Reaching Out To The Gifted Child: Roles For The Health Care Professions

A Report Of The Task Force
Sponsored By
The American Association For Gifted Children
Trudy Hayden, Project Director

April 1985
The American Association for Gifted Children
15 Gramercy Park, New York, N.Y. 10003
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The American Association for Gifted Children focuses primarily on out-of-school activities, bringing families, schools, libraries, and community leaders together to help meet the special needs of children with special abilities. Founded in 1947 by Dr. Ruth Strang and Pauline Williamson, the Association was the first national organization to concentrate on fostering appropriate recognition of and services to gifted and talented youth.

The Association has a record of accomplishment in helping to assure that gifted young people make the best of their ability:

- **Its Guidepost Series** gives parents, grandparents, teachers, and others help in identifying and directing gifted children.

- **On Being Gifted**, written by gifted children about themselves, and **The Gifted Child, the Family and the Community**, written about the needs of gifted children, aid those who need to know how to help gifted and talented young people.

- The **Mary Jane and Jerome A. Straka Scholarship** assists promising college students studying science, mathematics, or economics.

- Its **cooperative program** with the American Library Association stimulates interest in using an important community resource to meet the needs of gifted children. Similar cooperative efforts with other leading professional organizations spark the greater use of out-of-school resources in gifted education.

- The **Presidential Scholars Program**, a joint effort with the U.S. Department of Education, draws attention to some of the most promising of all American high school students.

- Its periodic **Member Exchange** describes activities of interest to friends of the gifted.
FOREWORD

From Anne E. Impellizzeri, President, American Association for Gifted Children

For nearly forty years, the American Association for Gifted Children has been working with families, schools, libraries, and community leaders to meet the special needs of gifted and talented youth. This publication marks the beginning of a new undertaking by the Association: to enlist the skills and knowledge of health care professionals in the total effort to help the gifted reach their potential. It is the report of a special Task Force of health care and gifted-child experts convened to launch the Association’s Health Care Professionals Project, a three-to-five year effort which will seek to build national, interdisciplinary networks of health care professionals and gifted-child specialists, encourage research and publication, and assist in the planning of professional conferences, symposia and workshops on the gifted.

The impetus for this project grew out of our concern over the fact that many gifted and talented children (usually estimated to comprise at least 3 to 5 percent of the school age population) are never identified and never develop their abilities to the fullest. The loss to society of their creativity, leadership, and special skills is the loss of a precious national resource. The frustration of the child who is “different,” but does not know why, can result in great unhappiness for both child and family. Acting on our belief that the health care professions have a vital role in identifying and helping these children and their families, we brought together a small group of health care professionals and gifted-child specialists to help us figure out what can be done.

The meeting of the Association’s Task Force in November 1984 charted important new directions for action on behalf of gifted youth. In laying the foundation for cooperation between health care professionals and gifted child specialists, it was truly an historic gathering.

The Association is grateful to the William T. Grant Foundation, the Pfizer Foundation, Inc., and the Metropolitan Life Foundation for their support of this endeavor, as well as to Metropolitan Life for help in reproducing this report. We greatly appreciate the assistance and encouragement we have received from the National Association for Gifted Children and from SENG (Supporting the Emotional Needs of the Gifted). We were extremely fortunate in having as Project Director Trudy Hayden who did a masterful job in organizing the Task Force and writing the report. Above all, we are grateful to the Task Force members for their creativity, their generosity, their enthusiasm, and their hard work. We have tried to capture the richness of their individual and collective contributions in this report of the Task Force meeting.
Summary

On November 14, 1984, the American Association for Gifted Children convened a Task Force of specialists in gifted-child education and in the health care and allied professions to consider how health care professionals can support the development of gifted and talented children. The Task Force discussed the special needs of gifted children and their families, and changes in professional practice and training that would enable practitioners to help meet those needs.

Gifted Children As Health Care Professionals See Them. The range of the known characteristics and behaviors of gifted children at different ages is so varied that no particular pattern can be considered “definitive.” Many gifted children never show any problem behavior. Some may evince a growing sense of “differentness” as they progress through school, sometimes manifest in signs of school avoidance, and a number are prone to inattention, distraction, or restlessness in class. In adolescence, some gifted children show signs of depressive behavior, such as academic underachievement, dropping out, and anorexia.

The Needs of Gifted Children. The gifted need to be identified and their gifts recognized. Minority and poor children, in particular, need to be identified so that their gifts are not overwhelmed by poverty, discrimination, and educational neglect. The gifted need contact with each other to help develop their self-confidence as well as their abilities. Like all other children, the gifted need good parenting for security and stability, and access to resources with which to develop their individual gifts. Health problems that “mask” giftedness – learning disabilities and physical handicaps, for example – must be addressed to enable realization of the gifted child’s full potential.

The Parental Perspective. Parents are sometimes reluctant to acknowledge a child’s giftedness because they believe that gifted children are emotional and social misfits. At the other extreme, parents sometimes invest their own sense of self-worth in their child’s achievements. Gifted children can create problems for the family, particularly in their relationships with siblings. Parents of the gifted often face frustration when the professionals to whom they turn for help are unresponsive and when they are unable to find community resources to meet the special needs of their children.

The Practitioner’s Perspective. Few health care professionals have any training or practical experience that would make them aware of giftedness. Like most people, they generally assume that the gifted fare well without intervention, and therefore do not realize that they have any constructive role to play. There is little reliable professional literature on the gifted available to the practitioner. Despite these obstacles, the ordinary practice of health care professionals incorporates a concern for child development that can provide the context for a more specific focus on the gifted.

Why Gifted Children Need the Attention of Health Care Practitioners. Because health care professionals have contact with children long before educators do, they can be a resource for preschool gifted children and their families. The practitioner can help identify the “hidden” gifted, such as children who perform poorly in class or those who are ignored or discriminated against in the school system. Practitioners can diagnose conditions, such as visual handicaps and learning disabilities that might limit the gifted
child’s potential. Practitioners are often consulted about medical and behavioral problems in which giftedness may be a contributing factor.

**Defining the Practitioner’s Role.** There are four principal areas in which health care professionals can directly contribute to the well-being of gifted children: identification of the gifted; support and guidance for the child and family; referral to resources; and advocacy within their professions and in the larger community on behalf of the interests of the gifted. The role of the individual health care practitioner should be defined as a natural extension of currently accepted practice rather than a radical departure, should not require that the practitioner become an expert in giftedness, and should build on interdisciplinary collaboration.

**Institutional Strategies.** There are five principal areas in which the health care professions, through their institutions and associations, can make a constructive contribution to the gifted: research; changes in professional training and continuing professional education; the creation of professional networks across disciplinary lines; support for the development of resources for the gifted in the community; and advocacy for changes in public policy to support the needs of the gifted.

The Association’s Health Care Professionals Project will support these institutional strategies by acting as the organizing force in the creation of an interdisciplinary network of interested professionals, and by promoting the efforts of individuals and professional associations to conduct research, publish, effect changes in professional practice and training, disseminate information about resources for the gifted, and advocate the development of needed new resources.

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INTRODUCTION

The American Association for Gifted Children (AAGC) convened a Task Force on the role of health care professionals in the development of the gifted and talented for a one-day meeting in New York City on November 14, 1984. The group’s objectives were to analyze issues in the relationship of the various health care and allied professions to the needs and interests of gifted and talented children, and to propose ways in which health care professionals, individually and through their professional institutions and associations, can support the healthy development of gifted children. Its immediate task was to lay out directions for the Health Care Professionals Project of the AAGC. (See Appendix A for the meeting’s working agenda.)

The Task Force comprises specialists in gifted-child education and in the health care and allied professions, including pediatrics, family medicine, social work, nursing, and psychology. Its members include both practitioners and academics and are drawn from every region of the country. They are:

Robert Albert, Ph.D.        Morris Green, M.D.
George Betts, Ph.D.         Fernando Guerra M.D.
Ruth Brink, R.N.            Maxine Hayes, M.D.
Louis Z. Cooper, M.D.       Sylvia Shellenberger, Ph.D.
James Gallagher, Ph.D.      Loretta Wayne, M.S.W.
Marvin Gottlieb, M.D.       James T. Webb, Ph.D.

A roster of the Task Force members with their institutional affiliations is given in Appendix B.

The discussion was moderated by Anne E. Impellizzeri, President of the Association. This report summarizes the meeting discussion, and concludes with a long-range agenda for the Association’s Health Care Professionals Project. The Task Force was exploring a new approach to the subject of gifted children, and the meeting agenda was designed to elicit areas of divergence as well as consensus. For these reasons, the report does not attempt a “state-of-the-art” description of gifted-child education. It reflects the very particular perspective of health care specialists, their analysis of the state of knowledge about the gifted among health care professionals, and their suggestions for altering professional practice and training to create greater sensitivity to the needs of the gifted. In their wide-ranging discussion, the members were frank in identifying professional blind spots to be overcome, as well as professional strengths on which to build. This report, therefore, is not intended as a text or compendium on the gifted child, but rather, as an outline of questions, issues, and challenges for the health care professions. It is also meant to heighten educators’ awareness of the special roles that health care practitioners might play in the lives of gifted children and youth.
GIFTED CHILDREN AS HEALTH CARE PROFESSIONALS SEE THEM

The Task Force members considered various characteristics and behaviors of gifted children that health care practitioners have encountered. As the discussion progresses, it became clear that there is no single developmental or behavioral pattern by which gifted children can be identified by the health care practitioner, particularly at an early age.

Among characteristics that practitioners have noted in some very young gifted children are a need for comparatively less sleep than their peers, a liking for complicated fantasy games and invented imaginary playmates, and in children from immigrant and ethnic families, early bilingual capability. Not all gifted children develop verbal skills at an unusually early age, but once they begin, they stay ahead of their peers. In the early school years, some of these children go through progressive stages of perfectionism and a growing sense of “differentness,” and by the third or fourth grade this is sometimes manifest in signs of school avoidance such as stomach aches and depression. A number of gifted children are prone to inattention, distraction, or restlessness in class. As they grow older, gifted children may show unusual sophistication in their understanding of world events, and because of this, may express a more pessimistic view of the future than is generally expected of children.

In adolescence, some gifted children may show signs of depressive behavior, such as academic underachievement, dropping out, or anorexia. When they start dating, girls sometimes hide their giftedness. A certain number of highly gifted college students drop out for no apparent reason, and it has been estimated that a larger than expected proportion of the prison population may be gifted. The incidence of suicide among gifted children as compared with their peers has not been determined, although one study suggests that the gifted commit or attempt suicide for the same reasons as others but receive greater attention because they are gifted.

In discussion of these varied characteristics, the Task Force members stressed several points:

-- Though they comprise a small proportion (usually estimated at 3 to 5 percent) of the total population, the gifted are a widely diverse group, spanning many levels of ability, talent, and intelligence. By no means should they all be regarded as “geniuses.”

--The range of the known characteristics and behaviors of gifted children at different ages is so varied that no particular pattern can be considered “definitive.” This presents a problem for the identification of the gifted in clinical health care settings.

--Much of our knowledge of the characteristics of the gifted is based on observation. There is little reliable research defining the precise nature or incidence of any particular characteristic or set of characteristics. The Task Force considered this issue further in its discussion of research needs; see pp. 17 – 19.

--Many gifted children never show any “problem” behavior. Health care practitioners need to learn about the positive characteristics of the gifted as much as they do about the problems.

--Some of the commonly observed characteristics of the gifted have both positive and negative possibilities. The gifted child’s supersensitivity to the meaning of world
events, for example, is potentially an asset as much as it is a deficit. Which it becomes may depend primarily on the supports the child is – or is not – given by family, school, and community.

--Many children have gifts that no one notices because no one is looking for them. For example, the ability of a very young child to sing on correct pitch may be an indication of potential artistic ability. Signs of unusual gifts and talents are commonly ignored in very young children.

THE NEEDS OF THE GIFTED CHILDREN

The gifted are not a monolithic group in their needs any more than they are in their behavior. In discussing the variety of gifted children’s needs, the Task Force agreed with a premise stated by one member: gifted children are first and foremost children, and need the same things that all children need for healthy development; being gifted is not a sufficient definition of a child’s identity. On the other hand, gifted children do need to be recognized as such, so that they can understand that the “differentness” they feel does not arise from any failure on their part to conform or to be “good.” Their self-awareness can be nurtured to help ensure that their talents will be fully realized.

The members also agreed that gifted children need to be protected from the two extremes of no attention or too much attention. Many people believe that the gifted are destined to do well simply because they are gifted, and so need no special help or attention. Others are inclined to pressure children into achievements commensurate with their gifts, or to overindulge and overprotect them in the belief that they are especially fragile and vulnerable. The overemphasis and the neglect of giftedness are both damaging.

Among the specific needs of gifted children, the following were mentioned:

--The gifted need to be identified and their gifts recognized. This is particularly true of minority and poor children, whose gifts may otherwise be overwhelmed or even destroyed – through poverty, discrimination, educational neglect – unless affirmative measures are taken to encourage and develop them.

--The gifted need help to cope with the negative reactions of others, either to their giftedness as such or to certain kinds of behavior that may be an indirect expression of their giftedness. They need to develop a resiliency against the stresses placed upon them by others, whether through disapproval of their “differentness” or through too much pressure to excel.

--The gifted need each other. Some contact between gifted children, in special classes or simply the sharing of outside interests, helps them to validate their “differentness” by recognizing it in others, and thereby helps them feel more self-confident. It also sharpens their developing skills.

--Like other children, the gifted need good parenting for security and stability, and access to resources with which to develop their individual gifts.

--From the viewpoint of good health practice, gifted children with physical or emotional problems need to be identified as gifted. Whether or not such problems are connected with the fact that they are gifted, their proper treatment may have to take this
factor into account. There are many health problems, for example, that can “mask” giftedness or, if uncorrected, can prevent the realization of the gifted child’s full potential.

THE PARENTAL PERSPECTIVE

Practitioners rely heavily on parental comments and observations to alert them to the identification of potentially gifted children, and it is primarily through the family – not through the efforts of professionals – that gifted children’s needs must be met. For these reasons, an understanding of parental attitudes is critical to the health care professional’s involvement with the gifted.

Whether parents recognize their children as gifted depends on many factors, among which is the cultural norm of the community in which they live. In a wealthy suburb populated by the upwardly mobile, a young child’s precocity in reading may not seem particularly notable; in a poor rural community, it very well might be. There is also the question whether parents want a gifted child. A surprising number would rather not know their child is gifted because they accept the popular myth that the gifted are unstable and unhappy. Others, who equate giftedness with genius, overlook less spectacular signs of giftedness in their children. Some parents who are themselves limited may simply be unable to recognize or cope with the “differentness” of their children. School reports of poor behavior reinforce a tendency for parents to see their children as below the average rather than to consider the possibility that they may in fact be above the average.

These parental attitudes shape the information parents volunteer to the practitioner. Many parents are accustomed to seeking the practitioner’s help for immediate medical or emotional problems and may not think of bringing up questions about a “non-medical” issue like giftedness. If they discuss the child’s behavior at all, it is most likely with respect to a pattern that they see as a deficit rather than a potential asset. Poor parents whose children receive their health care in clinics are unlikely to have long-term relationships with individual practitioners that are conducive to general discussions of a child’s behavior and development.

Once parents know that they have a gifted child, their reactions vary. Those who think of the gifted as emotional and social misfits sometimes prefer that their children not be allowed to know that they are gifted. At the other end of the spectrum are parents who invest their own sense of self-worth in their children’s achievements. Some parents are afraid of the gifted, believing that they need to be coddled. Economic and social pressures on the family may cause parents to see a gifted child as a threat or a liability.

A gifted child can create a significant problem for the family. A particularly difficult relationship is that of the gifted child to siblings, who often feel that the parents favor the “smart” child and who, by comparison, see themselves as “dumb.” Often, only the first child of the family is identified as gifted. Younger siblings may be gifted also but express their gifts in different ways, and so frequently go unrecognized. Professional help and support may be needed to resolve the tensions within the family that can grow from the identification of one gifted child. Parent groups have also been found to be effective in helping with family problems; like gifted children, the parents of gifted children need each other’s understanding and support.
A different parental perspective arises from the experience of suspecting or recognizing that one’s child is gifted but finding that the professionals to whom one turns for help are unresponsive. Parents of gifted children have a part to play in changing professional practice to be responsive to the gifted, just as parental advocacy helped change professional practice on behalf of the learning disabled and retarded.

The parents of all gifted children face at least one issue in common: the search for resources to meet the special intellectual and emotional needs of the gifted. Whether such resources exist in the community, how to find them, how to decide which are most appropriate for a particular child, are questions on which parents may seek professional advice. See p. 14-15 below for a discussion of the health care practitioner’s role in guiding children and parents to community resources for the gifted.

THE PRACTITIONER’S PERSPECTIVE

Few health care professionals have any practical experience or training that would make them consciously aware of giftedness as an issue of relevance or importance to their work.

Medical professionals tend to concentrate on pathology. They are generally more alert to the recognition of handicaps than the recognition of excellence. When called upon for help with a child’s emotional or behavioral problems, they are unlikely to consider giftedness as a casual or contributing factor. One Task Force member noted that even when health record forms contain questions about developmental progress, physicians frequently leave these questions blank unless a developmental deficit has been identified.

This unawareness is largely the result of the professional’s formal training (see pp. 19-20, below). But there are other reasons also. Because it is generally assumed that the gifted fare well without intervention, practitioners do not realize that they have any constructive role to play, and their motivation to identify the gifted is therefore not very strong. The mobility of many families, particularly among the poor, makes it difficult for the practitioner to observe the development of an individual child over a long period of time. Parents seldom bring up the questions of giftedness in so many words, so that few practitioners are faced directly with the issue. Because there is so little professional literature on the gifted, practitioners are unlikely to learn about the field even as they try to keep current with new knowledge.

Recognizing that most practitioners know little about the gifted as such, the Task Force affirmed that the ordinary practice of health care professionals incorporates a concern for child development in general. That concern can provide the pre-existing context for a more specific focus on the gifted.

WHY GIFTED CHILDREN NEED THE ATTENTION OF HEALTH CARE PRACTITIONERS

Gifted children have traditionally been viewed as the province of educators. The Task Force identified several areas in which health care professionals are needed to complement the functions of educators.

--Health care professionals have contact with children long before educators see them. Even in communities where educators are alert to the gifted, the identification of
gifted children does not usually begin until the third or fourth grade. Health care practitioners can be a resource for preschool gifted children and their families.

--The children in school programs for the gifted tend to be the “good” children. The child who performs poorly or is disruptive and uncooperative in class may not be recognized as gifted. The practitioner can help identify these “hidden” gifted.

--Where there is continuity of care with one practitioner, a child can be observed over a long period for signs of exceptional development, either intellectually or in other areas of giftedness.

--Practitioners can diagnose conditions that might limit the gifted child’s potential – visual handicaps, hyperactivity, speech problems, and so on. It is not unusual for a child with learning disabilities to be gifted as well. Without assistance for their medical and emotional problems, many gifted children will never be identified.

--Many school systems have lagged in the identification of giftedness among minorities and the poor. Health care practitioners can be alert to the developmental potential of gifted children who are ignored or discriminated against in the school system, and help them get the services they need to realize their full potential.

--While many gifted children do well in preschool years, problems frequently erupt when children start school, taking their parents by surprise. Practitioners are often consulted about medical or behavioral problems that begin in the early school years, and should be prepared to consider giftedness among the range of possible contributing causes.

DEFINING THE PRACTITIONER’S ROLE

The members turned to the task of defining the individual health care practitioner’s role in support of the gifted. They agreed on three guiding principles:

--that the definition of this role can and should be a natural extension of currently accepted practice rather than a radical departure;

--that practitioners need not become experts in giftedness in order to be effective; and

--that interdisciplinary collaboration is necessary to provide the fullest response to the needs of gifted children and their families and the most productive use of the resources available for this purpose.

The Task Force then defined four principal areas in which health care professionals can directly contribute to the well-being of gifted children: identification of the gifted; support and guidance for the child and family; referral to resources; and advocacy within their professions and in the larger community on behalf of the interests of the gifted.

Identification

Starting from the premise that health care settings present favorable opportunities for the identification of giftedness, the Task Force discussed some of the problems and limitations that will be encountered.
The pediatrician, family practitioner, public health nurse, or other primary care provider cannot simply be exhorted to “diagnose” giftedness. Many health care settings afford only brief contact with a child or family in which the immediate focus is an acute illness or routine screening and preventive care. Under most circumstances, the practitioner can only be expected to recognize the possibility that a child is gifted and might therefore benefit from specialized assessment. The practitioner who is not a developmental expert needs a list of developmental and behavioral indicators that could be used for this purpose in a clinical setting. Currently, there appears to be no such list of generally accepted indicators suitable for health care practitioners, in part because research in the field is sparse and of uneven quality (see pp. 17-19, below).

Practitioners who do administer developmental tests must be cautious about interpreting the results. No standardized test has been validated for the prediction of giftedness, for the conclusive identification of giftedness, or for use with special population such as bilingual or minority children. Any testing should be used only as one more indicator suggesting a need for expert assessment.

Economic realities limit what the practitioner can be expected to do. Many children receive only minimal health care, primarily in clinics or acute care settings where resources are stretched thin. For families with access to private health care, well-child visits account for the highest unreimbursed costs of all medical expenses. Developmental testing available through the schools is not always of high quality, but many parents are unable to afford assessment by an independent psychologist. To make expert assessment accessible to more children, there is a need to develop interdisciplinary networks linking health care practitioners with developmental experts in close working association.

Recognition of the potential for giftedness can be stymied by a practitioner’s blind spots: unfamiliarity with the cultural baseline of a population, a personal aversion to the physical appearance of the child or family, assumptions about the unlikelihood of giftedness in children who have done poorly on standardized tests.

The Task Force members felt that the most favorable context for opportunities permitting the identification of the gifted is well-child care. Here, where the emphasis is on healthy development, the practitioner is more likely to discern “markers” of giftedness in children who present no particular medical or developmental problem.

It was agreed that the key to successful integration of this role in clinical practice is in the training and continuing education of practitioners (see pp. 19 – 20, below).

Guidance for the Child and Family

Once the child has been identified as potentially gifted, the practitioner can offer practical help, such as arranging a referral for assessment and guiding the family to appropriate resources in the community (see further discussion below). But since the gifted child’s primary resource is the family, the practitioner may need to offer counseling, to help stabilize the family. This means dealing with the variety of parental attitudes discussed earlier, and especially offering parents the reassurance that being gifted does not doom the child to an unhealthy, unhappy, or abnormal life. The practitioner can help parents understand what being gifted means to a child and steer
them away from common pitfalls, such as overprotectiveness or overemphasis on achievement. The practitioner can offer reassurance to the child, particularly the older child, that the sense of “differentness” in being gifted is a positive attribute.

The practitioner can act as mediator between child and parents (or siblings) to help overcome the confusions, tensions, and misunderstandings that arise from conflicting reactions to the child’s giftedness. And the practitioner can act as mediator between the family and the community, as in speaking with school administrators and teachers to resolve issues of the child’s placement or behavior.

All of these roles are among the practitioner’s currently accepted functions (for example, in counseling the family of a child diagnosed as retarded), which can easily be adapted to encompass the particular needs of the gifted.

Referral to Resources

The development of the child and the coherence of the family can often be served best through the provision of concrete resources.

The types of specialized services and resources that may exist – or can be created – in a particular locality are described below; see p. 22-24. Practitioners should know what these are and convey that information to their patients. They should describe resource lists and other literature published by local or national organizations for the gifted. They should familiarize themselves with the eligibility requirements for their community’s gifted education programs.

However, health care professionals should not be expected to have sufficient expertise to evaluate the quality of various gifted-child programs or make definitive judgments about the relative merits of different approaches. For this, they need the collaboration of educators and gifted-child experts in other disciplines. Just as interdisciplinary working relationships are needed to help in the identification of the gifted, so these relationships are needed to assure that gifted children and their families are guided to the most appropriate resources.

Practitioners should make referrals for their patients, and where necessary negotiate with school authorities on their behalf, to help them gain entry to appropriate programs in the community.

Advocacy

As individual health care practitioners learn about the gifted and adjust their practice to serve the special needs of this group, it is important that they attempt to educate their fellow professionals. They should work within their professional institutions and associations to revise practice and training, to promote research, and in general to raise the issue of giftedness as a subject of valid professional concern.

They also need to reach across disciplinary lines. Practitioners can advocate for the interests of the gifted with educators and childcare specialists by presenting the unique health care perspective of their concern. Their advocacy for greater responsiveness to the needs of the Gifted in day care programs and schools and in the community at large will gain strength from the deference which health care professionals – physicians in particular – are commonly paid. From the same position of strength,
health care professionals can participate in the political process to seek changes in public policy at both the state and federal levels, especially those affecting the allocation of public resources.

INSTITUTIONAL STRATEGIES: AN AGENDA FOR THE HEALTH CARE PROFESSIONALS PROJECT

From the role of the individual practitioner, the Task Force moved on to a consideration of institutional changes within the health care professions and strategies for effecting them. Five principal areas were identified:

Δ Research
Δ Professional training
Δ Professional networks
Δ Development of resources
Δ Public policy

In each of these areas, the Task Force outlined the work that needs to be accomplished and suggested a variety of means whereby the health care professions, through their institutions and associations, could make a constructive contribution. This outline suggests the future agenda of the Health Care Professionals Project of the American Association for Gifted Children.

Research

The Task Force members reported that within their individual professions, very little reliable research on giftedness has been published, and much of the research now available is of limited applicability. So little has been done in the field that a scientific definition of giftedness is still lacking. (For working purposes the six-part descriptive definition adopted by the U.S. Office of Education in 1972 is widely, though not universally, accepted by gifted-child experts, but it does not provide a sufficiently detailed profile to be useful for clinical purposes. See Appendix C.) There is, however, some question whether research can produce a clinically useful definition because of the great diversity of characteristics among the gifted. From this lack of clear definition follows the difficulty in obtaining agreement on valid indicators of giftedness, and thus in constructing a clinical instrument for the recognition of giftedness by the health care practitioner.

The publication of good research would raise the interest of health care professionals in the problems and needs of the gifted. Research in the “hard” sciences can bring discipline to the work of the “softer” behavioral sciences and create areas of mutual interest and complementary effort. Research also can show what kinds of changes are necessary in professional practice and training.

The following were suggested as important directions for future research in the medical and behavioral sciences:
--One of the first research needs is the publication of a bibliography of available research with a scholarly evaluation of its quality and applicability. Such a bibliography could not only highlight specific areas in which further work is needed but also emphasize the interdisciplinary nature of the field and thus encourage collaborative efforts.

--A biological basis for the definition of giftedness and for its recognition may be suggested by current research studies in the neurosciences. One advantage of this kind of research is that it will bring the subject of giftedness into the mainstream of medical research and thereby to the attention of medical practitioners.

--Another research question of immediate interest to practitioners is the possibility of a connection between giftedness and certain medical conditions such as anorexia and hyperactivity. Although these and other clinical problems have been suggested as possible indicators of giftedness, the basis for the correlation (if in fact there is a correlation) is not known.

--At the same time, it is as important to learn why being gifted does not create problems for so many children. Such research could reveal the special strengths of the gifted and identify specific means for nurturing them through family, school, and community support.

--Many studies of the behavioral and developmental characteristics of gifted children are flawed by limitations in the selection of the sample populations. Longitudinal case studies and structured interviews may prove more revealing than group studies because there are so many factors at work that important individual characteristics, correlations, and links may be obscured in aggregate data.

--Much remains to be learned about the relative effectiveness of different kinds of interventions at different ages. Almost nothing is known about the long-range outcomes of programs for the gifted.

--Studies analyzing the costs and benefits of identifying giftedness could lead to a better understanding of the contributions made by the gifted and the costs to society of losing their talents. Such an understanding could support advocacy for a reallocation of public resources, including health care resources, to support the needs of the gifted.

Professional Training

The discussion of training was concerned primarily with the training of physicians. Medical training is emerging slowly from its traditional disease-oriented focus, but there are difficulties in the introduction of giftedness into the training curriculum. Most basic is the fact that until the health professions recognize the gifted child as a valid concern and as a challenge, there will be little incentive to teach the subject in medical school and hospital training. Until giftedness is discussed in professional literature, practitioners will not seek opportunities to educate themselves on the subject.
To incorporate giftedness into the pediatric training curriculum may necessitate its requirement for accreditation. However, experience suggests that the residency is not the optimal opportunity for teaching about the gifted because the subject is too far removed from the work of hospital residents. Pediatric and family practitioners are likely to be more receptive because they can understand the relevance to their daily work. In addition, there is a practical problem, in that residents constitute the backbone of the hospital’s working staff, and every hour off the floor for formal training has to be covered, at additional cost to the institution. The economic factor has to be taken into account in any decision to enlarge the formal curriculum. For all these reasons, the Task Force agreed that while changes are needed in student training, the first efforts to enrich professional training should probably be directed to working practitioners through existing continuing education programs.

A particularly effective training approach for this group would be the development of practice modules illustrating such specific functions as the use of clinical indicators, parental counseling, and referral and mediation. These could be presented in a variety of media, including print, videotape, and audiotape. One member suggested that the pediatric study clubs active in many communities could provide a context for the study of clinical practice with the gifted.

Similar training methods can be created for use in allied professions like nursing and social work. Advanced training for public health nurses, social workers, and other professions with a strong well-child emphasis may present opportunities for the incorporation of giftedness into the formal curriculum.

Professional Networks

One of the most effective ways to encourage research and publication and promote changes in professional training is to enlist the interest and participation of professional associations and institutions, to create, in effect, an interdisciplinary network of practitioners and advocates for the gifted.

The Task Force members offered many suggestions of specific organizations whose support should be solicited. These include:

--national associations of health care professionals, such as the American Academy of Pediatrics, the American Psychological Association, the National Association of Social Workers, the American Academy of Child Psychiatrists, and the American Public Health Association;

--state and local associations of health care professionals;

--associations of minority health care professionals;

such as the Society of Teachers of Family Medicine;

--civil rights and advocacy organizations, such as the Mexican-American Legal Defense and Education Fund and the Children’s Defense Fund;

--city and district health department;
associations of professionals in education, such as school guidance counselors.

Through these contacts, advocates for the gifted can publish in organizational journals, participate in organizational conferences and workshops, and encourage the adoption of official organizational position statements. These activities will simultaneously create informal networks of interested professionals across disciplinary lines.

As professional organizations educate their members on the subject of giftedness, they can create support for significant institutional changes in professional practice and training. At the same time, informal networks of professionals can create working relationships what will sustain further momentum toward interdisciplinary collaboration in clinical practice, the sharing of information, and cooperative advocacy in support of the gifted.

Development of Resources

The Task Force members discussed public and private educational resources for the gifted child: enrichment programs and resource rooms (most often preferred for the younger child), gifted-child classes, accelerated programs, and special summer schools for gifted and talented children. Although they considered the relative advantages and disadvantages of each, they agreed that no one approach should be deemed “correct”; the most appropriate choice for any particular child will be guided by individual circumstances.

A prior and perhaps more important questions is whether these options are available at all. States and local communities vary widely in the resources (if any) they offer the gifted. Parents find that many public school districts are resistant to providing flexibility for the gifted.

There is also the issue of quality: the designation of a class as “gifted” or “accelerated” does not necessarily mean that the teachers are properly qualified or that their efforts are supported by the school administration.

Finally, there are very serious issues of equity. Minority and poor children are disproportionately underrepresented in gifted-child programs, in part because few real efforts are made to find them. Gifted minority children who do not perform well on standardized tests can often be identified at puberty or adolescence by other means, such as teacher observation or peer nomination. As they are brought into gifted-child programs in greater numbers, their presence can help change the stereotypical notion of the gifted child as one who meets only certain narrowly defined criteria.

Apart from formal educational programs, other options are available, or can be created where they do not exist. Mentor programs, in which the child has the teaching and companionship of a scientist or artist or other expert, can give needed stimulation and appreciation. Because gifted children need contact with each other, the matching of children who share similar interests to spend after-school or weekend time together has helped such children to feel less isolated and to become more skilled. Libraries, theatres, museums, and other local cultural
institutions have resources and programs that could be appropriate for gifted children of different ages, and staff who are likely to welcome the opportunity to work with them. Community colleges and corporations can be encouraged to make their facilities available in imaginative ways, as is being done, for example, in some communities where corporations and colleges are “adopting” schools.

Parent groups are highly effective, both as a forum for the discussion of child-parent problems and as an advocate for the development of community resources.

Access to information is the key to finding resources. Here, health care institutions can play a direct role. Public health clinics, practitioners’ offices, even hospital outpatient departments can be dissemination points for information about the gifted and what the community has to offer them. A certain amount of such information is available now in convenient form, for example, the Gifted Children Newsletter, and the Guideposts published by the AAGC. However, parents and children and the professionals who work with them need individual community resource lists tailored to the character of local populations. The development and national distribution of a prototype could encourage efforts by parent and professional groups to produce local resource directories. If these were available to health care professionals, the referral process could begin when the child is first identified as potentially gifted.

The media are a major vehicle for the dissemination of information about giftedness. Media attention can publicize the contributions made by existing programs for the gifted and highlight the need for more. Media attention can also educate the public to look upon health care professionals themselves as an important resource for the identification and support of the gifted. This in turn would create public pressure for the professions to become more responsive to the needs of the gifted, and for professional institutions and organizations to take concrete steps to serve their interests.

Public Policy

The development of educational, health care, and other community resources for the gifted can occur only within the context of a public policy that acknowledges their value. The creation of supportive public policies raises problems. The gifted are perceived as already privileged: why should increasingly scarce public resources be spent on them when so many children are hungry and homeless and desperate for the basic necessities? How can the value of the gifted be proved? Won’t their advocates be seen as pushing elitism in education?

The Task Force did not resolve these problems, though it did suggest some possible approaches. The arguments of excellence and productivity, in effect the promise of adding to the nation’s resources, can be effective in a conservative political climate. The recognition of outstanding ability, as in athletics, is established practice within the education system; the recognition of intellectual and artistic ability need to be no more “elitist.” An emphasis on the development of extracurricular resources might avoid the necessity of a direct challenge to the
educational establishment. Issues of quality and equity can be addressed without entailing large-scale reallocation of resources from other needs.

The members were agreed that professional associations have a direct role to play in the shaping of public policy on these issues at all levels of the political process, from the election of local school boards and debates on school budgets to lobbying in the Congress and with federal health and education authorities.

A Project Agenda

The Health Care Professionals Project should be the catalyst for a new activity on giftedness within the health care professions. It can do this by acting as the organizing force in the creation of an interdisciplinary network of interested professionals, and by promoting the efforts of individuals and professional associations to conduct research, publish, effect changes in professional practice and training, disseminate information about resources for the gifted, and advocate the development of needed new resources.

- The Project should suggest authors for articles on the gifted in professional journals and speakers for professional conferences and workshops.
- It should assist in the compilation of resource lists and bibliographies.
- It should develop contacts within as many professional associations as possible and bring these individuals together in collaborative efforts.
- It should promote links between gifted-child experts in education and health care professionals who want to become more active in the field.
- It should make special efforts to engage the allied health care professions of nursing and social work, whose traditional emphasis on family guidance and counseling and referral to community resources is particularly appropriate to the support of the gifted.

The Task Force members and additional individuals who have already indicated their interest in the goals of the Project will serve as the nucleus of a network. The Task Force expressed a desire to enlarge its membership and continue its work with the Project, with a view to meeting again during the coming year to review the work that has been done and to discuss future directions. Individually, the members offered to remain available to advise the Project and to act in its assistance where possible.

The following first steps toward the creation of a national gifted-child/health care professionals' network were recommended for the initial year of the Project:

1) Identification of liaisons in key professional organizations, both national and local;
2) Identification of experts to propose as authors in professional publications and presenters at professional conferences;
3) Facilitation of regular communication among these organizational liaisons and professional experts through the AAGC, by the distribution of articles, curricula, newsletters, etc.

4) Commission of a review of existing research on the gifted child in the health care and education fields;

5) Development and distribution of prototype resource lists and other models suitable for adaptation by local parent and professional organizations.

This report of the Task Force’s first meeting will be used to launch the funding of the Health Care Professionals Project and to initiate its first contacts with the major organizations of the health care professions.
APPENDIX A

AGENDA OF TASK FORCE MEETING

The following is an outline of suggested topics for discussion by the Task Force. The purpose of our meeting is not to find definitive answers to complex or controversial questions, but rather, to devise practical strategies for encouraging further research and creating a network of health care professionals in support of the development of gifted children. Instead of “answers,” the group will try to define areas of divergence and consensus.

We are concerned with “giftedness” in its broadest sense. Therefore, when the agenda refers to the “gifted child,” we will incorporate in that term six areas generally recognized to constitute “giftedness”: general intellectual ability; specific academic aptitude; leadership ability; artistic ability; creative thinking ability; and psychomotor ability.

A. ISSUES

1. What health care professionals know about the characteristics and identification of gifted children:
   (A) from the perspective of each discipline separately (education, psychology, pediatrics, etc.)
   (B) at different ages and stages of development, from birth through adolescence

2. What gifted children need:
   (A) Emotionally, socially, educationally
   (B) Problems and controversies arising from various approaches to meeting these needs (special educational programs, pressures to excel, how to cope with being “different,” etc.)
   (C) Gaps in our knowledge about gifted children’s needs

3. Factors that may mask the recognition of giftedness:
   (A) Learning disabilities
   (B) Physical handicaps, vision or speech impairments, etc.
   (C) Cultural factors: race, language, gender, family mobility
   (D) Manifestations as mental and physical health problems (underachievement, school phobia, hyperactivity, etc.)
   (E) Unrecognized strengths of these “problem” children and families.

4. What individual health care professionals can do for gifted children of different ages and stages of development:
   (A) identification
   (B) assessment
   (C) support for child and family: counseling and guidance
   (D) direction to resources
B. INSTITUTIONAL STRATEGIES

1. What the health care professions have to offer:
   (A) as individual professions
   (B) interdisciplinary efforts
   (C) as advocates for changes in public policy

2. What are the research needs:
   (A) what has been done
   (B) what areas are not sufficiently understood
   (C) which professions or groups of professions should be encouraged to pursue research

3. Strategies for informing the health care professions about gifted children:
   (A) professionals in training
   (B) professional in practice

4. Strategies for creating a supportive network:
   (A) Involvement of professional institutions and organizations
   (B) Publications
   (C) What individual Task Force member can do

5. Resources:
   (A) what is available
   (B) what is needed
APPENDIX B
AMERICAN ASSOCIATION FOR GIFTED CHILDREN
TASK FORCE OF THE HEALTH CARE PROFESSIONALS PROJECT

ROSTER

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Gifted and talented children are those identified by professionally qualified persons who, by nature of outstanding abilities, are capable of high performance. These are the children who require differentiated educational programs and/or services beyond those normally provided by the regular school program in order to realize their contributions to self and society.

Children capable of high performance include those with demonstrated achievement and/or potential ability in any of the following areas, singly or in combination:

1. general intellectual ability
2. specific academic aptitude
3. leadership ability
4. visual and performing arts
5. creative or productive thinking
6. psychomotor ability