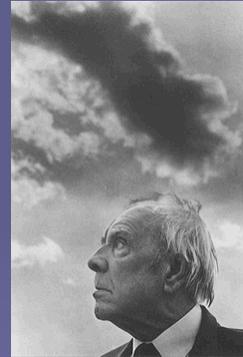


*On Exactitude in Science . . .*

In that Empire, the Art of Cartography attained such Perfection that the map of a single Province occupied the entirety of a City, and the map of the Empire, the entirety of a Province. In time, those Unconscionable Maps no longer satisfied, and the Cartographers Guilds struck a Map of the Empire whose size was that of the Empire, and which coincided point for point with it. The following Generations, who were not so fond of the Study of Cartography as their Forebears had been, saw that that vast Map was Useless, and not without some Pitiableness was it, that they delivered it up to the Inclemencies of Sun and Winters. In the Deserts of the West, still today, there are Tattered Ruins of that Map, inhabited by Animals and Beggars; in all the Land there is no other Relic of the Disciplines of Geography.

From:  
*Jorge Luis Borges,*  
*Collected Fictions, (1999) .*



## No Simple Gifts:

Meeting the Complex Emotional  
Needs of Gifted Children

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## Goals of presentation

- Discuss theories regarding the social/emotional development of high achieving children.
- Discuss some of the emotional and behavioral concerns common to these children.
- Discuss the problems and controversies surrounding psychiatric diagnosis in the gifted population
- Leave time for Q and A regarding these and other issues involving gifted kids?

## Who is “gifted”?

- Children may be high achieving in:
  - Mathematics/ Logical Reasoning
  - Language
  - Arts
  - Social skills
  - Physical/Kinesthetic skills
- Many children in more than one domain
- Can also be skilled in some and delayed in others
- Not always captured by standardized testing

## Theory of gifted “overexcitabilities”

- Kasmirez Dabrowski was a polish psychiatrist
- Worked in the years after World War II
- Saw pattern of behavioral and emotional intensity in gifted individuals
- First to suggest that giftedness reflects a personality style as well as cognitive ability
- More recently this work has begun to be evaluated empirically and has received support

## Dabrowski’s overexcitabilities:

- Psychomotor
- Sensual
- Imaginational
- Intellectual
- Emotional

## Psychomotor OE

- Psychomotor OE kids need less sleep, have more energy, talk faster, gesture more
  - “Anything worth doing is worth doing to excess”
- Different from ADHD in that it tends to be goal directed not disorganized (Silverman, 2000)

## Sensual OE

- Oversensitive to textures or sounds or smells
- Also appreciation for music, art, or touch
- Intense reactions to certain sounds or textures
- Colic and food allergies more common among the gifted (Silverman, 2000)
- Research suggests this more common in gifted adults than typical adults though not clear it has panned out in kids (Silverman and Ellsworth, 1980)

## Imaginational OE

- Creativity, visual imagery, intense fantasy life
- Gifted kids more likely to have imaginary friends and have more of them than typical (Rogers, 1986)
  - $\frac{3}{4}$  of gifted kids have imaginary friends in early childhood (Webb 1982)
- Imaginational OE consistently found to be higher in gifted kids in research

## Intellectual OE

- Curiosity, concentration, introspection, sustained intellectual effort, love of learning
  - The core personality trait of the “intellectual”
- May or may not present itself in school
- Tends to perpetuate and increase the child's giftedness more than any other trait
- Almost all gifted children perceived by parents as asking exceptionally probing questions when young.

## Emotional OE

- Emotional depth, attachment, intensity, morality
- Also sensitivity, self-criticism, anxiety, perfectionism
- Often first thing noticed by parents of gifted kids
- Research consistently finds to be high in gifted children and adults
  - They are also more focused on empathy and justice
  - They have more coherent and explicit value systems than less gifted
  - They are more cautious on average and more likely to suffer from anxiety

## Implications of Dabrowski

- His work creates a framework for understanding development of high achieving kids
- “Depathologizes” many of these behavioral manifestations of giftedness
- Shows us that behaviors that appear maladaptive in one context can be adaptive in another.

## “Asynchronous development”

- Kids may be advanced in some intellectual areas but not others
- Many advanced intellectually but not socially
- Judgment lags behind intellect as well
  - “How can a child who is so smart lack such basic common sense?”
  - Discrepancy seems to reduce with age.
  - Judgment may just be maturational

## “Multipotentiality”

- Gifted kids can also struggle with issue of “multipotentiality”
  - Ability to do so much it makes it difficult to choose one thing
- E.g. Gifted students change majors more often in college
- Younger children often “overprogram” themselves and distracted from schoolwork by outside interests

## Peer relation problems

- These noted as early as 1920's by Hollingworth though often denied by other researchers
- Numerous studies have now confirmed at least self-perception of social problems for gifted kids
- Problems more clear cut for highly gifted
  - Gross (1993) reports 80% of highly gifted said they felt intensely isolated and had to monitor behavior to "fit in"
- Question is whether problems are a function of child's giftedness or an associated psychiatric syndrome

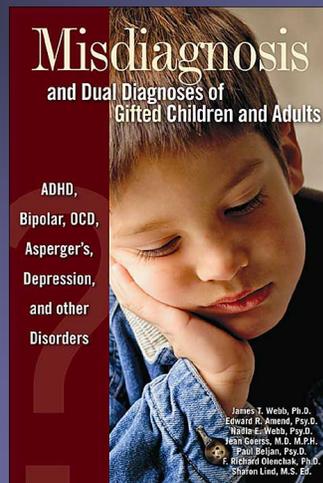
## Highly focused interests

- Highly focused interests
  - A "sizeable minority" of gifted children have interests that are "almost obsessive in their intensity and focus" (Winner, 1996)
  - Often these begin very young
  - Can switch from time to time, evolve slowly or remain fixed for years.

## Mental health diagnoses in gifted

- Two differing communities of professionals and parents
  - Gifted and mental health/special needs communities
- Both have very different views about making diagnoses
- Gifted community tends to be very resistant to acknowledging deficits in gifted kids
- Special needs community eager to embrace those labeled gifted

## From the gifted community...



## If the font was not clear enough...

- “This book describes a modern tragedy. Many of our brightest, most creative, most independent thinking children and adults are being incorrectly diagnosed as having behavioral, emotional or mental disorders.”

- First words from the preface to “Misdiagnosis and Dual Diagnosis of Gifted Children and Adults”

## The other side of the (cattle) fence....

- “Then you get into issues like, should we prevent autism? I get concerned about that because if we totally get rid of the genetics that cause autism, then we’d be getting rid of a lot of talented and gifted people, like Einstein. I think life’s a continuum of normal to abnormal. After all, the really social people are not the people who make computers, who make power plants, who make big hotel buildings like this one.”



- Temple Grandin, PhD

## The core of the conflict...

- Many people from the “special needs” community feel there is a fundamental relationship between giftedness and some kinds of developmental/psychiatric disorders
  - Labeling gifted kids gives them access to needed services.
- This is anathema to many in the gifted community
  - Labeling gifted kids pathologizes excellence and saddles them with a stigma that will inhibit their long term achievement

## Is this just semantics?

- Some professionals in the special needs community would say gifted researchers just define disorders out of existence in gifted
  - It is simply not “normal” to be overactive, hypersensitive, poorly adaptive, etc. regardless of IQ
- On the other hand statistical normalcy cannot be criteria for “disorder”
  - Otherwise homosexuality, atheism and giftedness itself would be mental disorders
- Fundamental criterion must be **impairment**

## Impairment

- There are myriad behaviors which run on a spectrum from adaptive to maladaptive
  - Detail orientation to perfectionism to obsessiveness
  - Introversion to social withdrawal to social phobia
- With each child you must look at whether these behaviors are having a significant negative impact on a child's daily functioning
  - And whether that impact is largely a function of a poor fit with the child's current environment

## What are risks of over-diagnosis?

- People see child as disabled rather than gifted
- Interventions get tailored to the disorder not the whole child
- Stigma attached to the diagnosis can be negative for parents, child and teachers
  - Need to be aware and not minimize this possible "iatrogenic" effect

## What are risks of under-diagnosis?

- Diagnostic labels are the “keys” that unlock services in the school system and healthcare
  - Without label there is no help
- Diagnosis can direct interventions
- Diagnosis can be “freeing” when handled correctly.
  - “I’m not stupid or crazy? I have ADHD.”

## What is ADHD?

- Attention Deficit Hyperactivity Disorder
  - People talk about ADD but this is really called ADHD – Predominantly Inattentive Type
- Disorder marked by two main sets of problems
  - Hyperactive and impulsive behaviors
  - “Inattention” (Distractibility, poor persistence, forgetfulness, etc.)

## What is Asperger's Syndrome?

- A disorder on the “autism spectrum”
- First recognized by Hans Asperger in 1940's
- Problems with social perception, communication, and “restricted interests”
- Language development and cognitive skills in the average to above average range

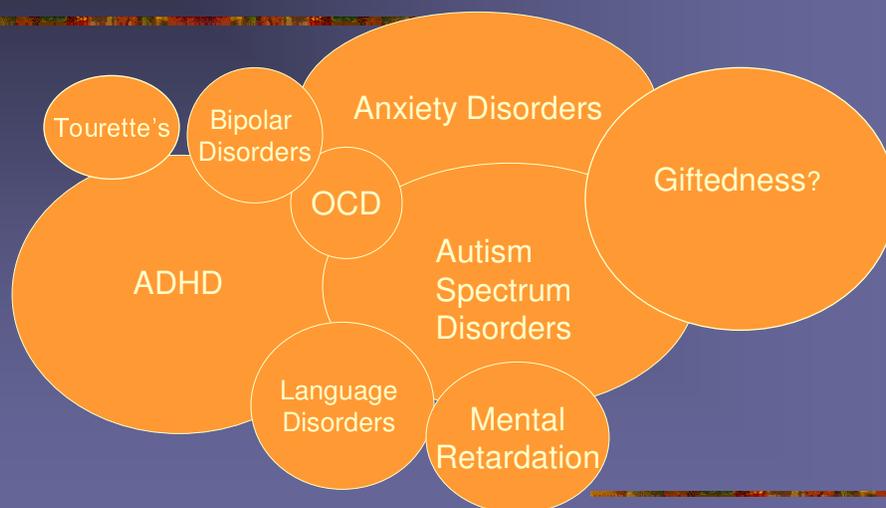
## What are Anxiety Disorders?

- A “cluster” of several formal diagnoses:
  - Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, etc.
- Marked by irrational fear, avoidance, preoccupation, and/or repetitive behaviors
- Rigidity, anger outbursts, perfectionism often associated with these disorders

## Other common diagnoses in the gifted...

- Tourette's syndrome and other tic disorders
- Oppositional Defiant Disorder
- Bipolar Disorder
- Depressive Disorders
- Learning disabilities

## A neurodevelopmental landscape



## Take home messages:

- Gifted kids do show social, emotional, and behavioral development that is unique
- Some disorders are more commonly diagnosed in gifted kids, particularly anxiety, behavior disorders (ADHD), and social disorders.
- We should be careful not to “pathologize” typical behaviors of gifted kids.
- At the same time we must be sensitive to the unique stresses they face and get them help when it is needed.

## Resources:

- Hoagies gifted education page
  - <http://www.hoagiesgifted.org/>
  - Hosts mirror of former ERIC clearinghouse on gifted and disabilities
    - <http://www.hoagiesgifted.org/eric/index.html>
- Supporting the Emotional Needs of the Gifted
  - <http://www.sengifted.org/>
- National Association for Gifted Children
  - <http://www.nagc.org/>

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## Questions...

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THE END

## Is giftedness related to AS?

- A difficult question to answer as researchers tend to have their own biases
- Not much good research in gifted populations on this question as funding is not there
- Much is anecdotal evidence or from samples with clear biases

## Is giftedness related to AS

- Nonetheless some interesting data:
  - Educational achievement higher in families of high functioning autistic children than typical children (Naragan)
  - Baron-Cohen found 2.5 times as many engineers and highly skilled technical people in the families of ASD children as typical children
  - Lovecky (in clinic referred sample) found 11 of 55 highly gifted children (IQ>180) also had AS.
    - Markedly higher than rates in typical population

## Similarities between gifted and AS:

- Excellent memory for facts
- Early reading skills
- Use of advanced vocabulary
- Verbal fluency and precocity
- Absorbing fantasy life
- Social isolation
- Incessant talking/questioning
- Intense and preoccupying interests
- Hypersensitivity
- Intense concern with fairness/justice
- Asynchronous developmental patterns
  - (adapted from Webb et al 2005)

## How to recognize AS in gifted

- Realize that giftedness will affect symptom expression
  - For example, a restricted interest looks different in a gifted child
    - More complex, less rote, more expansive
- Recognize that giftedness will likely reduce the overall severity of impairment

## How to recognize AS in gifted

- Consider behaviors in context
  - Is this child always isolated or do they do better with intellectual peers
- How consistent is behavior over time?
  - For example are obsessive behaviors always interfering with peer relations or are they dropped at times in favor of socialization?
- Are there highly anomalous behaviors?
  - For example, the child shows penetrating social insight at times, or great reciprocity when 1:1

## Diagnosis IS subjective

- Professionals disagree with each other about the prototypical cases let alone the “outliers”
- Remember as teachers and parents that focus has to be on addressing the behaviors not the diagnosis
- All (gifted) kids can benefit from social skills help not just those with AS

## DSM –IV Criteria for AS

- Qualitative impairment in social interaction, as manifest by at least two of the following:
  - marked impairment in the use of multiple non-verbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
  - failure to develop peer relationships appropriate to development level
  - lack of spontaneous seeking to share enjoyment through joint involvement with others
  - a lack of social or emotional reciprocity

## DSM-IV Criteria for AS

- Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifest by at least one of the following:
  - encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in intensity or focus
  - apparently compulsive adherence to specific non-functional routines or rituals
  - stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting or complex whole-body movements)
  - persistent preoccupations with parts of objects.

## DSM-IV Criteria for AS

- There is no clinically significant general delay in language (e.g. single words used by age 2 years, communicative phrases used by age 3 years)
- There is no clinically significant delay in cognitive development or in the development of age appropriate self-help skills, adaptive behavior, (other than social interaction) and curiosity about the environment in childhood.

## DSM-IV Criteria for AS

- Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia
- The disturbance causes clinically significant impairment in social, occupational or other important areas of functioning

## Associated features of AS

- Uneven cognitive development
- OCD behaviors
- Sensory perceptual issues
- ADHD-like behaviors
- Rigid about transitions
- Limited diet, gastrointestinal problems
- Inconsistent emotional reactions
- Poor speech prosody
- Overly literal interpretation of language
- Motor deficits
- Insensitivity to pain
- Social interest but poor social comprehension

## Associated features of AS

- Hyperlexia
- Exceptional rote verbal memory
- Hypersensitivity
  - “Tactile defensiveness”
- Sleep problems
- “Overfocus”
- Epilepsy
- Tic Disorders
- More common in males
- More common in relatives of AS
- Often a “shadow syndrome” in fathers of AS sons

## Diagnostic disagreement

- Experts in the field disagree tremendously about whether DSM-IV criteria are accurate/useful
- DSM diagnosis of Autistic disorder is so broad that only a tiny fraction of high functioning kids should really be diagnosed AS
- Huge overlap with other disorders
  - ADHD, OCD, anxiety disorders, bipolar, etc.

## A spectrum disorder

- People in the field almost universally talk about “Autism Spectrum Disorders” (ASDs)
  - No clear boundaries
  - Autism anchoring a “severe” end and Asperger's anchoring the “mild” end
- This is, in fact, affecting thinking in all mental health diagnosis, with discussion of spectrum disorders in anxiety, bipolar, OCD, etc.

## Is a spectrum too narrow?

- Do we know what we mean by severe or mild?
  - Lower language?
  - Lower IQ?
  - Lower social skills?
- What if you have high IQ and language but are so socially impaired you cannot function?
- What about these other related syndromes (ADHD, OCD, etc.)?
  - Where are they recognized on this spectrum?

## Still some limits to this model

- Problem in working with gifted is that this whole landscape is still in “plane of pathology”
- Are any of the behaviors in that landscape adaptive, perhaps even exceptionally so, in the right context?
- This is the fundamental question with gifted children and the source of a surprisingly intense controversy in this field

## How do you help gifted AS kids

- Not entirely clear that we know 😊
- Little formal research on interventions with gifted
  - All done with average AS kids
- These children are as different from the average child as an MR kid is
  - Would you expect the same interventions to work with MR that work with typical?

## How to help (cont)

- What not to do...
  - Many books on AS adapted from work with Autism, but AS and particularly gifted AS may be very different
  - For example, visual cueing often suggested for these kids as well as other visually based interventions.
  - Most gifted AS kids highly verbal and do better with verbal/written approaches

## How to help...

- What not to do...
  - Don't remove from the gifted classroom!
    - Sometimes idea that these kids need more services so should be placed in mainstream or cluster class
    - Generally the child's giftedness far more relevant to academic placement than their diagnosis
    - Gifted classrooms (despite problems) can be a refuge for these kids
    - A unchallenged, rigid AS kid worse than an occupied one

## How to help...

### ■ What not to do:

- Don't single out in class/embarrass in front of peers
  - Many hypersensitive to criticism and social anxiety
  - Going "tet a tet" with AS kid is generally a losing proposition
- Don't discuss diagnosis in class
- Don't discuss medications in class
- Don't discuss IEP in class

## How to help...

### ■ What not to do...

- Don't use consequences for misbehavior that reinforce social problems
  - Isolating child from peers, humiliating or making them stand out in any way.
- Instead try to build on strengths to improve deficits
  - Have them write an essay on how to make friends
  - Teach a younger child about school rules
  - List ten things to do when you're angry besides hit

## How to help...

- Transitions:
  - Frequent verbal reminders
  - Review of daily schedule at outset and intermittently during day
  - Preparation for changes in routine
  - Attention to sensory issues in class
  - Provision of low stimulation environment for temporary escape

## How to help...

- Attention:
  - Seat near front
  - Physical prompts (tap on shoulder)
  - Attention to sensory factors in class (noise, light etc.) that may distract
  - Use of more interactive/active teaching strategies
  - Teaching at intellectual level and/or allowing to opt out of below level work

## How to help...

### ■ Anxiety:

- Major factor in behavioral problems for AS and other kids (often not admitted directly)
  - Have to watch carefully for it
- Have child make successive approximations to overcome
- Do not try to overcome when panicked
- Teach relaxation (breathing, muscle relaxation) to help work through

## How to help...

### ■ Restricted Interests:

- Don't deny the restricted interests but use as entry point to deepen and broaden learning
  - Most gifted AS kids less rote in their interests than typical AS anyhow
  - If they like weather channel, can use as means to explore geography, personal feelings of those impacted by storms, physics of weather, impact of weather on history (Napoleon's Russian campaign, etc.)

## How to help...

- Restricted Interests:
  - Remember that gifted kids far more likely to turn restricted interest to useful ends
    - Academic interest
    - Social outlet (train clubs)
    - Career
  - Only limit this expression if truly disruptive to class or socialization

## How to help...

- Building social skills:
  - Harder because more fundamental
  - Steps outside of academic role a bit
  - Yet much teachers can do, and this often is of benefit to the entire class
  - Can integrate social skills into regular classroom activities

## How to help...

- Building social skills:
  - Choose literature for class that has overt themes of social skills, social hierarchy, social gaffes, etc.
  - Discuss these in groups
  - Ask for discussion or writing of ideas to help characters
    - “How would you suggest Lisa cope with Bart’s teasing?”

## How to help...

- Building social skills:
  - Perspective taking is a fundamental problem for AS kids
    - Have them write essays or letters from historical figure or in voice of a fictional character
    - Have a class debate in which children intermittently told to argue someone else’s position
    - Ask for predictions from child about how class will vote, what a character will feel or do, what’s peer’s believe – then test these predictions

## How to help...

- Building social skills:
  - Self-monitoring also a problem for AS kids
  - Dress, walk, talk differently from peers
  - Acting and improvisation can be useful for this
    - Many AS kids both poor at this and anxious about it
    - Not in front of whole school, but in-class dramatics may be useful

## How to help...

- Building social skills:
  - Unstructured times (recess, playground) often the worst for these kids
    - Perfect storm of low structure, high sensory input, lack of peer supervision, and self-managed transition
    - Leads to starting trouble or getting picked on
  - Adult supervision also low at these times
  - Buddy system can help, even if its an assigned buddy.

## How to help...

### ■ Building social skills...

- Pick an appropriate buddy
  - Intellectually matched, socially complimentary,
  - Ideally build on emerging relationship in classroom and facilitate it
    - E.G. Assign collaborative homework they will have to call each other to complete
  - Encourage parents to facilitate friendship as well
    - While respecting both kids privacy
  - Use buddy in class as well as during unstructured times

## How to help...

### ■ Building social skills...

- Direct discussion/instruction in rote social skills (manners)
- This won't save the day, but it's a big piece, and many kids don't get this these days
  - Don't chew with mouth open, say hello when other's greet you, don't pick your nose at the lunch table, etc.
- Can address through books, group discussion
  - Not by singling AS child out (be gentle)