

Diagnosis Questions

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How much is too much? That's the basic question many parents of highly gifted children ask, especially with regard to their children's behavior. Even given the general understanding that overexcitabilities [intensities that may express themselves physically, sensually, mentally, emotionally, or through the imagination] are a natural part of the "gifted package," it's sometimes hard to know natural from needy behavior. This is made more complicated because advice to parents – and it comes from all sectors: relatives, neighbors, educators, psychologists – often does not take into account how higher levels of intelligence and depth of emotionality affect the whole child. The general lack of professional education regarding issues of giftedness can lead to wrong advice or even misdiagnosis.

Here are some problematic areas where giftedness makes a difference:

Oppositional Defiant Disorder: Many highly gifted children have a strong sense of self from a very early age. They develop their own goals, actively pursue areas of inquiry, and know their own minds. It is well known that gifted children do not automatically respect adults or authority figures. [That is why teachers of the gifted are usually facilitators rather than directors.] This often places these children in opposition with adult goals and directives. Their intensity can make them dig in their heels. If only aspects of Oppositional Defiant Disorder such as "often loses temper," "often argues with adults," or "often actively defies or refuses to comply with adults' requests or rules" are taken into account, stubborn individuality can be seen as pathology. A differentiating factor here is whether a child is also "spiteful or vindictive" or "deliberately annoys people." Usually these things are not true. Even temper tantrums can be caused by distraught frustration or overloaded sensory systems. The same child who was all sound and fury is often loving and cuddly, truly affectionate and caring a short time later. It is important to examine *why* a child refuses to do something. Has she been engaged in some purposeful activity, which is being interrupted? Or is there a pervasive surliness that doesn't go away? Gifted children often see themselves on a par with adults; highly gifted children even more so. Respectfully including them in defining and solving family problems can work wonders.

Non-Verbal Learning Disorder: Uneven Wechsler scores, where the Verbal IQ greatly exceeds the Performance IQ, can sometimes lend weight to this diagnosis. When accurate, it refers to a weakness in right brain abilities to take in, store, and express visual and spatial information. General disorganization and messiness may accompany this, along with poor handwriting and difficulty reading social cues accurately. In other words, the right hemisphere isn't cooking. However, some of these same qualities can pertain to the child who is very right hemispheric, the visual-spatial learner, who may be poor at the sequential task of penmanship and is often disorganized and extraordinarily poor at time management. The highly gifted child may be absent-minded, or abstracted, just because theories and thinking about thinking are so enticing. It is very important to rule out any vision-related weaknesses. A thorough vision examination by a developmental optometrist is advised to determine whether eye-tracking, teaming and accommodation are working as they should. Vision weaknesses can prevent children from excelling in the very visual-perceptual and spatial reasoning skills for which they may have a natural bent.

Depressive or Bipolar Disorders: A highly gifted child with intense overexcitabilities will be inclined to dramatic emotional highs and lows. How are these to be distinguished from pathological states requiring clinical intervention? One key is to examine what triggered the moods. With overexcitabilities, we are looking at *greater responsiveness* to actual stimuli [which can include thoughts and memories]. So, even if the responses seem excessive, they are responses. We also look for resiliency – the bounce-back factor. On the other hand, pervasive depressed mood with flat affect, poor sleep habits and lack of appetite are real warning signs that require psychotherapy and probably medical help. Any suicidal ideation should be taken seriously and responded to immediately. In children, the manic phase of bipolar disorder is likely to be expressed in irritability and grouching rather than frenzied activity. Highly gifted children are emotionally vulnerable. They see more, grasp loss and peril more perceptively, and often feel the pain of others. Like adults, they are sometimes helped by taking some kind of action. Barbara Lewis' books, published by Free Spirit Press, are full of excellent ideas and examples of young people who have taken action and made a difference.

Attention-Deficit/Hyperactivity Disorder [AD/HD or ADD]: This is the big one. Diagnosis of AD/HD is growing by leaps and bounds. Many gifted and highly gifted children are being so diagnosed. Many others, with real difficulties in attending, are not being seen as having AD/HD because they "can focus for hours on something of real interest," which does not mean no AD/HD. Recent research, particularly that of Dr. Deirdre Lovecky, who works with a mostly highly gifted clientele, indicates that the proportion of AD/HD grows with the increase of IQ. The more we learn about attentional disorder and giftedness, the more we can see how really complex this situation is. The most important realization is that it is not a case of being gifted *or* having

attentional problems. The two can certainly co-exist. It is more a matter of ascertaining who is in charge – the child or the mental stimuli? And that will vary under different circumstances. Educational consultant Sharon Lind rightly points out that strong consideration needs to be given as to whether a child suspected of having AD/HD is provided with adequate educational challenge. An appropriate level of challenge can make a real difference and should be the first line of aid. A child not paying attention might also have auditory processing weakness, perhaps the consequence of numerous early ear infections. A child might have auditory processing problems and also be AD/HD. And gifted. And a visual-spatial learner who does not follow auditory step-by-step directions well. And, of course, there are those overexcitabilities, which we well know are part of the highly gifted picture.

Professionals and parents need to look at all of these factors and be open to discovering what truly works best for a particular child. For some, medication truly works wonders. Other need dietary intervention or dietary supplements, such as vitamins and herbals. For still others, providing an outlet for excess energy is a great help. All highly gifted children, whatever else is done, require appropriate mental challenge and respect for their often unique learning styles.

Betty Maxwell's advice is based on many years of experience with gifted children and adults. Since 1982, she has worked closely with Dr. Linda Silverman, Ph.D., in pioneering the concept of Visual-Spatial Learners. Betty has also studied and furthered Dabrowski's theory of emotional development since 1980. She has 20 years of teaching experience and a master's degree in gifted education, as well as being certified within the field of psychosynthesis counseling.