ADHD and the Gifted Child: Dual Exceptionality or Paradox?

Understanding ADHD in Gifted Children.
Billy was a dreamer. He lived in the world of dragons, dinosaurs and deep-sea creatures. This 8 year old had no time for mundane things like getting ready for school, finishing his homework or keeping his room in order. His parents had reached the end of their tether trying to make him keep up to the demands of school life. “I can go on calling out his name but he just does not listen” his mother lamented. His teacher described him as ‘very bright’ but ‘too lazy’.

Ingrid’s teacher called her Mum into a meeting. ‘Your daughter is a very bright girl, but she’s always rushing her work and making very silly errors. She needs to go back and edit her work. Ingrid’s academic performance is exceptional on some days, and poorer on others. She needs to learn to constantly apply herself. I know she is capable of achieving more as I have seen her do it’. Ingrid’s Mum leaves the meeting frustrated, realising Ingrid rushes everything at home also. (adapted. Finnegan, 2009)

Ask yourself…

- What is it about this topic that has brought me here today?
- What do I believe are the symptoms of ADHD? Perhaps you may like to draw them!
- Do I believe that a child can be gifted and have a learning disability?
- Do I believe that giftedness and ADHD can co-exist?
An overview...

- What is a Twice-Exceptional child?
- What is ADHD?- definition and description.
- How is ADHD exhibited by a child?
- How does ADHD impact a child’s learning and behaviour?
- Who diagnoses ADHD and how is it diagnosed?
- What happens after diagnosis?
- Practical, every day ways to help.
- Review and reflect.
To begin looking at this topic, we need to have an understanding of what is meant by ‘Twice-exceptional Children’.

1. When we talk about Twice-Exceptional children, we are referring to children that are gifted with something else going on- a second exceptionality. We are not talking about children who are ‘twice as gifted’. This definition brings out the importance of acknowledging that the child has at least 2 exceptionalities when compared with their peer group. Children who are 2E can also be referred to as Gifted with a Learning Disability (GLD) or Dual Exceptionality.

2. 2E learners have the characteristics of gifted students with potential for high performance, along with the characteristics of students with disabilities who struggle with many aspects of learning.

Is anyone familiar with the DSM? The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is the handbook used by health care professionals throughout much of the world as the authoritative guide to the diagnosis of mental disorders. *DSM* contains descriptions, symptoms, and other criteria for diagnosing mental disorders.

Tying in with the publication of the new DSM-V which came out in 2013, there has been a vital shift in the understanding of the nature, essence and definition of ADHD. No longer is it stereotyped by the hyperactive little boy at the local supermarket, screaming and pulling items off the shelf. Or the little girl staring dreamingly out the window as her teacher seeks a response to an unheard question.

1. ADHD is a complex syndrome involving multiple symptoms. It can occur in 3 presentations: impulsive/hyperactive, inattentive or a combination of both.
2. A new understanding of ADHD is the notion that it is not a disorder of
behaviour, but a developmental impairment of the management system of the brain - its executive functions. Executive Function (EF) is defined as: ‘The executive functions are a set of processes that all have to do with managing oneself and one's resources in order to achieve a goal. It is an umbrella term for the neurologically-based skills involving mental control and self-regulation’. (Cooper-Kaan et. Al, 2008).

3. In children with ADHD, we find multiple combinations of impairments in the self-management system of the brain. Children may experience issues with activation- such as organising and getting started on work tasks, focus- staying focussed on one tasks or shifting focus between tasks, effort- particularly sustained effort and completing tasks on time, emotion- managing frustration and modulating emotion, memory- particularly working memory and short-term memory recall and lastly, action- such as impulsivity and regulating pace.

4. EF’s do not naturally operate under conscious control. Despite the strong desire of a person to change their problem patterns of behaviour, the dynamic chemistry of the brain overpowers.

5. ADHD is not a matter of insufficient willpower. It may seem rather paradoxical that a child can remain completely focussed in one task, yet their attention wonders in another task. Indeed there is variation in attention and completion of a task from situation to situation.

6. Studies show (Kent et. Al, 2011 as discussed in Brown, 2013) that impairments of ADHD persists into adulthood and interferes with daily life even when environments are changed.

Phew! Perhaps you are looking at this definition and thinking; “Gee, she started with pretty pictures and now it all looks rather complicated!”. I believe this definition is extremely valuable because not only is up to date with current research and the newly-released DSM-V, it shows how complicated an understanding and diagnoses of ADHD can be, which is why it has so many question marks by the community.

http://www.ldonline.org/article/29122/
Reflecting back on the questions that you asked yourself earlier...

1. Do you believe the ADHD child to be loud and noisy, creating a ruckus with no sense of order and an inability to have respect for his/her belongings?
   Or perhaps...
2. The child/student in question seems to be able to focus, often for hours at a time, on a particular task and so thus cannot have ADHD?
To truly understand ADHD, we must acknowledge and understand that there are 3 presentations. Based on the symptoms listed in the Diagnostic and Statistical Manual (DSM- the latest being the DSM-V released in 2013), three presentations of ADHD are identified:

Symptoms exhibited by a student will depend on which presentation of ADHD they have and if they do indeed have a combination of both hyperactive-impulsive presentation or inattentive presentation.

We therefore need to look closely at distinguishing the symptoms between the presentations.

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**How is ADHD exhibited by a Child?**

1. ADHD, Predominantly Hyperactive-Impulsive Presentation.

2. ADHD, Predominantly Inattentive Presentation.

3. ADHD, Combined Presentation: Both inattention and hyperactivity-impulsivity symptoms
In addition, the 3rd Sub-type is a combination of symptoms from both hyperactive/impulsive and Inattentive types.

I share these ‘lists’ with you cautiously and emphasise that you should not rule anything in or out on the basis of simple checklists – the checklists in DSM are for professionals to consider, not parents or teachers.

You may view this list and think- ‘Well, I know a gifted child that does some of these things’…. However...(next slide)

A diagnosis for ADHD involves multiple pieces to the puzzle and is usually reached when:
- 6 or more symptoms are present,
- Across multiple environments,
- For longer than 6 months.

In Australia, when compared with other countries, there are strict conditions surrounding the diagnoses and medicinal treatment of ADHD. (Point 1) More specifically, a Developmental Paediatrician, who specialises in developmental disorders such as ADHD.

2. Educational & Developmental Psychologist’s focus mainly on how the disorder affects behaviour and learning, and what can be done to improve this. School staff cannot diagnose ADHD (APA, 2009).

3. There are various ways to measure ADHD. Dev Paed and Clinical Psychs use rating scales (such as Conners’), questionnaires and other tests for collecting information from the children themselves, their parents/caregivers and their teachers. Reference DSM-V. Children are observed at home and school. (APS, 2014).

Other tests: Include medical evaluation (including vision and hearing screening) to rule out other medical problems.

Children may also undergo Computerised quantitative analysis of EEG signals (qEEG) or a ‘Brainmapping’ scan. Children with ADHD characteristically have immature activity in the frontal part of the brain. Determining this immature activity is a useful aid in the diagnosis and
monitoring of children with ADHD but should not be used in isolation. (SDC, 2013)


Based on the symptoms exhibited by children with ADHD, we can conclude that ADHD has a substantial impact on a students’ learning and behaviour.

1. ADHD impairs academic functioning. In their struggle to listen and pay attention, the child misses key concepts and work direction, causing the child to fall further and further behind. Items are lost or incomplete, resulting in poor marks and low grades. Within their restlessness, they are unable to focus very long and can therefore get markedly less work done within the same period as their non-ADHD peers.

2. ADHD impairs social functioning. A child who frequently interrupts and has trouble waiting turns can find themselves struggling to build lasting friendships as other children find them ‘difficult’ to be around. The negative effects of ADHD on social functioning can result in the child having a negative self-image amongst their peer group, causing them to dis-associate with their peers and thus affecting their social functioning. In her article *Gifted Children with AD/HD*, Lovecky writes
that these children have advanced needs for complexity in friendships and want to share complex interests. Thus the 2E child can struggle with this asynchrony (or ‘very different’) needs within the social areas. (Lovecky, 1999)

3. It is devastating to think that a number of children are diagnosed with ADHD AFTER their failure at school is being questioned.

4. If left untreated, children with ADHD are at greater risk for potentially serious consequences (APA, 2009), including school failure and dropout, behavioural and discipline problems, social difficulties and family problems, alcohol and drug abuse, and depression. Similar problems can persist into adulthood, including relationship and employment problems.

Extra Notes:

"Individuals with attention-deficit/hyperactivity disorder (ADHD) often have problems with academic achievement, but new research suggests that medication can improve their performance.
A cohort study of more than 900 young adults from Sweden with ADHD showed that unadjusted scores on a higher education entrance examination averaged more than 13 points higher when the participants were taking ADHD medication than when they were not taking these drugs."
ADHD, amongst other disabilities, can also be overlooked in the gifted population. Specifically, it can be difficult to diagnose in the gifted population. Young children in particular may be able to compensate for their disabilities to the point where these weaknesses are effectively masked by their giftedness, delaying a diagnosis and intervention. Such twice-exceptional students may be able to perform just well enough to avoid identification, which is often tied to below-grade-level performance. Some students may not be identified until later grades when schoolwork becomes increasingly taxing. It is important to note that a diagnoses is made based on symptoms occurring for more than 6 months, across various environments.
3. Medication, behaviour modification, home and classroom strategies and sometimes counselling can all help children with ADHD at home and at school.
1. Verbal instructions
Keep instructions brief and clear. • Say the child's name or tap them on the shoulder to make and keep eye contact when giving important information. • Ask the child to repeat the instruction to make sure they have taken it in and understood. • The child may need prompting, monitoring and encouragement to keep them focused on tasks.

2. Children with ADHD can struggle with changes to routine and they need to know what to expect. The following strategies can help: Have a fixed routine, which includes a daily schedule. • Have a daily planner and be sure to display it at home- perhaps the fridge or study area. This includes ‘structuring’ in free time. • Tell the child in advance (whenever possible) of a change in the schedule. • Give the child advance warning of changes. For example: 'in five minutes you will have to put your toys away', and remind them more than once. • Keep choices to a minimum.

3. Physical environment
• A quiet place, without clutter, is important for homework. * Provide a safe place for them to go to have quiet time when things become overwhelming. Especially if siblings are involved!

4. Reducing over-activity and fatigue
Build rest-breaks into activities. For example 5 minutes break for each 30 minutes activity.
Alternate academic tasks with brief physical exercise. Go outside and enjoy a jump on the trampoline, shoot a few basketball hoops or kick a ball around.

5. Social skills
• Reward appropriate behaviour such as sharing and cooperating.
• Teach the child appropriate responses when they feel provoked.
• Encourage the child to join activities where 'supervised socialisation' is available, such as scouts / girl guides or sporting groups.
• Talk with the child about the consequences of their actions upon themselves and others.
• Use visual prompts to remind the child to think before they act. For example, 'STOP, THINK, DO'.

6. Work in Collaboration with the school... (move to next slide...)

1. A gifted student with ADHD has a unique learning profile often requiring individualised attention. However, it is important to not allow the ADHD to define the child by magnifying the disabilities and overlooking the gifts (Kennedy et. Al. 2011). Provide ample opportunities for the child to extend and differentiate in order to meet their needs as a gifted learner.

2. Teachers might state clear expectations and break complex learning into manageable tasks (Abrano, 2015. Pereles et al., 2009). Specific and direct instruction assists a student with ADHD in following through on the instruction given by allowing them to focus solely on 1 item. Assigning the task ‘practice your pieces for homework’ lacks direct instruction as to specifically what the child should practice. Keep instructional steps to a minimum and provide steps in writing/pictures in order to refer back to. A study of 117 children, identified to have an IQ over 120 and a diagnosis of ADHD, demonstrated significant impairments in auditory verbal memory (Brown et. al, 2011c). Despite gifted intellect, children with ADHD simply cannot remember multiple instructions. Recognising and accommodating this challenge is especially important for homework/practice direction. A simple note-taking book is useful for the student to recall what specifics items were set for practice. Students can be encouraged to highlight or tick-off each point as they work through it during the week.
3. Disabilities increase the social and emotional vulnerability of 2E learners. A gifted child with ADHD is a 2E learner as they have two exceptionalities—giftedness and ADHD. These children are often found to have heightened levels of poor self-worth and lack a positive view of self-concept. They can suffer from anxiety, perfectionism and elevated levels of frustration. (Trail 2011). Interventions should be designed to encourage positive self-esteem in small, measurable and achievable goals.

Where possible, assist the school with accessing necessary disability adjustments for exams such as Naplan, ICAS and HSC. Accomodations for exams* can include: (Crouse, 2013, ACARA, 2014, BOSTES, 2013)
- Specifically defined rest breaks.
- Being seated at the front of the examination room.
- Specifically defined extra time.
- Small group supervision.
- Time to administer medication.

*Note: Examination accommodations are generally recommended by the students’ consulting medical professional, which is usually a developmental paediatrician or clinical psychologist. Teachers will need to contact their examination authority directly for detailed information as to the process by which recommended accommodations can be implemented within examinations.

1. Seek to work in partnership with the paediatrician, psychiatrist and/or psychologist overseeing the students condition. Implement behaviour modification programs as a team and provide regular feedback to the school with how things are going at home.

1. So if we re-visit the definition of ADHD in all it’s complexity... (read) would we agree that ADHD is a disability completely independent of Giftedness?

2. Assuming we do distinguish ADHD as, in it’s own right, a stand alone condition, can a child therefore be BOTH gifted and have a second exceptionality- such as ADHD?

(Move to next slide)
There exists a pervasive belief within the community that behaviours which may be characteristic of ADHD in some children can be explained by other means in gifted children: “He is just bored and acts out.” “She is so creative that she cannot stay focussed on everyday activities.” “Her intensity is just part of her over-excitabilities.” “He is just lazy.” Although such behaviours in gifted children do not necessarily equate to a diagnosis of ADHD, the possibility should not be automatically discounted. By seeking a deeper understanding of ADHD, examining the presentations and particularly the impact on the child’s life and learning, as well as consulting with health care professionals, one can determine the factors at play for each individual child.
Do you believe that ADHD is an independent disability?
What have you learned about ADHD that you were not previously aware of?
How has this presentation broadened your thinking about the coexistence of gifted with ADHD?
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References...

References...

1. A widely recognised and accepted definition of giftedness by Gagne is:
   (2nd point) Gagne suggests that giftedness is prevalent in up to 10% of the population. For today’s presentation, we are focussing on the intellectual domain of giftedness.

2. So what does ‘something else going on’ mean? Essentially, this refers to a disability of some kind.

This brings us to specifically look at the second exceptionality of ADHD, the focus of today’s presentation.