

# Faye: A 14-year old gifted disabled girl and how she overcame her learning disabilities<sup>1</sup>

## Prologue: Characteristics of gifted families seeking counseling

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### ABSTRACT

Most parents meeting me for counseling regarding their gifted children share some common characteristics.

1. They are usually of middle- and upper middle-class socio-economic status, but by no means rich. Both parents are salaried employees, and those who are not, have their own private lawyers', accountants', doctors', physical- or mental health professionals companies or businesses;

2. A very high percentage of the parents are professionals in education, counseling, or psychology. When not, they are well-read in child development, educational psychology, sociology, education in general and education of the gifted in particular;

3. Almost all families have at least 2 children; the majority are 3-child families and the minority – 4-child families. A high rate of the fathers are married for the second time; in most of these cases the father has children from his former marriage as well;

4. I am almost never the first priority as a counselor of the parents. Quite often I am perceived by them as the last resort, after at least one other intervention – in some cases after three or even four other trials. In some of these cases, especially after long, unsuccessful interventions, it is not easy to convince the child to meet me after such disappointments.

5. In spite of the fact that many parents of gifted girls and adolescent females approach me either by telephone or by mail, for example: 36 in the year 2014 (see David, in press), they almost never make an appointment for a counseling session, and when they do – they cancel it quite frequently. Even when a family with a gifted family makes it for the counseling session, it rarely wishes to start treatment. This is quite puzzling, taking into account the fact that the problems of many of these girls are severe; for example: in 2014 all children and adolescents threatening to commit suicide were made by girls, while only one girl started treatment with me – a 6-year old adorable girl who was not in any danger whatsoever. As for boys – because of time limitation I can have less than one third of the candidates for intervention.

**Keywords:** girl and how; learning disabilities; seeking counseling

### 1. INTRODUCTION

The field of gifted children with learning disabilities has been the focus of thousands of studies, parents' and educators' instructions, as well as university courses. Currently there are more than 44000 google scholar articles under: “**gifted learning disabled**”; in “plain” google there are more than half a million items under this subject. Furthermore: Googling “gifted

learning disabled books” gives 826,000 results. Thus, any additional contribution to this subject should consist of something new, a study that would shed light on another perspective of the world of giftedness and learning disabilities.

This article, which is based on a description of a treatment of an adolescent gifted girl with a number of learning disabilities, consists of two main parts: 1. A detailed report of the girl's educational, social and emotional situation from age 3, based on two full psychological diagnoses as well as many treatment summaries; 2. Description of the intervention that helped her overcome her disabilities and walk on the path towards materializing her potential.

### **Description of Faye**

Here is a brief description of Faye's background and characteristics.

1. Faye was a 14-year old 8<sup>th</sup> grade student;
2. She lived with her family in a town located at the center of Israel;
3. Faye had medium height; her weight was around 120 pounds;
4. Faye had low self-perception of her body. As a child she was busy with continuous efforts to lose weight; though she had a normal weight she still perceived herself as "too fat".
5. Faye was an excellent student, but she had to study very hard in order to get good grades. She had always had problems learning mathematics, but the exact reason for it was never found in spite of her so many diagnoses;
6. Faye had friends, but was much more popular among her male than among her female peers;
7. Faye was never identified as gifted;
8. Faye had been diagnosed for a variety of disabilities several times.

### **My first meeting with Faye's parents**

Faye's parents called me after they got a recommendation from the mother's friend, whose gifted child had completed a successful intervention with me. In that telephone conversation the mother said: "my daughter is not gifted, but I have tried everything possible with her for so many years and nothing seemed to better her educational or social situation, so I had decided to give you a try – if you accept non-gifted children". I told the mother that I would like to read the diagnoses and reports she was to mail me, and only after that, I said, we would meet and decide whether I was the right person to help her daughter. If I felt I was not, I assured them, I would help the parents find a more suitable counselor. I added, that as the first meeting, which was both a counseling session for the parents and an intake meeting in cases of intervention with the child did not include their daughter, so she was not to be exposed to any unnecessary false hopes.

On the next morning I found no less than 13 psychological diagnoses and treatment summaries waiting in my mailbox. As I am used to read carefully all materials sent to me before I meet the parents for the first time, in the next two days I was spending every hour I could spare reading and re-reading this huge amount of materials. Here are some of my pre-meeting main findings stemmed from reading these materials.

## 2. DATA FROM FORMER DIAGNOSES AND TREATMENT SUMMARIES

Faye was referred to a variety of treatments since she was 3. These treatments included corrective gymnastics, individual- as well as group emotional interventions, biofeedback therapy, etc. According to the documents I read, some of these treatments were labeled as quite successful and some were not helpful at all. However, one of the clear results of them was that the child – who was already a young, very clever girl had very low self-confidence, she perceived herself as “in constant need to do better, even be better”. This was harmful, and the parents wanted their daughter to start seeing herself as what she was: a talented, sensitive, creative youngster albeit with some difficulties.

Here are the summaries of Faye’s detailed diagnoses from age 5 and age 14. In spite of the fact that Faye’s parents sent me no less than four full diagnoses – one from age 6, when Faye had to start school and one from age 10, when Faye had severe social difficulties and over-weight issues, I decided not to analyze them in this article, but rather to concentrate on the two which are of special importance at the most turning points of any student’s life: just before entering the compulsory education system and at the edge of high school.

## 3. FAYE’S PSYCHOLOGICAL DIAGNOSIS AT AGE 5

The psychologist’s impression of 5-year old Faye is hereby summarized:  
Faye’s Appearance and behavior:

1. Looks older than her age,
2. Very neat;
3. Highly cooperative;
4. Demonstrates high level of motivation;
5. *Easily distracted: needs to “be returned” to her choirs, possibly a sign of attention and concentration problems;*
6. *Sometimes needs a lot of encouragement in order to **strive** for the right answer.*

**Here are the results of Faye’s cognitive tests:**

Verbal intelligence: SAS=112

Vocabulary: SAS=52

Verbal understanding: SAS=58

Picture Anomaly: SAS=56

Verbal flow (NESPY): 11

Understanding instructions (NEPSY): 13

In the cognitive part Faye scored “above the average”, as in all other diagnoses. These results masked her true high results in many verbal examinations, as well as her low ones in almost all the performance ones. This situation, which is the main caused of misdiagnoses of the gifted, has been discusses in length (e.g. Brody & Mills, 1997; Ellston, 1993; Fall & Nolan, 1993; Reynoldset al., 1993; Siegel & Metsala, 1992).

The first four sub-examinations (verbal intelligence, vocabulary, verbal understanding and picture anomaly) correctly described Faye’s achievements at age 5 as well as at age 14 [and as turned out – until age 22...]. Unfortunately, the last two (picture anomaly and understanding instructions) were not treated correctly for many years. Faye was “easily

distracted” because of her severe ADD (will be discussed later), a disability that was first ignored and later could not be medically treated because of inability of Faye to digest any kind of Ritalin or Ritalin substitute. As we can see, in Faye’s “readiness for school” diagnosis, at age 6, it was just ignored, as happens so often to gifted children with disabilities especially when very young (e.g. David, 2011; 2014a), more often to girls than to boys (e.g. David, in press).

### **Faye's psycho-didactic diagnosis at age 14**

At age 14, just before starting high school, Faye’s parents were advised to have her re-evaluated in order to find if she was eligible to any test adjustments. Didactic diagnosis pointing at a learning disability suffices, for example, for demanding extra examination time, ignoring spelling mistakes, or providing a list of formulas available to use in math tests. In addition, in many cases the student with a learning disability is allowed to use a Hebrew-English dictionary when taking the English matriculation examination.

In spite of Faye’s high achievements in ALL verbal tests taken, since age 5, Faye was never identified as gifted. In the full didactic-psycho-didactic diagnosis she did at age 14 she got 15, 16 and 14 in the three verbal sub-tests: "vocabulary", "comprehension" and "general knowledge" respectively. But as her achievements in the performance part were in the normal range, and those of the Working Memory Index were low, her total IQ was "in the upper normal range" and she never as much as heard the term "gifted" in any context until she met me, at age 14. In fact, Faye had been diagnosed for a variety of disabilities several times, and her extremely high achievements in the verbal part of her Wechsler's were never mentioned by any of the various professionals who had paid attention only to her weaknesses.

Here are the results of the full psycho-didactic diagnosis – starting with the WISC-R95 – an intelligence Faye took at age 14.

#### **The verbal tests:**

General knowledge (also called information): 11

Similarities: 16

Arithmetic: 8 (given extra time: 12)

Vocabulary: 14

Comprehension: 11 (questions about social situations or common concepts.)

Digit span: 8

#### **The performance tests:**

Picture Completion: 8

Picture Arrangement: 5 (given extra time: 6)

Block Design: 10 (average; bonus is given for increased speed, but Faye did not qualified for it)

Picture Arrangement: 8

Coding: 8

The usual, traditional way of finding one’s IQ is by calculating the average verbal and the performance achievements and finding the total IQ which matches these two numbers. However, in case of learning disabilities this way masks the high-performance parts, as well as the weak ones. Thus, the calculated result is usually IQ within the norm, masking both the high achievement tests or sub-tests, that contribute to the “normal” average in spite of the weak ones, , as well as the low ones, that points at the disability (or disabilities).

The main reason is that a gifted child is very likely to activate a developmental compensation mechanism, namely – high cognitive abilities will help to hide the disability. Thus, while the actual achievements of such a child would not be high, they would neither be low enough as is usually expected from a learning disabled child. Average or even mildly low learning achievements are not necessarily an indicator of a learning disability, so that a gifted disabled child would be perceived as having lower abilities than the real ones [...] (David, 2011, p. 2)

As the performance tests highly coincide with the executive ones, it should have been obvious from this diagnosis that Faye had suffered from severe damage to her executive functions caused by her ADD (for example: Anderson, 2002; Visu-Petra et al., 2007). This includes, for example, problems resulted from short-term memory (e.g. Espy, & Bull, 2005), or social problems appearing among children with deficits in executive functioning (Benga, & Petra, 2005). Indeed, Faye had learnt to use a variety of techniques in order to overcome her problems (see, for example, Bjorklund et al., 2009), but in spite of the fact that she was diagnosed time and again she mainly taught herself how to overcome her difficulties due to the lack of exact, high quality recommendations.

In the verbal part of the WISC-R95 Faye got 60, in the performance part she got just 39.

The most common practice for measuring cognitive abilities of learning disabled children is using the age-proper Wechsler test consisting of 2 parts: verbal and performance, each containing 5 sub-tests. A very large gap between the verbal and the performance parts, or between any two sub-tests belonging both to the verbal or the performance part, is a strong indication to a learning disability (ibid, p. 3).

Furthermore: when given unlimited time for the "arithmetic" part in the verbal sub-test, Faye scored 12 rather than 8 and thus increased her verbal part to 64. This is an additional indication of a learning disability; as is already well-known the most-common adjustment given to learning disabled children is additional examination time. A verbal score of 64 placed Faye in the "gifted" scale.

In the additional sub-test, the 6<sup>th</sup> in the verbal category: "memory for numbers" Faye got just 8. This low result should have been a proof of Faye's disability which was measured in an additional test: ADD.

As for Faye's strong areas: she scored 14 in the "vocabulary" part and 16 in "similarities". 14 is considered "very high, in the gifted range" and 16 is "extremely high, or "highly gifted". In the 2 other "pure verbal" sub-tests: "comprehension" and "information" Faye scored but 11 – just a little above the average. Such large gaps among sub-test belonging to the same category point, in many cases, at emotional or social problems. As was shown further in this diagnosis Faye had challenges in both areas, challenges that masked her true potential achievements.

While the average of Faye's achievements in the two "pure verbal" sub-tests was 15, 50% more than the average, and the average of the 4 "verbal" sub-tests was 13, 30% higher than the average, in the two number-related sub-tests – arithmetic and Digit span – Faye scored 8, well under the norm. This is, by itself, a strong indication of a learning disability, resulted by weak working memory. Taking into consideration that eliminating the time restriction increased Faye's score in the arithmetic sub-test by 50%, we can see that even before analyzing the performance part of her WISC-R95 it should have been very clear that Faye was a gifted girl with at least one learning disability.

Untreated learning disabilities is one of the main causes of slow emotional development. Thus, it should be mentioned, that Faye's "Normal understanding of social norms" was a statement that should have given Faye hope for the future, namely for overcoming her disabilities and low self-perception and self-confidence.

In addition, Faye showed capability of auditory-verbal learning" [ibid, p. 4]. This was also a "prediction proven correct": reading aloud appeared to be one of the main tactics Faye taught herself to apply, namely, when she felt "it was hard to concentrate and [nothing came into my head when I was trying to read" – she always had the option to ask a friend to read aloud for her – sometimes she managed to do it for herself – and thus "it finally penetrated into my head and stayed there, at least until after the exam".

In summa: Faye's excellent thinking processes have always helped her to feel that "at the end – I always understand what is explained, even if it is math". Her basic competencies for reading and writing, which were very good to excellent – made it possible for her to aspire towards high level education, and possible career in a prestigious, rewarding profession.

#### **4. ATTENTION DEFICIT DISORDER: DIAGNOSES AND TREATMENT DECISIONS**

##### **Test of Variables of Attention (T.O.V.A.): age 14**

The result of the T.O.V.A. test Faye took at age 14 clearly showed she suffered from medium to severe Attention Deficit Disorder. Here is the summary of the child psychiatrist who gave her the test:

1. Extensive omitting of details (explained by inattentiveness);
2. High variability of response time;
3. -4.55 in the ADHD test: any number lower than -1.80 is considered abnormal;
4. Faye showed no hyperactivity or impatience.

1.5 hours after taking 10mg of Ritalin Faye's ADHD score decreased to -1.15, well above the ADHD threshold.

##### **Summary of Faye's treatment**

When I first met Faye she was at a crossroad, where each decision had a potential to influence her whole life. Not only the educational decisions she was about to make were important, but rather her social situation, her self-confidence, her opportunities to make deep, stable friendships, and her future educational opportunities, which might have had potential to change her life for better or worse.

Faye's main problem was her relatively low math achievements that prevented her from trying to get to any scientific, prestigious academic track. Thus, the only tracks available for her were those that required a minimum math learning, and concentrated on the humanities or languages. Faye was very good in English, and had a sincere desire to learn another European language, but in the best high school in her hometown, as in many other high schools in Israel, the learning of foreign language has been reduced to mainly the compulsory English and Arabic.

Faye registered to the only high school in her hometown that offered the opportunity to take the highest level matriculation examination in French, along with the "traditional"

highest 5-point English exam<sup>1</sup> as a part of the humanities track that included also the 5-point Hebrew Literature exam. However, at the beginning of grade 10, when educational tracks had to be chosen, Faye discovered that no French was offered in her school. Faye did not know that there has been a yearly decrease in the schools offering the learning of French (e.g. Granrot-Kaplan, 2010; Rubinstein, 2000), and that in the years 2008-2010 only 3% of all Israeli students took the French matriculation examination (The matriculation examinations database, 2014). Neither did she know that in the year she had wished to start her French studies for the matriculation examination most of the schools that offered French were either Private, Christian schools where the student population consists of Christians and Muslim Arabs (David, 2014b, c), or schools with many French immigrants or those belonging to Alliance Israelite Universelle (Meniv, 2011; Vorgan, 2011), where French has been the main foreign language and a compulsory matriculations subject. Thus, Faye was very disappointed; she could not learn what she wanted and needed to take what was offered to her.

But Faye's disappointment was not just because of her learning track that did not suit her true strength and high abilities. She always felt that "if I just get enough time to organize my thoughts, to re-read my examinations – I could have had much higher grades". Unfortunately the school let her down.

### **Recommendations for school**

The list of adaptations given to disabled students in the matriculation examinations in Israel is divided into 3 levels, according to the severity of the disability. As Faye had already been diagnosed so many times when I started treating her, both her parents and I believed it was not recommended that she should not be diagnosed again for the purpose determining the exact level of her learning disability, but rather concentrate of her right to get the adaptations already recommended. Here is the list of the adaptations Faye was entitled to according to her last diagnosis As in Israel only diagnoses done in high school serve in Israel as basis for adaptations, only her last diagnosis was the basis for the adaptations Faye was entitled to. Thus, Faye was entitled only to two adaptations:

1. Extra 25% of the original time of the test;
2. Taking all examinations – including the extra 25% time – in a quiet room.

Neither of these recommendations was properly implied. Some teachers just refused to give Faye the extra time she deserved. Some made her continue writing her examinations in the schools corridor, or in the noisy class when the other students had a break. She never had the opportunity to sit in a quiet room for the whole time of the examination and use the extra time she was entitled to. No wonder in happened quite often that Faye gave up her right for these adaptations.

It was clear that Faye had a serious disability that influenced her ability to learn math, but as she was never diagnosed for dyscalculia, and she did not agree even to consider giving up the math exam and take a scientific subject instead, her parents and I agreed that she would get as much help in math as possible – a task that her father took upon himself – and ignore the possibility of a free-less math matriculation certificate.

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<sup>1</sup> The Israeli admissions process to higher education has gone through substantial changes in 2011/2012 (Nesher, 2011). However, it has never been questioned that "extra points for eight intensive study subjects, raising the grade average in the matriculation exam score for students in these courses and thereby giving them an advantage in competing for admission to highly selective college programs" (ibid) will be awarded to English and mathematics.

### **The main issues of the parents' instruction**

When accepting a new child for treatment, I explain the parents that the treatment would be accompanied by parents' instruction. While in most cases I meet the child once a week until the end of the treatment, the frequency of the parents' meetings changes from once a week to every other week right after the "David's Jump", the first positive change in the treatment of the child (David, 2015). This happens in most cases between 4 and 8 weeks from the beginning of the treatment of children under 10; however, when treating adolescents (or, for example, children with severe behavioral problems, such as Oppositional Defiant Disorder) – a weekly meeting with the parents in addition to the one with the child is needed for a much longer time (see, for example, Rice, 2012).

In Faye's case my first task was to change the way Faye's parents perceived her. Because of being in treatment since a very young age, and because of the fact that the term "gifted" was never mentioned – either in the written reports or by any of her therapists or teachers – it took me a long time to persuade the parents that Faye was indeed gifted. I showed them the results of her verbal tests, I told them, time and again, that Faye had scored very high in the verbal parts of ALL tests taken during 10 years – but they still insisted that "maybe there was a mistake in the tests". Finally I taught them how to decipher a psychological diagnosis of gifted children with learning disability (see, for example, David, 2014a), without "falling into the trap of average", namely, without calculating the final score as a simple mean of the excellent results, which imply that the child is gifted, and the weak ones, caused by the disability. As Faye's father had a good background in math, and her mother had a Masters' degree in education they finally were ready for the change: realizing their daughter was not a "bad student" or a "disabled learner" but rather a gifted one WITH a number of disabilities.

The second step of my work with the parents was motivate them to find a good school for Faye. As soon as they understood she was so smart and in need of high level peers, youngsters her age with whom she could be able to discuss things, to share thoughts, to be a part of their group, they knew she had to be in a good school. However, two main problems stood in their way: the first was Faye's disbelief in her own abilities, an understandable result of her being labeled as "disabled" for so many years, and even worse – her internal belief that "if I have to learn 10 times more than my peers – I must be really slow".

### **Faye's educational track: Towards success**

After Faye's parents understood that their daughter had high abilities in all verbal areas their attitude towards her changed, e.g. they stopped paying for private teachers – they expected her to apply what she had already learnt about learning strategies – and she did that very well. One main unsolved problem remained: while Faye's ADD was at a very high level, and as was proven in the T.O.V.A test her concentration improved marvelously after taking the minimal 10mg Ritalin, Faye's stomach could not digest this substance and after trying to take it – time and again – she suffered from a sleepless, full of nightmares night. Realizing that all trials with Ritalin substitutes were not successful either, Faye realized she had to overcome her severe ADD without any chemical help.

Thus, without the help of the “magical pill”, and without private lessons – except for her father, who was always there for helping Faye with her math homework and rehearsing for the exams, Faye started her long way towards her matriculation examinations.

### **First successes: The first matriculation examinations**

Time for helping Faye build her self-confidence and believability in her own abilities, which had proved to be the main component of school success (see, for example, Cooper & Robinson, 1991; David, 2009; Mullis et al., December, 2000; Scott, 2000; Seegers, & Boekaerts, 1996; Stage, & Kloosterman, 1995) was very tight. In the Israeli educational system, until the year 2014 the first two compulsory matriculation examinations took place at the end of grade 10 (David, 2010), and thus Faye had to prepare for them simultaneously with “building her emotional spine” – an expression I use in order to describe the process of helping any child or adolescent build her or his self, to establish the wishes, inspirations, hopes, beliefs and knowledge for the future. Faye did extremely well in the first examinations, namely, in Hebrew language and history, and this first success led to many more – high grades in almost all future examinations.

During the next two years Faye continued meeting with me every week, no matter how busy she was. It happened quite often that she was too ill for school – sometimes her sensitive stomach made it impossible for her to leave home for more than a very short time; sometimes, when the pressure was too much for her, her headache prevented her from doing almost everything – except for showing up for the meetings with me. In these meetings we used to discuss her feelings, wishes and hopes, to analyze relationships Faye was keen to know about or get deeper into, to set practical targets for every possible area of her life, and even investigate the subject of existential depression among adolescents (e.g. Fornia, & Wiggins Frame, 2001; Webb, 2014; Yalom, 1980).

However, the most important thing that happened to Faye during her years of therapy was that she discovered both her designation and her true are of talent. In the summer between grade 11 and twelve she helped – as a volunteer – in an institution for children with severe mental retardation, and she discovered that not only the children – even those who could not speak properly – were easily attached to her and did their best to learn in order to make her smile – but she also learnt to love them. Thus, in spite of her hesitations and the feeling that was still there – namely – “maybe I am not good enough” – she made up her mind to work as hard as possible in order to be accepted to psychology studies after graduating from school and the 2-year period of compulsory army service (about female compulsory army service in Israel see, for example, David, 2014b). Influenced by her new experiences, encouraged by her success with the poor children she worked with and equipped with the feeling that “I can” and “now I have time” she also started writing poetry – some of which she published in her blog.

## **5. CONCLUSION**

After completing all her matriculation examinations successfully Faye took a few weeks off. During this time she wrote a lot, and also started reading intensively – something she was dreaming about for a long time could never do because she had to invest so much of her time and energy in school demands. Her military service did not result in any intellectual or social advancements but Faye made and excellent use of her two years as a soldier to meet many types of people, from different backgrounds, to become acquainted to many cultures, beliefs,

sets of rules and habits. During these years she also wrote a lot – both poetry and short stories, and thus crystalized her identity as a writer and poet.

Faye is now a second year psychology student. She struggles to survive the assignments; sometimes she feels that unless she stays up all night she would not be able “to make it”; she still gets sick when the pressure is too much and her stomach is still too sensitive in too many occasions. But deep inside her she knows that her life is already in its proper track, that if she works hard she can get anything that wants, and she is able to work as hard as it takes.

#### Acknowledgment

<sup>1</sup>I am grateful to both Faye and her parents who have given me permission to use their case for the benefit of researchers, practitioners and many families with gifted children. Nevertheless I have used pseudonyms and made a few more changes to eliminate the possibility of identification.

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