

A Message from the **President**

s we make our plans to

conference in Turkey, we once again look forward to participating in the event that fulfills one of the most important purposes stated in the Bylaws of the World Council for Gifted and Talented Children, "to assemble, for an exchange of ideas and experiences, people from all over the world interested in gifted and talented children." It was from this activity, over twenty years ago, that our organization was created. As we plan to come together we might reflect on the importance of this endeavor. It is more than the pursuit of information about the children we serve, more than the renewal of professional ties and stimulation of ideas. It is these things but it is far more.

As we come together we renew our commitment to these children who find themselves often unserved, often misunderstood, often without advocates for appropriate educational experiences, and too often ignored by the very society that will gain the most from the growth and development of their highest potential. Let me briefly remind you of the challenges we as professionals who care about the gifted children of this world still must face, must seek to answer, and must work to resolve.

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New Conference Hotel—Elegance at an Affordable Price

By EDNA MCMILLAN, 1999 World Conference Coordinator

t's official. The World Conference Committee has completed negotiations with the Ceylan (pronounced Jaylan) Inter-continental Hotel in Istanbul, making it the new conference hotel and conference site. This change offers significant reductions in hotel room rates and allows us to hold all World Conference events and presentations in one venue. Alternative lodging can found on the conference website at www.99wconference.org.

The Ceylan Inter-Continental Hotel is an elegant new 5-star hotel with outstanding views of the Bosphorus and the city below. Next to Taksim Park, visitors can easily enjoy a quiet stroll, or take a short walk to many intriguing shops and restaurants. The many historic sights are only a short ride away; if you're energetic, it is an interesting walk as you enjoy the sights along the way and absorb the feel of the city.

Conference rates at the Inter-Conti-

Time to Renew?

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nental are half the usual price: US\$125 for a single, US\$135.00 for a double, and US\$350 for a suite. All rooms are subject to 15% VAT (value-added tax). See page 9 for hotel booking form and instructions. You can also e-mail a reservation directly to the hotel by using the form on the World Council website at www.WorldGifted.org.

Academic program

The World Conference academic program begins on August 2, 1999 with the optional Pre-Conference, which offers a choice of one of six sessions. These 3continued on page 8

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Hyperactive Gifted Children—Normal or Combined Exceptionalities?

By YOLANDA BENITO, Director "Huerta del Rey" Center, Valladolid, Spain

Introduction

s with any child, gifted children may suffer disorders that make academic achievement difficult and result in poor social-emotional development. A gifted child's lack of good internal and social adjustment can be a source of many problems, but this does not imply that such imbalance must be considered as something irregular by itself. However, certain pathological behaviors may arise from these conditions. Gifted children seem to be overrepresented among the population of children with problems (Prat, 1979). The signs more generally shown are unsteadiness and the paradoxical school underachievement (Ajuriaguerra & Marcelli, 1987).

Despite the fact that there is a great deal of literature on the definition and education of gifted children, there is little information about gifted students with associated disorders. Knowing such students' traits is much more important today than it was some years ago, since through this knowledge professionals can more easily address the context from which their student's problems come. Furthermore, professionals can now make use of recently developed educational approaches for helping such students.

This paper presents a report of an actual case of a gifted child with associated problems allowing the reader to view the situation and behavior in an effective and meaningful way. The procedure used to make the student's diagnosis began with the author's meeting and interview with the child and his parents. An evaluation of the child included several sessions of interviews and the completion of questionnaires by the child's parents and educator. The techniques used for the final psycho-

logical diagnosis can be found in Inteligencia y Algunos Factores de Personalidad en Niños Superdotado (Benito, 1996). This paper presents the most illustrative examples, although to protect his identity the child's name has been changed. After presenting the case, a discussion follows based on the differential diagnosis. Therapeutic implications will be dealt with in a forthcoming publication.

Despite the use of diagnostic criteria to increase the reliability of results, a certain level of ambiguity is unavoidable. We trust that the reader will consider seriously our formulations, but not view them as infallible.

Attention Deficit Hyperactivity Disorder (ADHD)

Currently, attention deficit hyperactivity disorder (ADHD) is one of the most common differential diagnoses found. This point is more notable in the case of gifted children, since their intense behavior combined with great curiosity and the lack of school motivation, may hide ADHD and be seen as extremely provoking not only to teachers, but also to parents. Furthermore, a real ADHD problem can be compatible with high capacity (Robinson & Olszewski-Kubilius, 1997).

As with gifted children, ADHD children show, from their first days of life, precocious motor development demonstrated by either raising their heads or crawling in the crib. However, the intense interest in certain topics, the prob-

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lems exhibited in the follow-up of school lessons, together with the trouble they have getting in touch with their peers are more typical traits of children who possess not only intellectual giftedness but also ADHD. These combinations of traits can easily confuse educators as well as parents. There can be other problems that have the opposite effect, particularly when parents observe their child's hyperactivity as a result of his or her high capacity.

Case Study

Luis is 10 years and 9 months old and is attending his fifth year of primary education. He began psychological consulting in November of 1997 because he showed maladjusted behaviors, anxiety, and a low level of school motivation. In addition, he complained that he was bored at school.

Development and Learning

Luis had a normal birth after a gestation period of 39 weeks and 4 days. He had an APGAR score of 10 (5 minutes) and as part of his APGAR report, hyperactivity was diagnosed. Natural lactation continued for 8 months. He showed precocious attention to his parents, "At 40 days old, he smiled openly when someone took a photograph of him." With regard to his childhood disorders and illnesses, some accidents and ear diseases were reported. According to his parents' comments, his accidents were mainly produced by the fact that "He always wanted to do everything very quickly, falling down many times, since his head was ahead of his legs; he was extremely active."

With reference to his early language and motor development: "At 20 months old, he was perfectly able to get into conversations and he succeeded in walking alone at 10 months."

Regarding his learning, it is important to point out that from the moment he started kindergarten at 20 months, he "knew colors, talked, counted and knew numbers, even numbers with two figures. At two years, he was able to solve a 20-piece puzzle. He was always obsessed by learning new things and at 3 years he was mainly interested in geography although he also found other interests such as the human body, history, and the cosmos. Between 5 and 6 years he almost memorized Mi Primera Enciclopedia (My First Encyclopedia) by Susaeta, including the length of rivers in meters and the distance between the planets and the sun."

Family Story

Luis' family consists of four members: his parents, Luis, and a younger brother, Julio who is 8-years-old. The brothers generally get on well, but many times Luis feels very jealous. His parents' education reached the secondary level, and both of them work; his father is a civil official and his mother works as an administrative officer. His parents say their son is very impatient and competitive, he always likes to be the first one in any activity. He shows a high level of anxiety, doesn't like to listen to others, and shows a low level of independence. He doesn't live in the present moment, and doesn't enjoy anything because he is always thinking ahead to the next activity or thing; it is as if he is living in another world. He needs to feel loved and he loves attracting everyone's attention. He finds it hard to bear frustration, is sensitive, affectionate, and goes quickly from maturity to immaturity.

His parents think that his behavior at home is maladjusted. "Anything provokes his screams; he behaves like an idiot and makes faces inappropriately. He is very curious, irritable, impatient, impulsive, rebellious, and talkative. Such behavior gets worse when his daily routine or environment changes, for instance when he visits one of his friends or when anybody visits our house. He is always saying he would like to be a baby or a child. He usually

says just the opposite of what he is thinking, because he simply likes opposing anything systematically."

His parents say that they were not able to solve Luis' jealousy problem with his brother, and that this is a possible reason for Luis' maladjusted behavior; "When his brother was born his character was transformed." They believed that they had failed to educate their son and they blamed his maladjustment on themselves. They avoided going out with their child for a long time and this has been very difficult for his mother, who was at the point of being ill, and whose character actually changed. His parents commented that

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they usually disagreed on how to bring up their child and their son's behavior has been the cause of many family discussions.

School Story

Luis attended kindergarten at 20-months-of-age and he adjusted without problems. He was very happy at school, except for the period when he had a teacher he didn't like and refused to attend school because, he said, she had hit him. His school achievement has always scored at the top, except in physical education. He likes being number one.

Up to the age of 5 years, he attended the same school in Madrid. From the very beginning teachers told his parents he showed a high level of development. When he started his present school at 5-years-of-age, his parents asked the teaching staff to accelerate him based on his high level of learning and his age; he was one of the oldest children in his classroom. It was impossible for the staff to do this.

In school he tends to be very anxious, it is difficult for him to sit down, and he makes faces continually. He continually says that he gets bored at school. He has gotten along well with his teachers, except with a teacher 2 years ago who didn't "fit" with him. He speaks very well about his present teacher.

Socialization

Although Luis generally makes friends easily, he sometimes finds it difficult and he is considered to be a bore. Sometimes he is the leader of the group, and at other times he is left out; whether he is a leader or ignored depends on the group.

During his evaluation, Luis did everything the psychologist asked him to do, though he was seen as anxious, open, talkative, and, many times, had problems persisting with the task. He was nice, cheerful, and did not interrupt when the psychologist was speaking with another adult for a short time. This observation was a surprise to his parents. Luis was able to fill in questionnaires alone, though he found them difficult. He is good at problem solving and his basic strategies for school learning are advanced. Throughout the interview Luis used eye contact and was able to remain attentive for long periods of time. His ability to pay attention and to remain centered is normal and he had no problems following directions during the evaluation. It was observed that he needs to improve his ability to work autonomously and to concentrate on repetitive and mundane activities.

Extract of Luis' Report on the Basis of Result Integration.

Luis scored high on the psychometric tests of intelligence—128 IQ on the Stanford-Binet and 141 IQ on the WISC-R. His abstract reasoning ability is very high evidenced by a score of 95

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HYPERACTIVITY

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on the Raven Standard Progressive Matrices. This percentage corresponds to students in their sixth year of primary education. Luis scored 138 PIQ in the practical intelligence test (Alexander Performance Scale for the Measurement of Practical Ability), indicating a very high level of skills. His verbal comprehension reached an age of 16 years.

His scores on the Digit Span Subtest from WISC-R were low, his score of 7 is equivalent to age 7 years and 6 months. His levels of visual memory and visual-constructive abilities were normal, which implies, according to his correct answers, an equivalent age of 10 years, and according to his incorrect answers an equivalent age of 11 years (TRVB, correct score = 6, incorrect score = 6). This test is usually sensitive to the mental age of gifted children and to their emotional disorders. In Luis' case, his score was not equivalent to the score he reached on the Stanford-Binet (Form L-M), on which he scored a mental age of 14 years and 8 months.

Based on his complete evaluation, Luis has an extraordinary capacity for learning and abstract reasoning, and is identified as intellectually gifted.

In our diagnostic assessment, Luis showed evidence of attention deficit hyperactivity disorder and disturbing behavior of the combined type. Luis' behavior includes an overexpression of emotions, an ambivalence of reactions, lack of both inhibition and attention, and a continuous change in his words and gestures. He easily passes tests that require a great amount of energy for a short period of time, although he also shows attention deficit and perceptive difficulties. He finds it much more difficult to do tasks that have little complexity but which require inhibition and planning.

From birth, hyperactivity and motor behavior disorders were observed, "At birth he was already crying...when I arrived at the room, the hospital staff brought him to me because they could not stop his crying. He was freezing and nobody could get him warm. He moved his inferior mandible very quickly; he stills does it. The child was diagnosed as hyperactive by the pediatrician. He was extremely active, and there have been few if any changes since."

Despite his extraordinary academic results (i.e., he scores the highest except in physical education) his school behavior is maladjusted. "He is not centered, he makes faces continually, and cannot stay quietly in his chair. He gets nervous studying. When he reads comics at home, he is so anxious to know the ending that he reads very quickly and skips words and syllables. At a glance, he interprets the meaning, but sometimes says another word with the same meaning."

He finds it difficult to control his impulses, "Instead of keeping up with others, he is usually behind and becomes nervous and anxious resulting in his inability to concentrate. He often attracts the attention of others by interfering in their conversations. He is also unable to listen to others. He doesn't like starting new activities and changes get on his nerves. He gets tired of everything; he begins activities eagerly but gets tired of most almost immediately. He gets bored with long games and generally doesn't like any table games." He is unable to establish deep and emotional interpersonal relations with others despite the fact that he is open and is always prepared to talk to everybody. "He gets on well with his peers in the classroom, but is unable to make friends out of school." He displays evidence of emotional disorders, "He suffers sudden emotional changes and usually says just the opposite of what he wishes, simply because he likes opposing others."

According to Luis' parents, his adaptation problems are the result of his jealousy of his brother and his high intellectual capacity, "his brother's birth seriously affected his life, he got frustrated and he thought that we took more care of his younger brother than

him, so, we were really very careful to avoid actions that made him suffer. He overcame it little by little and we have never blamed him. We talked to him about it, advising him to overcome his jealousy little by little, without guilt." On the other hand, his parents had a psychopedagogical report which which recorded his high intellectual capacities (he scored 157 IQ on the WISC at the age of 5 years and 6 months).

His parents disregarded the diagnosis of hyperactivity given at birth. In summary, Luis has problems paying attention and staying centered. Socially, he is immature and unable to make behavioral adjustments to adapt to the different environments of his life. He finds it difficult to adapt and has special difficulty in making friends, except with his classmates.

We think that his concentration problems are related to his social problems. For now, his social problems do not seem to be as serious as a diagnosis of Generalized Disorder of Development would indicate, and there is no proof of social phobia. Through the years, Luis has found it difficult not only to pay attention, but also to keep it, to listen to others, and to finish the task he has been asked to do. He has never known how to live in the present moment. These are the signs which prove the existence of attention deficit hyperactivity disorder (ADHD). Once identified, his signs of hyperactivity

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and impulsiveness (e.g., he cannot be quiet and is continuously making faces) suggest that his diagnosis be specified as the combined type.

Intellectual giftedness is not necessarily linked to emotional imbalance, inability to make friendships, or the inability to engage in monotonous tasks, since these traits are not displayed by all gifted children. Children with intellectual giftedness have no special conditions that cause maladjusted behaviors in their family environment. They generally behave properly in all social environments and don't need to be continually speaking or moving. They show frustration tolerance according to their age, usually like to complete the tasks they are interested in with detailed perfection, and are usually able to organize themselves to complete long-term tasks. They don't have the tendency to suffer accidents because they are alert and aware of danger. And furthermore, they listen to others, although they often don't pay attention.

Diagnosis

A proper diagnosis allows for social and emotional educational interventions which can meet Luis' needs, and give his parents, who generally feel guilty and frustrated by his disorders, an actual view of the educational implications and their limits with the child.

It is important to state that Luis' lack of attention and hyperactivity are not caused by his parents' child care practices or by the birth of his brother. Perhaps the latter event has had a negative effect on him, but Luis was 2-years-old when his brother was born, and at this age children are becoming more independent and are able to more openly express their temperament.

According to Clarke and Clarke (1989), it is difficult for any intervention in children's lives to significantly modify their development, unless their environment is far from the norm. We know how to rescue children from extremely bad situations and return them to regular developmental paths getting

them into appropriate educational environments; but in the case of children whose development implies a predictive but undesirable evolution and whose parents give them continuous support, interventions only have temporary and limited effects. Children can learn useful strategies and skills to behave properly in certain situations, but their intellectual and individual traits will not be significantly changed (Scarr, 1992). Furthermore, it is not uncommon for parents to have complaints from teachers about their child that parents do not know how to solve and which make them feel guilty and misunderstood.

Hyperactive children are usually judged as lazy and irresponsible by their parents and teachers, since their children perform certain tasks very well and fast, but not others. They are also confused at the irregularity of the children's performance, since the children may complete a task one day and not the following day. Such behavior is not predictable; it depends on how novel the task is, on how interested the child is in it, and on how much continuous effort is required. An academic environment that is hardly stimulating makes the maladjustment problems of children with intellectual giftedness greater. Such children are usually "illtreated" by the frustration and exhaustion they produce in adults.

This kind of disorder has been observed only in male gifted children and not in female gifted children. According to DSM-IV, the prevalence of this disorder is 3% and 5% for school aged children, in a male and female ratio of from 4:1 to 9:1, depending on whether the population used is the general or clinical one.

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