



## Highly gifted children with attention deficit disorder

Lovecky, D. V.  
**Highly Gifted Children**  
**The Hollingworth Center**  
**Vol 7, No. 2**  
**Spring 1991**

This article by Deirdre Lovecky points out that there may be many reasons for a highly gifted child's inattentiveness in school, including "being so far ahead of the curriculum that the child is bored in class, being a global learner who has trouble following step-by-step lesson plans; being a child whose major interests lie outside academic areas, or having a learning disability or attention deficit disorder that is undetected." If ADD is suspected this article offers parents advice on getting a good evaluation from a clinical child psychologist, child neuropsychologist, or developmental pediatrician. Lovecky notes some of the treatments that may be considered, and lists resources for parents with children diagnosed as ADD.

"Bob, you're not paying attention to your work; now, get busy." Bob does, for a while, but soon is daydreaming again. Bob's school work is seldom complete and his report cards bear testimony to his poor work habits. Teachers complain about his messy work, disorganization, procrastination, and creative excuses. From Bob's point of view, he can never satisfy anyone. Even if he does finish, teachers never praise his efforts but use the occasion to further castigate him about the past work: "If you can get 100% on the test, you can certainly do the assignment" Bob's teachers and parents do not know what to do about his work habits. Neither the promise of rewards nor the threat of punishment has had much effect. At some point they will give up trying to motivate Bob, and he will drift along.

There are many reasons for behavior such as Bob's in a highly gifted child. These include being so far ahead of the curriculum that the child is bored in class, being a global learner who has trouble following step-by-step lesson plans; being a child whose major interests lie outside academic areas, or having a learning disability or attention deficit disorder that is undetected. In this article we will focus on the child with attention deficit disorder.

The symptoms of attention deficit disorder (ADD) include poor ability to sustain concentration and attention on a variety of moderately interesting tasks, the inability to shift easily from one type of task to another, daydreaming, distractibility, poor frustration tolerance, easy fatigue and poor proofreading, poor work habits including poor organizational skills, forgetfulness, procrastination, and inability to remember the content of a task just completed. In addition some children also are extremely active, restless and fidgety, sleep little, talk a great deal without quite getting to the point, appear to have trouble organizing their thoughts, and have trouble with word finding. Many also exhibit poor behavioral control including tantrums, intense emotional responses, and difficulty with interpersonal relationships. Most also tend to have a sort of "stickiness" in their task performance and interpersonal relationships; that is, they tend to overdo things, to persist on irrelevant details, and to lock onto a topic of person and be unable to easily disengage when the focus of interest of a person or group changes. It is like being stuck in the groove of a 33 RPM vinyl record, as the child persists in a perfectionistic manner to get the job done even though it is not relevant anymore.

Because of the variety of academic and interpersonal problems that constitute attention deficit disorder, it is not easy to diagnose. It is particularly difficult to diagnose in highly gifted children, since they also are noted for ignoring material that is too easy or boring, having minds that race so fast that they cannot attend well to details, being lost in thoughts so much that mundane details of daily living are not attended to, and who perhaps, more than most children, stick to things adults might think picayune because they find such details interesting. The difference may not be at all obvious, even to a trained professional, because the highly gifted child who has ADD also behaves like most other highly gifted children. Thus, one often finds a confusing mixture of strengths and weaknesses; times the child can focus well, and times he or she cannot; tasks on which he or she can concentrate for extraordinarily long periods of time, and tasks on which the child cannot focus at all times the child appears to be empathic and caring about friends, and times he or she dissolves into a tantrum over the very same issue; times the child can tolerate a great deal of stress, and times he or she lose control over something parents would consider a minor issue.

The essential problem of children with attention deficit disorder is a dysfunction in self-monitoring and self-control. Some researchers have suggested that there are actual differences in brain structure in those people with ADD; others suggest delayed development of parts of the brain or problems with neurotransmitter regulation. This does not mean that there is something damaged in the child's brain, but that he or she has a different sort of brain than average. In fact, there may also be a strong heredity factor in ADD, since it has been noted that ADD tends to run in families. Often at least one parent or other close relative also had symptoms similar to the child's. In fact, we are now finding out that children with ADD, while outgrowing the hyperactivity that characterizes the behavior of many younger boys with ADD, do not outgrow many of the other symptoms, such as poor concentration or poor organization. Life can still be problematic on the job and at home for many adults with ADD.

A good evaluation by a clinical child psychologist, child neuropsychologist, or developmental pediatrician is essential in diagnosing ADD, and providing help for children and families with this problem. Often in highly gifted children the problem is missed because the child can concentrate so well on some tasks; because they are so bright, and the school program so undemanding, many can succeed in school through the upper elementary years, only to start to have difficulty with the increased workload, and greater focus on writing skills in junior or senior high school. There have been highly gifted students whose problems were undiagnosed until college.

A child who has ADD may need a number of different treatment options including special educational programs, specialized approaches within a regular and gifted classroom, special techniques to teach the child self-monitoring and self-regulation skills, parent management techniques, and often, stimulant medication.

Resources for parents with children diagnosed as ADD include:  
 Parker, H.C. (1988). *The ADD Hyperactivity Workbook*. Impact Publications, Inc., Suite 102, 300 Northwest 70th Ave., Plantation, FL 33317.

Wender, P.H. (1987). *The Hyperactive Child, Adolescent, and Adult*. Oxford University Press, 200 Madison Ave., New York, NY 10016.

Other resources can be obtained from Dr. Lovecky by sending a request to 11 Whiting St., Providence, RI 02906.

Dr. Lovecky is a clinical child psychologist with a private practice who has worked for a number of years with the issues of both giftedness and ADD.

## **Permission Statement**

Permission to reprint this article was granted to the Davidson Institute for Talent Development by D. Lovecky. This article was first published in, *Highly Gifted Children*.

This article is provided as a service of the Davidson Institute for Talent Development, a 501(c)3 nonprofit dedicated to supporting profoundly gifted young people under 18. To learn more about the Davidson Institute's programs, please visit [www.DavidsonGifted.org](http://www.DavidsonGifted.org).

*The appearance of any information in the Davidson Institute's Database does not imply an endorsement by, or any affiliation with, the Davidson Institute. All information presented is for informational purposes only and is solely the opinion of and the responsibility of the author. Although reasonable effort is made to present accurate information, the Davidson Institute makes no guarantees of any kind, including as to accuracy or completeness. Use of such information is at the sole risk of the reader.*