional elements of play material (such as colour, smell, feel or noise)		

**If several impairments are registered in more than two of the four domains-**

- **Social Impairment**
- **Language and Communication Problems**
- **Motor Clumsiness**
- **Restrictive and Intense Interests**

**then further investigation is recommended.**

It must be stressed that children with Asperger's Syndrome are not a homogeneous group and do not display the same clinical profile. Each individual will reveal a unique pattern of characteristics. However, within the unique profile there will be a set of common characteristics that indicate a positive diagnosis.

**Adapted by Stewart Sykes (2011)**

## **DSM-5: CHANGES TO AUTISM SPECTRUM DISORDER**

### **DIAGNOSTIC CRITERIA**

#### **A. Persistent deficits in social communication and social interaction across contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):**

1. Deficits in social-emotional reciprocity; ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviours used for social interaction; ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging from, for example, from difficulties adjusting behaviour to suit various social contexts; to difficulties sharing imaginative play or in making friends; to absence of interest in peers.

*Specify* current severity:

Severity is based on the social communication impairments and restricted, repetitive patterns of behaviour.

#### **B. Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):**

1. Stereotyped or repetitive motor movements, use of objects or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus; (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movements).

*Specify* current severity:

Severity is based on the social communication impairments and restricted, repetitive patterns of behaviour.

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are no better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disorder, social communication should be below that expected for general developmental level.

**Note:** Individuals with a well-established DSM-1V diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

A new addition to DSM-5 is a Table of severity descriptors for both the Social Communication domain and the Restrictive Interests and Repetitive Behaviours domain.

## **Severity Level for ASD**

### **Level 3**

#### **Requiring Very Substantial Support**

##### Social Communication

Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning; very limited initiation of social interactions and minimal response to social overtures from others.

##### Restricted Interests and Repetitive Behaviours

Inflexibility of behaviour, extreme difficulty coping with change, or other restricted/repetitive behaviour markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.

### **Level 2**

#### **Requiring Substantial Support**

##### Social Communication

Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal response to social overtures from others.

##### Restricted Interests and Repetitive Behaviours

Inflexibility of behaviour, difficulty coping with change, or other restricted/repetitive behaviours appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.

### **Level 1**

#### **Requiring Support**

##### Social Communication

Without supports in place, deficits in social communication cause noticeable impairments. Difficulties initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions.

##### Restricted Interests and Repetitive Behaviours

Inflexibility of behaviour causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

I have decided to develop a new checklist with information obtained from DSM-5. The heading will be Autism Spectrum Disorder. See below.



# AUTISM SPECTRUM DISORDER CHECKLIST

## CHARACTERISTICS

Developmental Delays or Deficits	Yes	No
	√	X
<b>A. Social Communication and Social Interaction</b>		
<u>1. Deficits in Social-Emotional Reciprocity</u>		
• Abnormal social approach		
• Failure of normal back and forth conversation		
• Reduced sharing of emotions		
• Reduced sharing of interests		
• Failure to initiate or respond to social interactions		
<u>2. Deficits in Nonverbal Communication</u>		
• Poor use of verbal and nonverbal communication		
• Abnormal eye contact		
• Abnormal body language		
• Deficits in understanding and using gestures		
• Restricted use of facial expressions		
<u>3. Deficits in Developing, Maintaining and Understanding Relationships</u>		
• Failure to develop age appropriate peer relationships that involve a mutual sharing of interests, activities and emotions		
• Difficulties sharing imaginative play		
• Difficulties making friends		
• Limited interest in peers		

<b>B. Restricted, Repetitive Patterns of Behaviour, Interests or Activities</b>		
<u>1.Stereotyped/ repetitive motor movements, use of objects or speech</u>		
• Simple motor stereotypes-lining up toys, flipping/spinning objects		
• Echolalia-repeating another person's words, sentences		
• Idiosyncratic phrases		
<u>2.Insistence on sameness</u>		
• Inflexible adherence to routines		
• Extreme distress with small changes in routine		
• Difficulties with transitions		
• Rigid thinking patterns		
• Rigid greeting rituals		
• Rigid eating habits		
<u>3.Highly restricted, fixed interests</u>		
• Strong attachment to unusual objects		
• Excessively restricted interests		
<u>4.Over or under reaction to sensory input</u>		
• Indifference to pain/temperature		
• Adverse reactions to specific sounds or textures		
• Excessive touching of objects		
• Excessive smelling of objects		
• Visual fascination with lights or movement		

**If impairments are registered in the following two domains-**

- **In ALL THREE of the Social Communication/ Social Interaction Areas**
- **In at LEAST TWO of the FOUR Restrictive/ Repetitive Areas**

**then further investigation is recommended.**

It must be stressed that children with Autism Spectrum Disorder are not a homogeneous group and do not display the same clinical profile. Each individual will reveal a unique pattern of characteristics. However, within the unique profile there will be a set of common characteristics that indicate a positive diagnosis.

**Adapted from DSM-5 by Stewart Sykes (2013)**

## Some Additional Points

I find it helpful to see these children as being extremely "egocentric" in the broad Piagetian sense. Jean Piaget (1896-1980), a Swiss developmental theorist is famous for his theory on the intellectual development of children. He used the concept of "egocentrism" to help understand young children's thinking and behaviour. Piaget and associates applied the term "egocentrism" to thinking and reasoning, object perception and social relations. Typically young children 2-7 years (but also some older children, and even some adolescents and adults) consistently view the world from their own perspective-they are very absorbed in their own world. Such children and individuals are unable to take another person's point of view. Their thinking and behaviour are centred on self. They seem to have an inability to consider an object/situation from the perspective of another person, lack empathy with other people and have difficulty conducting two-way communication. Rather, they engage in simple monologues, collective monologues or spontaneous talking. This broad concept of "egocentrism" helps to explain the solitary activities, style of thinking, social difficulties, communication problems and lack of reciprocity and empathy that characterise children with Autism Spectrum Disorder.

While it is obviously essential that parents are involved in the diagnostic process, it is equally important that any siblings are interviewed. Siblings often give very valuable insights into the behaviour of their affected brother or sister. Such commonly reported observations that I have recorded included the following-

- Constant pacing
- Odd, stilted or bouncy gait or posture
- Very clumsy
- Exceedingly apprehensive about change
- Immersed in a world of things rather than people
- Clever-"thinks outside the box"
- A great ability to retain masses of information
- Very humorous
- Concentrates on the minutest of detail
- Many obsessions
- Unusual food selections
- Dislikes being touched
- Thrives on routine-likes to go to the same restaurant, sit in the same seat and order the same meal

Of course, many delightful stories are told by parents about the exceptional gifts, talents and competencies of their "very special" child and the joy that he/she has brought to family life.

Some psychologists consider that poor handwriting (often labeled Dysgraphia) is a common tell-tale sign of Autism Spectrum Disorder. I have found that there is a wide range of handwriting skills although often their written work does have a most interesting, "gothic" type quality.

Like other disorders that have become "popular" and capture the attention of professionals and parents, (e.g., Dyslexia and ADD/ADHD), there is a high risk of Autism Spectrum Disorder being overdiagnosed. This is frequently the case with "normal" children who display occasional, often moderate to severe, social and behavioural problems, especially at school.

There is a growing push to have Autism Spectrum Disorder described in value-free ways. Hence, the preference to use the term "difference" rather than terms such as disability, disorder or syndrome. These writers stress that most of the features that characterise Autism Spectrum Disorder can be found in varying degrees in the normal population.

As mentioned in many places on my DVD, great caution must be taken about diagnosing clinical conditions including Autism Spectrum Disorder. Like all clinical disorders, there is considerable variation and important subtleties in the characteristics presented. Clearly, special knowledge, competence and experience are required to perform an accurate differential diagnosis. The APS website, included on my site, provides details of some psychologists with special expertise in Autism Spectrum Disorder.

This online resource has been prepared by Dr. Stewart Sykes Psychologist. MAPS. Former Associate Professor of Psychology and Special Education and Director of the Krongold Centre for Exceptional Children. Monash University, Australia.

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