

Challenges of Identifying and Serving Gifted Children with ADHD



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How often have we, as parents and educators, watched a story about students labeled as one thing or another on the evening news and felt it was oversimplified? Those of us who regularly work with children know that we can't oversimplify like that because, like adults, children are not always what they appear to be. Children are complicated, with a variety of factors, both positive and negative, simultaneously affecting them. Many children are labeled as gifted or learning disabled or having attention-deficit hyperactivity disorder (ADHD) as though that label explains the child, when what it really does is provide appropriate educational services to that child. But what about children who bear one label and also display other tendencies?

Take, for example, the idea of gifted children. Many people probably think of children as being identified as gifted according to a single intelligence test and don't realize that giftedness today often is measured in other ways: high motivation, exceptional creativity, outstanding achievement, and fantastic products.

Whoever these children with exceptional gifts and talents are, and however their gifts are measured, they're all really good in school, and have it made in life, right? Not necessarily. Some students identified as being gifted have other exceptionalities, as well; some have exceptionalities that preclude them from ever being identified as gifted.

This article describes the special situations and needs of three children—Tony, Mikey, and Gina. As you read the first part of the article, think about your own suggestions for interventions—how you might help them in your home or classroom. Then read the rest of the article to see what others have to say about working with children who have both giftedness and attentional difficulties.

Three Children

Tony

Nine-year-old Tony is a charmer. He has an engaging smile and knows how to turn it on and off. Tony is also a challenge to have in the classroom. He blurts out answers constantly, never stops moving, and argues with the teacher and with his peers incessantly.

He is of average intelligence, displays little creativity, earns low grades on both objective and project-based work, does not like school, and typically achieves at a below-average level. Tony is disorganized and distractible and is always either talking or making other noise. He is usually missing either his work or some vital component needed to do his work. He visits the office on a regular basis because he is so disruptive the teacher cannot continue teaching. Tony's teacher will be happy when this school year is over, but worries about where Tony will go next year and whether his new teacher will be able to handle him—he needs a teacher who is neither too permissive nor too authoritarian. Tony carries with him two labels: He has been diagnosed with ADHD and oppositional defiant disorder (ODD). Tony is one of four children in a family headed by a single parent.

Mikey

Six-year-old Mikey was referred to the school's student support team (SST) by his classroom teacher. Why was he referred? Mikey was distractible, inattentive, fast-moving, and talkative, to

the point of not functioning well in his first-grade classroom. He also displayed some aggressive behavior and poor social skills. One member of the SST was a perceptive administrator whose experience included a 14-year stint teaching gifted children. The recommendation from the team included referring the boy for testing for the gifted program.

The gifted intervention specialist in the school began evaluating Mikey, first by observing him in his classroom on several occasions, then by administering a variety of mental ability, achievement, creativity, and motivation instruments; all designed to ascertain whether Mikey was gifted according to his state's multiple criteria identification law. As he sat to take a mental ability test in a one-on-one testing situation with his school's gifted specialist, the differences this child exhibited were quickly noted.

Exercise caution in both the identification and treatment of ADHD in children identified as being gifted.

Mikey was, indeed, exceptionally active; hanging off the chair, even standing, at times, during the testing. He vocalized and was impulsive in answering nearly all questions on the tests. During the administration of a mental ability test, he rushed through the verbal and quantitative sections, performing only at the 48th percentile, and slowing only when he came to something entirely new: the matrix section of the test. He barely listened to the instructions, then dove in. As soon as he was allowed to begin, he started solving the problems rapidly and accurately; thriving on the challenge. He missed none. Unfortunately, his score on this single subtest was not adequate to place him in the gifted program, so he required additional testing. Mikey's performance on the other evaluation measures was inconsistent, rang-

ing from the 99th percentile on some instruments designed to evaluate creativity and mental ability to the 48th on others that measured achievement and motivation. The gifted intervention specialist worked with him, using movement to set the stage for optimal performance.

After several weeks of evaluation, Mikey qualified for the gifted program, identified as creatively and cognitively gifted. Why did the gifted specialist work so hard to help this child qualify? Because she saw a child with immense potential, but who needed a great deal of help channeling that potential into constructive avenues. He was also identified, soon after this, by his family doctor as having ADHD, of both the inattentive and hyperactive types. Mikey comes from a blended family with economic difficulties. He was born when his mother was 14 years of age; his mother never finished high school, and is herself identified as having ADHD, like her mother before her.

Gina

Gina is a highly gifted fifth grader whose performance on mental ability, creativity, and achievement tests regularly place her in the 99th percentile, with scores at the ceiling of the tests. She is an award-winning artist and poet, and an academically high-achieving student who has been in gifted programs since kindergarten. Gina is easily frustrated by new tasks, cries with little or no provocation, and gloats when she figures out things the others have not. She takes great delight, outwardly at least, in all of her differences. She always wants to be first and best. Gina is in nearly constant motion: swooping into a room to announce her arrival; sitting like a frog on her chair, head hanging down and hair swinging around her face; always drawing, writing, or otherwise creating with her hands.

Most foods go untasted by her because she dislikes all but a few for various reasons: too strong, too slimy, wrong color, too disgusting. Gina will only wear clothing made of soft knits and whose tags have been removed, because everything else is either too constricting, or stiff, or makes her itch.

She often has her nose turned up in distaste at environmental odors, whether they are caused by someone's lunch or the remnants of some cleaning solution.

Gina's social skills are not those of a typical fifth grader, either. Because of her emotional disability, she stands out in both her gifted and general classrooms. Her propensity toward arguing with adults amazes other students and frustrates the teachers, because she is not engaging in intellectual discourse, but rather, the sort of irrationality that comes of being opinionated and not listening to instructions, as well as an unwillingness to take academic risks. Gina comes from a family of highly gifted, highly educated people.

Attention Deficit or Overexcitability?

Though these three students display many similar behaviors, in each case the behaviors are attributable to different causes. In Tony's case, ADHD is considered the underlying problem; in Mikey's case, ADHD with psychological overintensities associated with giftedness; and in Gina's case, the psychological overintensities concomitant with giftedness alone. How can such similar behaviors be assigned such different attributions, and how can they be distinguished from one another so the correct diagnosis is made in each case?

Making a correct diagnosis is not simple; it requires that educators and other professionals make thorough evaluations for both giftedness and ADHD (Cramond, 1995; Lovecky, 1994; Ramirez-Smith, 1997). According to Webb and Latimer (1993), in recent years educators have increasingly referred gifted children for ADHD evaluation. Because characteristics and behaviors are the foundation of a diagnosis of ADHD, and they can be mis-

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What Is Attention-Deficit Hyperactivity Disorder?

Attention-deficit hyperactivity disorder is characterized by a particular set of behaviors that prevent a person from performing to his or her potential. These behaviors may include the following:

- Susceptibility to distraction with little provocation.
- Difficulty following instructions.
- Difficulty sustaining situation-appropriate attention (except when watching television or playing video games).
- Problems starting tasks.
- Constantly beginning new projects without finishing the existing ones.
- Hyperactivity.
- Impulsivity.
- Poor social skills.
- Rapid satiation to stimuli.
- Low frustration tolerance.
- Academic underachievement (American Psychiatric Association, 1994).

For professionals to make a diagnosis of ADHD, the behaviors must be pervasive and long lasting and interfere significantly with the discharge of daily responsibilities.

leading in the case of gifted people, educators and other professionals must exercise great care when conducting such evaluation (Baum, Olenchak, & Owen, 1998), with parents and teachers working closely with the diagnosing physician.

In children with average creative and cognitive intelligence, this diagnosis can be made by a physician well versed in the characteristics of children with attention-deficit disorder (ADD) or ADHD (see box, "What is Attention-Deficit Hyperactivity Disorder?") in a fairly straightforward manner by means of thorough psychological and physical

examinations. In gifted children, however, the diagnosis may be complicated by other issues, such as psychological overexcitabilities (Dabrowski, 1972; Piechowski, 1986; Piechowski & Colangelo, 1984).

Dabrowski saw these "forms of psychic overexcitability" (OEs) as contributing to individuals' psychological development, so they were a measure of developmental potential. Overexcitabilities are so often present in creatively, academically, intellectually, or otherwise gifted people that some educators are searching for ways to measure overexcitabilities as a tool for identification of gifted people. Psychological intensities are such a part of people who are considered gifted that, for the purpose of this article, the behaviors should be considered to be present when giftedness is mentioned. Researchers have categorized *overexcitabilities* into five main areas: psychomotor, emotional, intellectual, imaginal, and sensual, as follows:

- Those with *psychomotor overexcitabilities* are easy to spot: They are nearly always moving. Their behavior has been characterized as feeling driven to move, a love of movement, restlessness, superenergy, and a need for a high level of activity. Rapid speech, impulsiveness, and a need to act are also characteristic of those who possess this overintensity. All this sounds remarkably like the hyperactivity of ADHD (Barkley, 1990; Hallowell & Ratey, 1995), though the difference appears to be that children with ADHD *can't* stop moving, whereas children with high psychomotor behavior *love* to move.
- *Imaginational overexcitabilities* are characterized by a facility for invention and fantasy, an ability to engage in detailed visualization, a well-developed sense of humor, animistic and magical thinking, and elaborate application of truth and fiction. Children who possess imaginal OEs can have rich and fulfilling inner experiences during the pedestrian activities of a typical school day. What looks like inattention could be, instead, a rich imaginal scenario unfolding within the child's mind. A creatively

gifted 4th-grade student described it like this: "Social studies can be really boring when we just read it aloud and take notes, so I like to pretend I'm in whatever situation we're learning about."

- *Emotional overintensity* is one of the more outwardly visible of the overexcitabilities. Characterized by an intensity of feeling, a marked ability to empathize with others, and somatic expression of feelings, these children are the ones who can see all sides of a situation, who can find it painfully difficult to make new friends, who cry at the smallest frustration. What appears to be the emotional overreactivity of ADHD could, instead, be the expression of emotional overintensity.
- *Sensual overexcitabilities* manifest themselves as extreme sensitivity to touch; delight with the aesthetic things in life, such as art, music, fabric, surroundings, or words; extreme dislike or love for certain foods due to specific textures or tastes; sensitivity to odors or chemicals in the environment; or any other sensory-related experiences. People who experience heightened pleasure when indulging in favorite foods or drinks are displaying this sort of sensual overexcitability. Stopping to feel the fabric of every item passed in a department store, noticing the particular blue of the sky, or admiring the shape of a flower could easily be construed as distractibility, but it could also be illustrative of being tuned in to the beauty of one's surroundings.

Look at a classroom full of students of any age. Some are simply there, doing as they are told, whereas others display an absolute thirst for learning. These

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individuals possess a drive to learn that knows no boundaries—an **intellectual overintensity**. What they learn does not seem to matter as long as it is new and interesting. These are the people who think and wonder, who ask the questions instead of knowing the answers, who exhibit sustained concentration, who have excessive curiosity, and who integrate intuition and concept. They are naturally metacognitive thinkers, are detailed planners, and express early concerns about values and morality. Many of these characteristics appear only in the child's mind, so may look, again, like inattention to the outside observer. At times, this overexcitability also may be seen as similar to the hyperfocusing in people with ADHD. Intellectual OEs may also be expressed as a hyperactivity seen by outsiders as distractibility, but which may be heightened mental arousal that never stops, even during sleep.

Who Are They?

With all these similarities, how can we tell the difference between a gifted child with overexcitabilities and one with ADHD? Both children possess exceptional mental faculties, but one has greater availability of resources, while the other flounders in a quagmire of disorganization and distractibility. In such cases, parents and teachers find it difficult to distinguish between the child who *won't* do his or her work and the one who *can't*. Gifted children with ADHD are usually labeled as underachieving or lazy long before they are ever labeled as ADHD.

Studies have shown that gifted children identified as having ADHD are, generally, more gifted than their non-ADHD peers (Dorry, 1994; Zentall, 1997). Because the negative behavioral manifestations of ADHD may keep these children from performing well on group tests, many educators believe diagnostic tests uncover only the children who have extremely superlative talents or gifts. Though high intelligence can help the child overcome some of the challenges of ADHD over his or her lifetime (Barkley, 1990; Phelan, 1996), it does so only to the extent that it allows the child

to compensate to the point of seeming average.

These children also tend not to be nominated for gifted testing or programs. Wolfe & French, in a presentation to the National Association for Gifted Children (1990), reported the following characteristics of a typical gifted child with ADHD excluded from gifted programs:

- Makes jokes or puns in inappropriate times.
- Is bored with routine tasks and refuses to do them.
- Is self-critical, impatient with failures.
- Tends to dominate others.
- Would rather stay by oneself.
- Has difficulty moving into another topic when engrossed.
- Often disagrees vocally with others in a loud, bossy manner.
- Is emotionally sensitive—may overreact.
- Is not interested in details, often hands in messy work.
- Refuses to accept authority, nonconforming, stubborn.

This is the portrait of a child who refuses to play the school game, has his or her own ideas about how to live, and will not compromise. Teachers do not particularly tend to like these children, thus they do not generally refer them for gifted programming because, in the teacher's mind, these students do not deserve to be there. Parents find them difficult to live with, and peers reject them, so life becomes a series of negative interactions with few opportunities for self-fulfillment. The worst part is that such children are intelligent enough to realize they are different, but may be helpless to change their behaviors at their own volition.

In his work with gifted children with ADHD, Mendaglio (1995) found that these children are painfully aware of their academic failures and misbehaviors. This awareness often manifests itself outwardly as nonspecific anger. On the positive side, he reported, when such children do qualify for and are placed into programs for gifted and talented children, they and their parents report immediate, lasting, positive increases in self-esteem and attitude.

The Creativity Link

Creativity and ADHD share many, many characteristics. Indeed, both creativity and ADHD are so difficult to define precisely and can look so much alike, one might be hard pressed to define certain characteristics as one or the other. In her study of 70 gifted children, Lovecky (1994) found that almost all of these children, even those with additional learning disabilities and exceptional hyperactivity, displayed creativity. The differences between them and their gifted/non-ADHD peers was, "organizing their creative ideas into products, and sustaining enough interest and motivation to finish a project once they had gotten past the novelty of the initial idea" (p. 3).

Hallowell and Ratey (1995) found certain characteristics of the ADHD mind beneficial to the development of creativity. These included a higher tolerance for chaos and ambiguity and no firm belief that there is one proper place for ideas or images. This can lead to unusual combinations of imagery and ideas and to new ways of seeing things.

Hyper-reactivity in the minds of people with ADHD is amazing to behold. The ideas come and come, changing from one topic to another with an awesome rapidity and proliferation. With this many ideas, new ones pop up with regularity, leading to people with creative/ADHD characteristics to think of themselves as "idea people."

The impulsivity of ADHD can lead to a need to create—anything. This impulse is an urge that demands satisfaction. Combined with the hyperfocusing of ADHD, this impulsivity can produce impressive results in a brief period of time. Of course, there will also be

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many times of distractibility to balance these periods of intense concentration and productivity.

Creative production also occurs when people spontaneously bring unlike items together in unusual ways. Creative people with ADHD do this often. They see and find amusing combinations others may never have thought of. This is a strategy others have to be taught to use, usually in expensive creativity-training workshops.

Cramond (1994), in a review paper, and Piirto (1992), in her book *Understanding Those Who Create*, noticed that the defining characteristics of ADHD are also key descriptors in the biographies of highly creative people. Inattention, hyperactivity, and impulsivity were frequently mentioned as characteristic of many writers, artists, authors, inventors, and composers. These characteristics transferred across disciplines and were found in every area of creativity.

How Can You Tell Whether It Is Truly ADHD?

When we see ADHD-type behaviors, in combination with giftedness of either intellect or creativity, how can we tell if we need to take action to label and treat the ADHD? This is a question asked in nearly every article on the topic. The overwhelming primary response is this: Exercise caution in both the identification and treatment of ADHD in children identified as being gifted. Beyond that, research has identified several characteristics of gifted children with ADHD—characteristics that are not generally present in the child who is gifted but not identified as having ADHD.

The first is inconsistency in performance. Non-gifted ADHD children are

known for inconsistency in school performance that occurs at any time in any subject (Barkley, 1990). Being gifted does not exempt children from these sorts of academic inconsistencies (Webb & Latimer, 1993). If children are functioning at a high level in a subject one day, then failing in the same subject days later, there may be reason to suspect a problem. A thorough history of the child's performance will reveal a pattern of variability of task performance over time. These children's performance may also be linked to the teacher's characteristics and teaching style; these students will not produce quality work for a teacher they do not like or respect.

A visit to a gifted resource classroom, otherwise known as a gifted "pullout" program, will generally reveal a higher than normal activity level, a great deal of talkativeness, and a high level of enthusiasm and task commitment for challenging, interesting tasks. The enthusiasm, movement, talkativeness, and high activity levels are desirable, though can be exhausting for the teachers involved, because these behaviors correspond to the ways gifted children are identified today. Gifted resource classrooms generally exist to serve gifted students in elementary schools, but sometimes can be found at higher grade levels. Wherever they are found, they are often the high point of a gifted student's day or week—time away from their general education classrooms to be spent with intellectual peers. While children with ADHD tend toward inattention and distraction in nearly every situation, gifted children with ADHD will retain the hyperactivity and problems with sustained attention, except during certain highly stimulating, novel, motivating tasks, such as those to be found in the gifted resource classroom. Those gifted children who are unresponsive to even those tasks stand out among their peers and should be investigated.

Gifted children with ADHD, like all children, not only deserve, but *require* highly stimulating and mentally and psychologically challenging environments to be successful, something few schools provide. Many gifted children

have problems with school environments that provide few opportunities for creativity, provide only concrete, linear-sequential instruction, teach only at the lower levels of the taxonomy, require excessively rote and repetitive work, and do not allow learners to progress at their own rate (Baum et al., 1998; Cramond, 1995; Lovecky, 1994; Zentall & Zentall, 1983). This type of learning environment can be a disaster for any child, but you can virtually guarantee it will be for the child who has characteristics of both giftedness and ADHD. These children will frequently shut down when given repetitive tasks, even knowing that unfavorable consequences are certain to follow. When one 11-year-old gifted child with ADHD was asked about this, he responded, "It actually makes me feel sick to my stomach when they make me do the same thing over and over."

Whereas children with ADHD tend toward not liking school and gifted children usually do, gifted children with ADHD usually have a few subjects (particularly science) they really love and may not care about the rest (Zentall, 1997). This can lead to incredible power struggles in the home and school when parents and teachers see that the child can attend in some situations but won't (or can't) in others. In children like this, underachievement begins early, with the ADHD not generally identified until at least 6th grade (Lovecky, 1994). By then the child has set up a pattern of inconsistent performance and failure to complete work, leading to frequent negative feedback, leading in turn to diminished academic self-esteem and anger. This pattern of underachievement and the negative response it generates create a cycle within the school and the family that is difficult to break.

Though gifted children frequently display mental ages and social functioning well above those of their chronological peers, they still may exhibit some discrepancies within themselves between these developmental strands, while the gifted child with ADHD may exhibit a much wider and debilitating discrepancy between intellectual age and social and emotional ages. This can cause the child to be out of sync with

There is a movement in the field now to find a means of measuring overexcitabilities as a tool for identification of gifted people.

Medication works most effectively when coupled with stable parental support at home.

everyone (Lovecky, 1993). Social skills are usually underdeveloped in these children; as a result, they may have few friends, with those few generally being younger. Again, these children are aware of their differences and lack of friends, so may become depressed or oppositional in response.

How Do We Help These Paradoxical Children Become Achievers?

Research on underachievement in general, and in gifted people with ADHD specifically, has given us ideas on how to help these children become achievers. As far back as 1959, Passow and Goldberg provided insight in their landmark study on how to reverse underachievement. Their studies revealed that if teachers wish to reverse underachievement, they should place students in a stimulating, rich environment with a teacher who is kind and accepting, who values each of them as individuals, and who maintains high expectations. In addition, the researchers found that students needed further, intensive instruction in study and organizational skills; a characteristic shared by many underachievers, and nearly all children diagnosed with ADHD (Dorry, 1994; Maxwell, 1989). In today's world, gifted children with ADHD can be taught word processing and computer skills that will allow them to compensate for their inability to write quickly or neatly, or to keep their thoughts while writing (Ramirez-Smith, 1997).

Teachers who have successfully worked with gifted children with ADHD recognize that cognitive therapy is helpful. It is beneficial to talk openly with students about expectations and problems and include them in developing plans of action (Mendaglio, 1995). Contracts, with student-chosen rewards,

are helpful in some cases. Because gifted children tend to be primarily intrinsically motivated, external rewards and punishments have little effect unless they are selected by the children themselves. Students need to be convinced that failure is not an option, that today's work will pay off in the future, and that hard work will benefit them personally. Goal setting is another useful strategy in this area, because it helps remove the child from the impulsivity of the moment and develop focus on the future.

What About Parents?

Parenting gifted children with ADHD can be an extremely frustrating experience. There is an awareness of the child's precocity and talents that leads to higher expectations, but that, when coupled with the ADHD behaviors, leads to frustration with the child's self-destructive behaviors. Parents need to

deliberately educate themselves about how to deal appropriately with these children (see box, "Tried and True Strategies for Parents") and be advocates for them, while not being rescuers available to bail the children out of every jam (Zentall, 1997). Negativity and power struggles are common in families with gifted children with ADHD. On a more positive note, a child with ADHD who is gifted, who has a supportive family, and who is taught specific ways to compensate for his or her deficits has a much greater chance of becoming a productive adult (Phelan, 1996). Though the gifted child with ADHD may for many years demand an inordinate amount of the family's resources, it appears that early intervention and long-term support eventually pay off.

Home-school communication is essential for the success of gifted chil-

Tried & True Strategies for Parents of Gifted Children with ADHD or Overexcitability

- **Love your children for who they are**, not for what they do or don't do; obvious, but not always easy with these extremely challenging children.
- **Set standards and insist they be met.** Do what it takes to communicate that failure is *not* an option, and that every action has its consequences. If there are no natural consequences, design some specific to the situation.
- **Use humor to defuse stress and anger.** An advanced sense of humor is a characteristic many gifted children share. Take advantage of it.
- **There are no quick fixes.** Know that gifted children with ADHD require intensive, long-term, interventions. Be consistent over time.
- **Communicate regularly with your child's teachers** in a positive fashion, no matter what grade your child is in, and do so *before* problems surface. Remember, your mutual goal is to help the child be successful.
- **Impose organization on your children until they prove they can do it themselves.** Find a good system and teach and reteach it. Expect backsliding from time to time, all the way through school.
- **Provide opportunities for your child to express his or her creativity.** When things get really bad, this may be his or her lifesaver.
- **Nothing breeds success like success.** Find some way to show your child that he or she can be successful at something meaningful, if only he or she tries. Provide a choice of opportunities and insist he or she chooses one and sticks with it until successful completion.
- **Make sure your child is provided with appropriate curriculum and teachers from the start.** Positively but honestly present your child and his or her needs to school administrators *before* the end of this school year for next year's placement, then trust the school personnel to do the work of placing the child appropriately.

When the ADHD has gone undiagnosed for many years, the student may have developed problems with self-esteem and depression.

dren with ADHD (Baum et al, 1998; Ramirez-Smith, 1997; Wolfle & French, 1990). Teachers need to be informed about these children's specific needs, and most are not. How could they be? In teacher education programs, there has traditionally been little room for teaching about gifted children at all, let alone those with additional exceptionalities. Parents can be useful in providing materials that inform educators about the characteristics and needs of a gifted child with ADHD. There should be ongoing, open communication between parent and teacher, with the child included as needed.

Because of the myriad needs generated by having a gifted child with ADHD in the classroom, administrators and teachers must hold discussions about classroom placements and include both current and former teachers, administrators, and parents. Educators should place the child in classrooms where expectations are high and teaching is holistic, relevant, challenging, and meaningful (DeLisle, 1995), and where teachers are willing to teach to the child's strengths while remediating the weaknesses. Multimodal approaches allow the gifted child with ADHD to play to his or her strengths and express creativity (Lovecky, 1994). Several successful research projects have employed talent development and attention to students' specific intelligences, talents, or gifts as means to promote academic success for at-risk students (Baum, Owen, & Oreck, 1996; Baum, Renzulli, & Hebert, 1994; Olenchak, 1994). It is clear that proper curriculums, instruction, and pacing can make a great deal of difference in the school lives of gifted children with ADHD.

In some cases, physicians may prescribe medication for students to help control the ADD/ADHD symptoms, allowing the giftedness to emerge more fully. According to many researchers, doctors should not prescribe medication unless educators, parents, and other professionals have explored all other possible avenues because medication may have some detrimental effects on creativity, imagination, and intellectual curiosity (Baum et al., 1998; Cramond, 1995). That, of course, is a question to be decided by the doctors, parents, and children; and they should make such decisions on an individual basis. Wolfle & French (1990) stated that medication works most effectively when coupled with stable parental support at home. A review of literature on the effects of stimulant medication and children with ADHD has reinforced that medication alone provides only short-term effects; people should not expect it to improve long-term adjustment in either social or academic areas (Swanson et al., 1993).

Finally, researchers have suggested counseling for some of these children, especially when the ADHD has gone undiagnosed for many years, because the child may have developed problems with self-esteem and depression. When

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counseling is undertaken, however, educators, parents, and others must be careful to select counselors familiar with both the social and emotional needs of gifted children and children with ADD/ADHD (Webb & Latimer, 1993).

Now What?

The literature has little to say about children doubly blessed with giftedness and ADHD, even less of the literature is research based. In a search for materials

on the subject, I found no information on this topic in traditional educational literature; I found some in the social sciences literature; and the rest in the gifted literature. Because most teachers have a hard enough time keeping up with information in their own area of expertise and seldom have the opportunity to examine the gifted literature, it seems logical that this information must be disseminated into mainstream education.

Educators need to do more to improve the quality of identification of these high-potential, though terribly at-risk children and to reduce the likelihood of misdiagnosis of children who are gifted and creative and overexcitable as having ADHD. On the other hand, writers and researchers can heighten our awareness of the existence of this segment of the population so that gifted children who actually *do* have ADHD are not missed in diagnosis. Misdiagnoses can cut some students off from services that they may need. Teachers who are educated on this topic can be of immense help when it comes time to work with doctors in diagnosing possible medical conditions such as ADHD.

Finally, we must learn to value these children; they have much to offer. Though the learning environments and teaching practices discussed earlier are desirable for all children, gifted or not, these doubly-blessed students possess the creative potential to produce great ideas and make wonderful contributions to our society. With appropriate curriculums; informed teachers and administrators; and educated, involved parents working together, we can reclaim a segment of our population who currently underachieve at a high rate. Most of all, we can teach these young people that in working to show their strengths and overcome their deficits, they make themselves even better. As educators, we need to help them learn who they are, what they are capable of, and how to reach their potential.

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