

**GIFTEDNESS WITH ADHD:
THE MIDDLE SCHOOL STUDENTS' PERSPECTIVE**

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Tool for Data Coding and Extrapolation

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ABSTRACT

Giftedness with ADHD has proven to be a discipline in its own right. Research has documented that when the two interface students are likely to experience more complex concerns than if diagnosed with ADHD alone or giftedness alone. There is little research on the perceptions of middle school students with both diagnoses. An actual study could not be conducted due to school closures secondary to a pandemic and the inability to obtain subjects. In the proposed study, middle school students in the Mid-Atlantic region diagnosed with giftedness and ADHD were surveyed and interviewed regarding relevant school factors, satisfaction, advocacy and interventions. Data was coded for themes and analysis. Information from parents was used to corroborate some information. Implications and ideas for future research are discussed.

CHAPTER I

INTRODUCTION

As an accomplished educator, and parent of three bright boys, both this researcher's professional acumen and motherly instincts were challenged when her straight "A" 4th grader presented as an underachiever. The excitement over "A" s of years past, diminished to "C" s, "D" s and woe. Lack of homework submission and disregard for non-challenging assignments were discernible indicators from his teachers. Time and attention to the matter however, revealed more dominate contributors lurking beneath the surface. Unmistakably, increased awareness embarked upon what McEwan (1998) calls a "poor match of teaching and learning styles [and likely], a personality conflict" (p. 112) between teacher and student and/or teacher and parents. The fundamental desire, as concerned parents, was to influence school personnel's understanding of the eventual dual diagnosis, their actions toward our son and, other children in similar situations.

The epiphany for moving forth with a strategy of influence was realized through targeted readings where the condition of duality was identified, named and characterized as *Gifted with Attention Deficit Hyperactivity Disorder (G-ADHD)*. The discovery of this phenomenon provided an opportunity to juxtapose stated school behaviors with behaviors at home, using the analysis of what had been proposed medically, socially and intellectually, in research journals and books.

The journey of this researcher's middle child initiated quests toward the intervention and diagnosis of each son thereafter, which presented a lengthy trek of trial, tribulation and perseverance. It became compulsory to enact scholarship with practice to sway current and future

actions toward students diagnosed as gifted with ADHD. There was a wholehearted belief for the children to participate in high level instruction, while given accommodations and modifications (Baum, 2004; Baum et al., 1991; Cline & Schwartz, 1999; National Resource Center on AD/HD, undated). Thus, there was a push to obtain and maintain services, through knowledge sharing, advocacy, and persistence.

The message was simple: All children deserve to be recognized for strengths and provided interventions for weaknesses. Ultimately, the law provides for everyone a free, appropriate public education ("Individuals with Disabilities Act," 1997). Regrettably, throughout history, law does not as a rule, dictate or sway attitude, perceptions and/or behaviors (Abraham Lincoln, 1863; Congress, 1919; Congress, 2009; Supreme-Court, 1955). Foremost, teachers must choose to acknowledge strengths, delimit weaknesses and remain flexible. Many educators do, but not enough are according to Winnebrenner (2002) "discovering ways to create and maintain optimum learning conditions for twice exceptional students" (p. 132). Teachers are aware of the importance of guiding self-esteem but may be unaware or ignore that enhancement occurs when success is achieved through tasks the student deems as challenging (Winnebrenner, 2002). Further, research supports the idea that Watkins (2000) writes about, that "the school...provide...some degree of structure without rigidity [and] ...still allow the student to express his areas of brilliance" (p. 5). Arguably, Winnebrenner (2002) found that "teachers often cannot be convinced of the real need for differentiation until they know the value of challenging *all students* to move into uncharted waters" (p. 5).

Researchers, parents, teachers and students alike concur with McEwan (1998) that "The teacher is the key to school success for the student with ADHD...the thousands of interactions...will shape the academic self-concept of that student and to a large measure,

determine his or her school success or failure" (p. 112) (Flint, 2001; McEwan, 1998; Turk & Campbell, 2002). It is further noted by McEwan (1998) that "nowhere do the symptoms of ADHD affect a child's life so dramatically as in the school environment" (p. 112).

It is therefore essential to lower the rate of misdiagnosis or failure to diagnose gifted students with ADHD and/or the under-served, with one condition being treated over the other, or both unnoticed. Paradoxically, society more readily intervenes with gifted athletes who struggle in classes (Geake & Gross, 2008; Gurney & Weber, 2008) but finds it onerous to even consider the idea of academically gifted children with struggles. Thus, the finding and implementation of interventions proves difficult, and potentially becomes mentally and physically draining. Even still, success may involve a triangulation of services beyond school efforts: medical doctors, therapists, family support and mediation.

Middle school students themselves can likely give us a closer look at their experiences when gifted with ADHD; but, students' perceptions of their experiences are most currently captured by parents' and onlookers' perceptions. Webb et al. (2012) found that students who are gifted with ADHD have reported and/or demonstrated, through clinicians, negative behaviors effecting their overall mental health, like depression and obsessive-compulsive disorders. Parents report many concerns for need and support of their children in school. Baum et al. (1998) reports that "we need help to restore his self-esteem and confidence...But any real blossoming has been shut down by his feelings of failure and years of people—teachers, counselors, and yes, his parents—telling him he is being lazy" (p. 97). One parent with 2 children, boy and girl, both gifted with ADHD, says there are problems for the kids with organizational skills, memory weakness, fine motor skills or reading decoding (Baum et al., 1998). "The school system doesn't recognize their attention deficit disorder as a disability. So

much time is being wasted trying to find the right people to help” (p. 97). In a case study of Jason (Leroux & Levitt-Perlman, 2000), it was noted that “Jason has lost interest in school due to the frustration of unchallenging activities and peer rejection. His self-esteem is low and he is performing at grade level though group achievement tests have placed him significantly above average” (p. 176).

One particular summer program study focused on strengths of those dually diagnosed utilizing the (Baum et al., 2014) Multiperspectives Process Model (MPPM). This model identified five factors for improved instruction for each student: safe environment, acknowledgment of developmental asynchrony, delayed skills development, positive relationships and talent development. This is a costly expenditure for regular schooling, however the results lend hope and contribution towards access of students’ voices and perceptions.

STATEMENT OF PROBLEM

The purpose of this study is to examine the experiences of middle school students in the classroom, including interventions, when dually diagnosed as gifted with ADHD. The study seeks relevant insight regarding students’ perspective of, and possible strategies and interventions for increased favorable results among those affected, in middle schools.

HYPOTHESIS

The null hypothesis of this descriptive study is that there will be no distinct trends in the survey responses of middle school students who are identified as having both giftedness and ADHD.

OPERATIONAL DEFINITIONS

Gifted--refers to individuals that have been identified as academically/intellectually gifted (AIG) by the school system in which the study takes place. This is determined through factors such as national and locally (Maryland) normed tests: Cognitive Abilities Test (Cog-At), Performance Series Achievement and The Partnership for Assessment of Readiness for College and Careers (PARCC). MSDE's Primary Talent Development portfolios, teacher and parent rating scales are also considered and contribute to the process for identification (AACPS, 2020). The terms academically gifted and intellectually gifted are considered as interchangeable and the term academically gifted (AG) will be utilized in this analysis. The Cog-At scores a primary source, measures verbal, quantitative, and non-verbal abilities. Scores with a percentile rank of 80-99, and a stanine of 7-9, are considered as one possible indicator of giftedness. Cog-At scores are frequently compared to IQ scores.

Attention Deficit Hyperactivity Disorder (ADHD) is identified through criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), (American Psychological Association, 2013). Children in the study were identified as ADHD by a qualified professional which could be a psychologist or physician. An initial consideration for both conditions requires a child to present with at least six of the symptoms, five if one is above the age of seventeen. Onset is before age 12; behaviors must manifest across 2 or more settings; symptoms persists longer than six months and results in an adverse effect on social, academic, or occupational functioning; and, cannot be explained by other disorders, hostility, defiance, or failure to understand instructions. Symptoms may include extreme manifestations beyond normalcy of inattentiveness, forgetfulness, failure to organize, impulsivity, and outbursts, amongst others.

CHAPTER II

REVIEW OF THE LITERATURE

The purpose of this study is to explore middle school students' experiences and perceptions, in the classroom, and to seek interventions when dually diagnosed as gifted and ADHD. Exclusively, giftedness and ADHD are highly documented and historically rich. Disparagingly, research on the crux of how the two interact and manifest mutually has increased but is still fairly minimal (Kaufmann et al., 2000), as are interventions, and input from students and parents, for that matter. Lack of universal understanding may, in part, be attributable to ADHD's roots implanted in the medical and or physiological domain, and giftedness in the educational and or psychological domain (Baum et al., 1998; Kaufmann et al., 2000). More recently however, research on giftedness with ADHD, not only reveals the capability of coexistence, but also yields specific and unique characteristics of the duality (Baum & Owen, 1988; Fox et al., 1983; Lovecky, 2004; Whitmore & Maker, 1985). Additional and more contemporary indicators make known the experiences of complexity without the condition aptly diagnosed, treated, acknowledged, understood, and/or documented. Baum et al. (1998) contends, "Whether medical or educational, the dilemmas are enormous for families confronted with rearing bright children who have ADHD" (p. 97). Lovecky (2004) published her extensive clinical research to "discuss not only the disorders, but also the issue of giftedness and how being gifted amplifies problems or ameliorates them" (p. 9). She found that parents wanted books to "give them information about their child's problems, and also would have helpful suggestions about what to do, far beyond...a report or feedback session. There were no such books" (p. 9).

Furthermore, society has received few answers from professionals on the prognostic, prescriptive and instructive fronts (Lovecky, 2004; Macrine & Chapman, 2001; Shaw et al.,

2002; Webb & Kleine, 1993). Parents often left to their own voices, and to manage everyday nuances in their own ways, can attest to the stark contrast of great abilities yet limiting disabilities, displayed almost simultaneously, in their children. It is an atypical occurrence to secure a doctor specializing in the unique needs of children diagnosed as gifted with ADHD. Moreover, educators' interventions commonly focus on one domain over the other, mostly failing to address the needs of both strengths and the weaknesses. The trajectory expands further to social situations whereas parents and their children are often conflicted by culture, with the notion of age-appropriate behavior. Children who are gifted with ADHD can be perceived as, being a know it all or an annoyance by their peers and appearing much older or immature by adults. Although parents are passionate about their children, and can offer detailed accounts of what life is like living with this syndrome, they are not clinicians, teachers, policy-makers or therapists; they need and want help and answers on how to better aid and support their children, those who work with them, and they want their children to be able to help themselves where possible.

Given the considerable trepidation and effect on families, it behooves society to continuously identify, monitor, analyze, treat and rid root concerns. While scholarly literature is limited, regarding the duality of and interventions for giftedness with ADHD, relevant raw and aggregated data does currently exist. Giftedness with ADHD is a real-world practical problem and the phenomenon is worthy of continued advocacy and scholarly advancement.

Within the desired frame, a group of scholars have helped us understand the complexity of giftedness with ADHD with their focus on how the two interact and manifest, and in counseling children diagnosed as gifted with ADHD along with their families. However, future research is necessary because our understanding remains limited in ways to put forth effective

strategies that address everyday experiences, trials, tribulations and successes or the day-to-day nuances of the syndrome.

Included here are five additional sections, each designed to highlight appreciation of Giftedness with ADHD. The Syndrome first introduces the framework from which Giftedness with ADHD can be explored in unison. The portion on ADHD outlines intricacies of its medical diagnosis along with noted complications and possible benefits. The Giftedness segment tracks the history and likely experiences of what it means to be academically gifted. Then, the melding of Giftedness with ADHD is explored as one, but not two, separate circumstances. The Evolution of the Syndrome offers final input into the plight of prosperities and adversities surrounding the combination of giftedness with ADHD.

The purpose of this literature review is to examine how middle school students who are identified as gifted with ADHD share their experience of the syndrome and interventions they use or would like to be offered towards their success in the classroom.

THE SYNDROME

A variety of inquisitions exists regarding lack of understanding and appropriate interventions for giftedness with ADHD. First, etiologies and manifestations of ADHD are inconclusive. Beyond that, giftedness is highly acknowledged for its cognitive and or educational components, but not revered for its physiological and or emotional features. Of equal importance, is the impact triggered at the junction of ADHD with giftedness; the combination of the two exemplifies a uniquely pronounced expression where, “performance falls in both directions of the learning spectrum...superior ability in one or more areas and also one or more disabilities” (Neihart, 2008, p. 115).

ADHD

We can't solve problems by using the same kind of thinking we used when we created them.
~~Albert Einstein (G-ADHD)

Attention Deficit (Hyperactivity) Disorder (ADHD) is a syndrome defined by core symptoms of impulsivity, hyperactivity, and/or inattention (American Psychological Association, 2013). A variety of core and associated symptoms may range from minimal, moderate to severe; manifest across situations; is observable before age twelve; and, at times through adulthood. The Center for Disease Control (USDHHS, 2019) identified 6.1 million or 9.4% of US children as diagnosed with ADHD with an age break down as listed as 388,000 children aged 2–5 years: 4 million children aged 6–11 years and 3 million children aged 12–17 years. Boys (12.9%) were more likely to be diagnosed with ADHD than girls (5.6%). People of all races, all levels of intelligence, and socioeconomic groups are affected. Diagnosis is made from one of three identified subtypes: predominately inattentive (difficulty paying attention—especially to details); predominately hyperactive and or impulsive (maintains high activity levels and or lacks self-control and patience); and combined type (characteristics of both), with combined type as the most frequently diagnosed.

Doctors make diagnoses through data made available from a variety of sources. According to Kaufmann et al. (2000), well-trained clinicians are required to assess the physical and psychological problems that mimic ADHD. Information about these conditions is rarely available to school personnel, no matter how observant, experienced, or well trained....information about the child's behavior in comparison to other [gifted] children of similar abilities

(Silverman, 1998), should also be included if the child is known or suspected of gifted abilities. (p. 2)

The Diagnostic and Statistical Manual of Mental Disorders (American Psychological Association, 2013) delineates specific diagnostic criteria for three Attention-Deficit Hyperactivity Disorder (ADHD) classifications. A few of the more prevalent symptoms of the hyperactivity/impulsivity type include but are not limited to frequent fidgets, greater than normal energy and movement, impatience with waiting, excessive chatter, and loud engagement or outbursts. Symptoms of inattention is comprised of its own sub-set of symptoms to include substantial difficulty managing tasks, time, personal items, attention to details, focus, and frequently forgetful in daily activities. A combined presentation of hyperactivity/impulsivity with inattentiveness is the most common diagnosis and include mixed measures from each of the subgroup's classification criteria.

Causal factors for ADHD are genetics and/or environmental effects akin to trauma at birth, head injury, drug/alcohol/tobacco abuse in vitro, and/or rare endocrine abnormalities (Kaufmann et al., 2000). Ongoing research for a cure seeks to elicit cause and consequences of brain impairments. ADHD is embedded; even when medication and therapy are administered, symptoms soften but do not cease to exist (Yisrael, 2002).

Typically, children with ADHD demonstrate off-task behaviors across situations and environments. The intensity levels, however, of the off-task behaviors may vary from setting to setting (Barkley, 1998) based on demands and structure of the setting. Undesirable behaviors, or what Hallowell calls "attention inconsistency" (2005, p. 177) may exist in all settings, but are particularly noticeable with tasks and or settings that require effort and deliberation. Activities that are continuously reinforcing and automatic, such as video and or computer games or reading

for pleasure, do not distinguish children who have ADHD from children who do not have ADHD, whereas strenuous tasks do.

Yisrael (2002) for example notes, “Children with ADHD rarely have trouble concentrating when they play video games or watch TV. In fact, they may become so focused on video games or TV that it is difficult to rouse them.” (p. 2). This characteristic can be deemed negative if children with ADHD exhibit problems shifting attention as required, but is referred to as a positive element (Kalbfleisch, 2000) where the intensity favors creativity, predisposing one to *hyper-focus* (Hallowell, 2005) or become totally engaged in an experience. Many famous architects, artists, athletes, authors, composers, entrepreneurs or business leaders, explorers, entertainers, inventors, physicists and political figures have been linked to ADHD (ADD-ADHD-Treatments.com, 2007-2008) and have exhibited in their work this intensity of endless energy: creative thinking (i.e. ideas & problem-solving); spontaneity; imagination and humor (Bailey, 2008). Regrettably, for ADHD students, structured and deliberate tasks requiring effort are predictably required in American schools. Kids with ADHD generally find it monotonous to sit still, write, and tune in to a lecture, but attend best to constant stimulation and motion.

As a result of ADHD, *executive functions* of the brain are impaired (Yisrael, 2002) and, according to Cox (2007) affects “the capacity to learn new information, perform what we already know, and adapt to new environments and challenges. The development of attentional control, future-oriented intentional problem-solving, and self-regulation of emotion” (p. 1) are continuously impacted, increasingly so as students advance to higher levels of elementary and middle school (Holmes, 1987), and on forward (Denckla, 1996), where more effort is required for tasks, increasing the need for complexity of the executive functions. Children with ADHD usually lag behind their peers, (a symptom known as asynchrony) in social and emotional

development by two to three years (Barkley, 1998), and the same holds true for students who are G-ADHD (Kaufmann et al., 2000; Moon et al., 2001). Some attentional difficulties may also be attributable to central auditory processing deficits (Gomez & Condon, 1999) where those with ADHD may not process information as well as those without ADHD. Kaufmann et al. (2000) states that “the single most relevant element that must be considered in evaluating [and treating] ADHD is the degree of impairment a child experiences as a result of the behaviors” (p. 2). Executive dysfunctions may manifest in everyday activities, with struggles to plan, sequence, prioritize, initiate, inhibit and/or pace. These noted deficits can result in actions like the inability to keep up at school and in personal activities, act prematurely, seem heedless to timelines, thereby not meeting them, possibly complete assignments but fail to turn them in or put their name on work, difficulty starting tasks and may appear oppositional, and often seeks immediate gratification. An allotment of other insufficiencies may present with this condition of ADHD. Like the gifted, those with ADHD are faced with a plethora of uncertainties (Calhoun, 1997), especially considering “...definition, classification, treatment methodology, and remediation intervention for classroom teachers...” (p. 244; Yisrael, 2002).

Students diagnosed with ADHD may qualify for special education services under federal regulations, ("Individuals with Disabilities Act," 1997) or accommodations and modifications under ("The Rehabilitation Act," 1973). Although these laws exist, many times, students may not receive appropriate services. It could be lack of training, school resistance, lack of cooperation of family support systems, lack of funding and so on (Barkley, 1998; Carey, 2003; Castellanos, 1997; Connecticut ADHD Task Force, 2005; Cooper & Ideus, 1996; Crammond, 1995; Fullan, 2003; Gemmet, 1994; Gomez & Condon, 1999; Guenther, 1995). In contrast, multiple sources, ("Individuals with Disabilities Act," 1997; Barkley, 1998; Cooper & Ideus,

1996; Crammond, 1995; Gomez & Condon, 1999; Guenther, 1995; Rief, 2005; Winnebrenner, 2002) defend the availability, effectiveness and multitude of strategies and interventions available to help these students meet with greater success. Kaufmann et al. (2000) add “as [well], many authors” indicate “non-medical interventions can be used within the school and home and should be tried before more intrusive interventions are employed” (p. 3).

Giftedness

“Giftedness is more than what people do, it is who they are and how they feel.”

(Silverman, 1998)

Giftedness is entrenched within one’s existence is inseparable from personality. In one study, (Gogel et al., 1985) states that 87% of more than a thousand parents, came to recognize gifted traits in their children by the age of five if not earlier. Giftedness includes many traits and has no one definitive meaning, but still researchers tend to agree broadly. Giftedness is the capacity to acquire knowledge; the accelerated rate at which it is acquired; and the ability to creatively synthesize and analyze the data obtained, usually far outweighing what same-aged peers are capable of executing-including early and extensive vocal and physical development, curiosity, vivid imagination, sense of humor, sensitivity and memorization (Gross, 1993; Powell & Hayden 1984; Roedell 1984; Silverman 1993a; Web, Meckstroth, & Tolan 1982; Whitmore 1980; Winner, 1986, as cited in Lovecky, 2004). The extent of realizing full success through the gift of giftedness is coupled with social and emotional confidence, and the desire to succeed (Parke, 1992; Perino & Perino, 1981; Winner, 1996).

Giftedness is multifaceted, encompassing multiple intelligences (Gardner, 1983), like the arts, sports, nature and academics. For purposes of this review however, the academically and or intellectually gifted (AIG), as measured by standardized tests, is the population of interest, especially since Baum et al. (1998) finds that “school is mostly about verbal and logical-

mathematical abilities” and IQ scores or its comparisons are pervasively used for gifted identification (p. 4).

Gifted education is the field of education devoted to the study and advancement of gifted students, initiated in the early 1920s by Leta Stetter Hollingworth. Hollingworth concerned herself with the lack of appropriate educational opportunities for gifted students. Opposed to Terman’s views that the gifted are more emotionally stable (Colangelo & Davis, 1997), this thought, “the bright can take care of themselves” was refuted by Hollingsworth (1943, p. 103). She established a process of interaction for these children: early identification, daily contact and stimulation, integration with other children, and a curriculum designed to satisfy their needs in the regular school environment. Her research efforts helped reverse the myth the gifted student is self-sufficient (Hollingworth, 1928).

Generally, identification of academically gifted students occurs within their school districts and sometimes by private psychologists. Qualifying assessments include ascertaining students’ ability and achievement levels, and often, classroom performance (Department of Education, 2003). Students are generally expected to score two or more standard deviations (+15) above the mean (100) on a comprehensive test of intellectual ability (Department of Education, 2003) and in the 90th or higher percentile on individualized, norm-referenced educational evaluations, in at least one academic area (math, reading and writing). The range of services required for students at varying levels of intelligence are necessary, although unfortunately, gifted children are often viewed as one subgroup, rather than a larger group composed of subgroups.

Gifted students present with specific assets, though not all children are superior across all subject and developmental areas; and while giftedness, alone, is widely viewed as dynamic, specific shortcomings can and do exist.

For instance, some positively looked upon attributes of giftedness might include the ability to acquire and retain information quickly, an inquisitive attitude with intellectual curiosity, an enhanced verbal vocabulary, the ability to think critically and evaluate, an elevated sense of humanity and moral aptitude; deep sense of humor; periods of intense and concentrated efforts; creative and inventive, strong sensitivities, and keen observation (Webb, 2000).

On the other hand, giftedness may exude less than desirable attributes as well, including but not exhaustively: dislike of routines, lack of interest in foundational skills, excessive in interest of choice, questions teaching procedures, argumentative with what they see as “illogical”, creates overly complex models for simple ideas which may lead to disengagement and feelings of sadness, difficulty relating to same-aged peers and they may be looked upon as an outsider, can be scattered, disorganized and unconventional (Webb, 2000). Research (Department of Education, 2003) has documented both positive and negative traits, observable in school required skills and or characteristics including fluency, flexibility, originality or imagination, curiosity, knowledge, perfectionism, social relationships and skill level.

While there are viable programs across the nation meeting needs of gifted students (Winnebrenner, 2002), several studies implicate a majority of teachers with little specific knowledge about specialized instruction for gifted children. For example, teachers may make only minor modifications in the general education curriculum to meet the needs of gifted students (Archambault et al., 1993; Westberg et al., 1997; Westberg & Daoust, 2003; Whitton,

1997). It is noted also, some gifted children serviced in the regular education environment spend much of their time waiting for classmates to catch-up (Webb & Latimer, 1993); and students have likewise, voiced concerns of slow paced instruction, excessive repetition of skills already mastered, and promotion of memorization techniques versus thinking skills (Baum et al., 1998; Crammond, 1995; Lovecky, 1994; Webb & Latimer, 1993). Neihart et al. (2002) provide evidence that gifted students are at greater risk for social or emotional problems, when intellectually under-stimulated or disconnected from peers of the same interests and drive. Sometimes gifted individuals who experience constant frustration can develop narcissism as a defense against low self-esteem, and/or underachieve academically. In a study, with a group of 440 gifted students in grades 8-10, results indicate and Matthew & McBee (2007) state “educational programs... designed specifically to address ...academic and social needs...can be successful in reversing many underachievement behaviors, particularly those that are due to a mismatch between students' needs and the school setting” (p. 207), in a short period of time. While the successes occurred within a summer camp program, recommendations are noted and encouraged in the regular classroom setting.

A positive argument to the left of but for the good of giftedness, calls for expanded deliberations. Along the continuum, and towards either end of the cognition scale, there are outliers, or deferred to advanced degrees of developmental stages. Society, however, tends to sympathize with the variances associated with delayed development (mental retardation) and makes concessions readily, but similar concessions are not made with regard to advanced development (giftedness) (Silverman, 1998). Oftentimes, gifted kids are compared to standards based on average norms rather than comparison of norms among gifted peers (Silverman, 1998). This practice creates an instant disadvantage for the gifted population and reverts to Terman’s

early notion of the gifted needing little to no support. Additionally, this theory permits gifted behaviors to be viewed as typical rather than atypical (Silverman, 1998).

Whether students fall two standard deviations below or two standard deviations above the norm, both groups demonstrate unique and considerable differences from the norm. Equal thought is warranted in making allowances for specified personality traits, on both ends. For instance, gifted kids may exhibit acute sensitivity to emotions, sound, touch, taste and light, or demonstrate intense reactions to passionate issues, like social and moral matters. Asynchronous development is likely for the gifted, where an imbalance exists across social, academic and developmental areas; judgment may lag intellect, and feelings of what Silverman (1998) calls “out of step with societal norms” may exist (p. 2). Application of thought is to acknowledge differences in both directions *and* require modifications in parenting, teaching, & counseling, in favor for full potentiality (Silverman, 1998). “If giftedness were to be recognized as the mirror image of retardation it would provide an entirely new way of interpreting information used in identifying, diagnosing, and providing therapy for the gifted” (p. 3). It is more than intellect. It is a system of cognitive, physiological, psychological and emotional factors (Silverman, 1998).

Frequently, the experiences of high intensity levels, which are prevalent amongst gifted children, are overlooked in the gifted forum (Silverman, 1993; Webb & Latimer, 1993). Webb (2000) states “Gifted children...often are extremely tense...in emotional response, intellectual pursuits, sibling rivalry, or power struggles with an authority figure,” (p. 1). Furthermore, building from the foundation of Dabrowski’s theory of positive disintegration, points out that gifted children experience intense expressions, known as “excitabilities” in areas of psychomotor, sensual, intellectual, imaginational, and emotionality (Piechowski, 1991).

Ironically, when gifted children's intense behaviors are looked upon negatively, it is likely they will not be looked upon as gifted (Guenther, 1995). Paradoxically, the very gifts that may be viewed as negative will likely be the same gifts to lead to success later in life (Guenther, 1995).

Giftedness with ADHD (G-ADHD)

“Overall, the biggest discrepancies are found between knowledge of what to do and ability to do it.” (Lovecky, 2004)

Emerging research suggests that when ADHD coincides with giftedness, these children manifest impairments greater than those children singularly diagnosed with one or the other. Both acceleration of strengths and remediation of weaknesses are required for students' optimal success (Beckley, 1998).

Ironically, students present with both sets of behaviors simultaneously: the aptitude of giftedness and the distraction of ADHD. These students seem to maintain incredible abilities yet notable limitations (Baum et al., 1998; Fox et al., 1983; Whitmore & Maker, 1985). All ADHD behaviors may occur in students who are gifted and vice versa, with varying degrees of both ADHD and giftedness, at any given point across time and situations.

Students who are gifted with ADHD are often more aware of their inabilities and are likely to experience more difficulties than those students who are only ADHD or only gifted (Baum & Owen, 1988; Flint, 2001; Kaufmann et al., 2000; Lovecky, 2004). The likelihood of this assumption is attributable to such facts as both groups independently experiencing significant social difficulties (Dumas, 1998) and academic underachievement (Guenther, 1995; Leroux & Levitt-Perlman, 2000), although through varied causation. Unfortunately, even when

medication is appropriate to assist in behavior management, underachievement often continues (Baum et al., 1998; Lind & Olenchak, 1995).

Neihart (2008) states that gifted with ADHD “children do not usually exhibit the kinds of behaviors equated with giftedness—good academic performance, self-control, advanced social skills, good study habits, compliance with rules and social norms” (p. 117). These students are rated by teachers as most disruptive; often off-task; likely to complain of ailments; easily frustrated and skillful in task avoidance (Baum & Owen, 1988; Whitmore & Maker, 1985). Encouragingly, students with both giftedness and ADHD have been shown to demonstrate more gains when interventions focus on strengths rather than weaknesses (Baum et al., 2001; Moon & Reis, 2004; Whitmore & Maker, 1985). For appropriate challenge, motivation, and improved functioning of children who are gifted with ADHD, behavioral, curriculum and instructional strategies are also suggested (Leroux & Levitt-Perlman, 2000). More times than not, noticeable asynchrony, makes placement of G-ADHD students with peers of similar interests, abilities and drive, a “perceived” difficult intervention to exercise. Known interventions must be considered and enacted upon before complete disregard ensues, as there is no one formula we can apply to all students who are gifted with ADHD. Although, there is limited evidence that some of the more commonly recommended interventions for ADHD children may make problems worse for ADHD children who are also gifted (Moon, 2002), it is more likely. Lovecky (1999) states “Gifted children with ADHD, have underlying deficits in executive functions that require intervention, but accommodations needed will be different from those recommended for more average children with ADHD” (p. 5). Conceivably, apart from appropriate and timely identification, the biggest challenge for G-ADHD students is the invitation to the privilege of advanced learning options (Baum & Owen, 1988; Moon & Reis, 2004).

Task repetition or low-level activities are likely to cause these students to tune out much faster. Consequentially, vital information presented later in the lesson will be missed (Watkins, 2000). The student bored and frustrated may even act out more (Moon, 2002; Neihart et al., 2002). These shortfalls precede susceptibility to what Neihart (2008) found as “discouragement, depression, anxiety, withdrawal, and underachievement ...social or emotional adjustment appears to be much higher among” (p. 118) these students. Parents and/or students may feel the need for an accelerated class and greater challenges, while school officials may resist acceleration because they believe these children must demonstrate improved performance. These students may also have to deal with the feeling of being different from others. Similar to Watkins (2000) “the minority within a minority who cannot fit into either accelerated classes or special education settings” (p. 1). Neihart states that giftedness with ADHD should be “monitored for affective disorders and be provided with targeted interventions for their emotional and interpersonal issues” (Neihart 2008, p. 118). In a study of college students, (Moon & Reis, 2004) found that social and emotional development (i.e. perseverance, self-regulation and self-advocacy) over time highly correlated with success.

Noting the occurrence of “problem behaviors” to specific situations *or* as common across situations can help determine giftedness versus ADHD, both or some other concomitant disorder. For instance, comments by Kutscher as cited in (Schipani, 2008), “50 to 80 percent of kids with ADHD might also have a learning disability, a quarter of them have anxiety issues and 7 percent, tics” (p. 1). Lovecky (2004), also indicates the commonality of ADHD and other psychiatric disorders in kids seen at her Gifted Resource Center of New England, such as anxiety, mood disorders, conduct disorders, Tourette Syndrome, learning disabilities, Asperger Syndrome, and nonverbal learning disabilities. With regard to these commonalities, there are opposing

theoretical views. Biederman et al. (1992) suggests the rate of commonalities attributable to ADHD classified as a group of conditions rising for different reasons at different times with unique outcomes. Brown (2000), on the other hand, implies a variety of attentional and executive dysfunctions manifesting at once, and then with the possible occurrence of other psychiatric disorders, responding to similar treatments.

An appropriate diagnosis requires educators and professionals to exercise in-depth evaluations (Crammond, 1995; Lovecky, 1994; Ramirez-Smith, 1997). Unfortunately, professionals may overlook one condition over the other (Lovecky, 2004), or lack precision of definitions for ADHD, giftedness, creativity and a variety of other pathological behaviors (Crammond, 1995; Piechowski, 1991; Webb & Latimer, 1993). Many researchers are not clinicians and lack the experience of evaluating children diagnosed as gifted with ADHD (Lovecky, 2004) they have “little idea of how the symptoms of ADHD can manifest” (p. 66). Thus, parents must be persistent in seeking professionals who have experience or are willing to learn about those with giftedness and ADHD.

Within the literature, a variety of questions exist. Seemingly, the most debated is, “Is it ADHD or Giftedness?” Multiple arguments are supported by claims of over-diagnosis of gifted children as ADHD.

It is difficult to differentiate true attention deficits from the range of temperament and behavior common to gifted children. There is concern in the literature that clinicians err on the side of pathologizing normal gifted behavior (Baum et al. 1991; Crammond 1995; Baum et al. 1998; Leroux & Levitt-Perlman 2000; Webb 2000). Common characteristics of gifted children can be

misconstrued as indicators of pathology when the observer is unfamiliar with the differences in the development of gifted children. This difficulty can be exacerbated when the gifted child in question spends considerable time in a classroom where appropriate educational services are not provided. The intensity, drive, perfectionism, curiosity, and impatience commonly seen in gifted children may, in some instances, be mistaken for indicators of ADHD (Baum et al. 1998; Webb 2000). The creatively gifted child may appear to be oppositional, hyperactive, and argumentative (Crammond 1995). Gifted children with some kinds of undiagnosed learning disabilities will be very disorganized, messy, and have difficult social relations. (Baum et al. 1991; Olenchak & Reis 2002), as cited in (Neihart, 2003, p. 1)

Although highly considerable, the theory of over-diagnosing gifted children with ADHD is contested. According to Kaufmann et al. (2000) “no empirical data in the medical, educational or psychological literature” (p. 2) exists to support the prevalence of this practice. “Given the realities of the coexistence of giftedness and ADHD, the question should not be “ADHD or Gifted,” but rather, “how impaired is this student by his or her ADHD?” and his giftedness, for that fact (p. 2).

Contrary to the latter, the intensity of similar experiences between ADHD and giftedness closely link notions and realizations that each cluster of students, gifted, ADHD or gifted with ADHD children stand in need of firm support systems. Deductive reasoning holds that the label itself is not as important as the symptoms manifested and the interventions received in conformity with those behaviors.

Moreover, an unidentified diagnosis is as equally alarming as a misdiagnosis. It is unfortunate but true, Lovecky states (1999) "The dual exceptionality...are not recognized as having either...their needs for an appropriate education are not met" (p. 1). In some instances, children who are gifted with ADHD but never identified as either gifted or ADHD are perceived as children of average ability. The lack of diagnosis may stem from these children's high abilities discounting their disabilities, or vice versa; and worst-case scenario, a professional's sheer disregard or refusal to acknowledge the possibility of the dual diagnosis. These students may underachieve, that is, they may perform below their potential (Baum, 1990). They may struggle to understand why they do not perform better when they feel as if they can, or they may come to terms with their weaknesses and strengths and devise methods of coping (Kaufmann et al., 2000).

Possibilities the diagnosis of ADHD (milder forms) may be missed in some gifted children. Kaufmann et al. (2000) states that "By virtue of their giftedness, the range of tasks that are perceived as "effortless" is broader for gifted children, which is why their ADHD may be less apparent than in children who struggle more obviously and to lesser effect" (p. 13). Silverman (1998) agrees, "Because their abstract reasoning abilities enable the gifted to compensate, true disabilities and disorders are often masked, while typical behaviors of the gifted may be misinterpreted" (p. 15). As Lovecky further notes, more striking are the things that do not come easy for these kids:

...repetitive work, work that requires sustained effort, work that requires breaking bigger things into smaller parts and following a procedure to reach an endpoint, work that is only moderately interesting, and works that has little intrinsic reward or in which the reward is delayed for a long time. (Lovecky, 2004, p. 74)

Yet another questionable concern within the giftedness with ADHD category regard students identified as ADHD but not as gifted. Lovecky (1999) states that “Students with full scale IQs in the gifted range may also be gifted but ADHD can decrease some scores enough that giftedness may not be readily expressed in that way, especially in older children with years of failure behind them” (p. 1). Often times, Beckley (1998) found that these “strengths never become the focus of their instructional program” due to “inadequate assessments or depressed scores” (p. 2). Neihart (2003) reports that “... teachers may tend to focus on the disruptive behaviors of gifted ADHD students and fail to see indicators of high ability” (p. 2).

Many researchers have likened similar behaviors between ADHD and Giftedness to non-correlated relationships in origin (Barkley, 1998; Milberger, 1994; Webb & Latimer, 1993). An ADHD behavior could be lack of focus across situations and an inability to repeat directions while a gifted behavior could be lack of focus in specific situations due to boredom, but can repeat the directions. An ADHD child may talk and interrupt excessively without connection to learning and a gifted child might talk and interrupt excessively as a means to problem solve quickly and move-on. In moving from tasks to tasks, one may be for no apparent reason while the other thrives on multi-tasking and learning more. Interactions with higher level peers seem to have little effect on undesired behaviors with ADHD whereas for the gifted, targeted behaviors diminish when placed with intellectual peers. Difficulty adhering to rules for ADHD is likely due to impulsivity and lack of control while for giftedness, it stems from low tolerance for under-stimulation and complex thoughts about rules, customs and traditions.

In an effort to gain clarity between characteristics and causes and in order to affect sustained change among those who are gifted with ADHD comparisons can be made. For students who are G-ADHD versus those who are ADHD only with average abilities (Lovecky,

1999) one might see on the side of G-ADHD, problems with sequential processing (i.e. planning steps and executing steps on a specific timeline), a greater degree of asynchrony (i.e. maturity in one instance vs. immaturity in the next in peer relationships) and students who are overwhelmed with humanity/worldly concerns that is otherwise unusual (i.e. climate change, hunger, human rights). Children who are G-ADHD may also miss easier items (overthinking) but score well with more complex items (levels of intelligence can be missed in this way).

For those students who G-ADHD versus gifted, manifesting behaviors may include less ability with self-control and self-monitoring of behaviors, may lag behind in emotional maturity when compared to gifted only students, possible increased difficulty working in groups, even when with intellectual peers, in areas of interest, may get into a gifted (Csikszentmihalyi, 1990) *flow* or an ADHD Hallowell & Ratey (1994) *hyper-focus* state of mind. G-ADHD may also complete fewer assignments, fail to pay attention to detail or take extreme amounts of time towards completion.

The Evolution of the Syndrome

As duly noted, pertinent information regarding ways giftedness and ADHD interacts independently and collaboratively have been uncovered. The dilemma however, is not resolute. Existing and impending discoveries must reach the masses of those who seek to help children. Appropriate identification of distinct features, probable causes, and effective interventions must be exercised consistently, and across populations. A continued, increased understanding of the coexistence of ADHD and giftedness would aid and stimulate needed growth for many children and those who care for and about them. Current research supports a team approach, where professionals with expertise in giftedness and ADHD collaborate and pool resources to meet these children's unique needs (Hartnett et al., 2004; Kaufmann et al., 2000; Lovecky, 1994). An

upswing would include all stakeholders' increased abilities to comprehend, assess and intervene successfully on behalf of children diagnosed as gifted w/ADHD.

Ultimately, the goal is to create an environment where assumptions can be safely challenged; opposing points of view encouraged; advocacy and inquiry are customary; and constructive criticism is complimentary. It would behoove everyone to reflect on the effective use of self and the impact of personal contributions through behavior, beliefs and attitudes maintained in each of our own minds about ourselves, and other people, including students. Significant strides can be accomplished within schools when educators are moved to naturally operate in a proactive manner rather than a reactive mode, but still with the discernment that one cannot predict all the effects ones' actions will create throughout the system. Fullan (2003) believed that "Informed professional judgment is collective, not individualistic. It must be driven by best knowledge, which must be pursued continually through cultures of interaction inside and outside of the school" (p. 7). The ultimate goal for school systems across the nation should be to (Butler, 1999) "... restore and redefine relationships between parents and schools and schools and communities so constructive action can advance a more unified agenda around student performance for all children" (p. 1).

Contributing scholars regarding the duality of giftedness with ADHD have revealed that thousands of assessments have occurred, and have defined giftedness w/ADHD characteristically, setting it apart from, yet combining each individual discipline. When co-joined, Giftedness and ADHD cannot be separated. Lovecky (2004) found that "They are both part and parcel of a person, and being both gifted and AD/HD brings a special share of blessings and curses." (p. 10). These discoveries have helped us to understand the complexity of

giftedness with ADHD because 25 years ago, little was revealed, regarding the duality. We now know more about how the two coalesce, if not necessarily, how to treat broadly, the coalescence.

The early 1980s signaled the onset of the empirical literature to date, and though limited, remains instructive. The mass of the literature is mostly descriptive in nature, and exposes important elements such as, identification, behavioral patterns, social and or emotional trends, and handling difficult situations strategies (Neihart, 2008). Additional relevant, theoretical and practical concerns are established in numerous media, resulting from classroom and/or clinical trials but presents as “perceived effectiveness” (p. 2); there are no current studies delineating the effectiveness of one strategy over another (Neihart 2008). Yet, inquiry begs for answers. Which interventions can be most effective in aiding children who are gifted with ADHD, meet with success? How do we create the best fit for those who delve between two worlds, at varying degrees? Given the realization of the duality, a paradigm shift towards interventive perspectives must occur if, in fact, no child is to be left behind. Viable recommendations have been undertaken, but new and more progressive recommendations are required; precisely, commentary from students on what does and does not work for them, and their understanding of such.

There is a group of scholars who help us move past these limits given their focus on counseling children who are gifted with ADHD and their families. Cross (1998) stresses that family counseling, with counselors who are knowledgeable about giftedness and the impact of giftedness on the family, can be invaluable. The ability of counselors to “recognize what is typical and atypical for this population, rather than comparing gifted individuals with the general population” (Silverman & Golon, 2008, p. 218) is a key component.

Counseling children and their families helps us understand giftedness with ADHD because it addresses some of the less focused areas of intervention, regarding the phenomenon and provides new perspective. Children, parents and other family members are able to discuss, explore, reflect, and expand their personal thoughts, emotions, behaviors and interactions in guided ways, which otherwise may not occur. Children and parents get a chance to listen to themselves and those closest to them, in their quest for finding what is appropriate to their individual needs and desires. Ultimately, the depth of discourse aids in planning, developing, seeking and implementing more favorable outcomes, including student self-advocacy.

Moreover, while counseling may have a direct effect on children and families, it does not create a seamless correlation streaming back to the school environment. Often, it may present as more effective to change the school situation (Moon et al. 1988) as a stress reducer, than dealing with sweeping school concerns in therapy. Likewise, appropriate counseling services are not available in most school districts, due to a surplus of reasons.

The current framework limits our understanding of interventions due to lack of student input. Students, in their own right, are experts too, and could be of great assistance in pinpointing particular interventions, possibly in a timelier fashion. Students are important stakeholders and may hold rich information towards aiding in the resolution of effective interventions for their inhibited syndrome, gifted with ADHD.

Henceforth, another framework is needed to help us better understand the complexities of giftedness with ADHD, given the limits of our current understanding. How do students experience this phenomenon? What are their perceptions of how and which interventions may aid their experience of giftedness w/ADHD in the middle school classroom? Do students possess answers to silent questions or answers to current questions, unasked of them?

The researcher has identified a gap in the literature and the purpose of this study is attempt to fill that gap. Few to no empirical studies have examined the experiences and perceptions of students when they are gifted with ADHD; more specifically, what views can students share with school personnel, medical and mental health communities about the effect of and interventions for a syndrome, in which they live with and manage daily?

CHAPTER III

METHODS

The purpose of this study was to explore experiences of middle school students in the classroom, including their perception of the effectiveness of interventions, when dually diagnosed as gifted with ADHD. The intent stems from a documented need for teachers' increased understanding, dialogue, implementation and, as well, access to the understudied phenomenon of giftedness with ADHD in middle school students.

DESIGN

The research design is practical and includes the *Dialectical Action Research Spiral Model*, where the focus is identified, data collected, analyzed and interpreted, and the action plan developed.

This study was a descriptive study using a self-report questionnaire with a convenience sample of students at the researcher's school. The researcher followed up on the questionnaire responses by interview. Relevant information from parents was used to support student responses. Parents noted information such as when students were diagnosed for both giftedness and ADHD, medication practices, special education or 504 participation and successes/concerns regarding their child's educational journey. Since this was a descriptive study, there was no specific independent and dependent variable. However, the questionnaire responses related to student perceptions related to their dual diagnosis of ADHD and giftedness.

PARTICIPANTS

Fifteen students at the researcher's middle school that were identified in school records as gifted and as having ADHD were selected for the study. Participants attend a middle school located in the Chesapeake Bay Area with a population of about 700. There were three 6th graders, five 7th graders, and eight 8th graders. Other demographics include that there was 1 Asian, 2 Biracial, 1 Hispanic, 6 White, and 5 African American students. The researcher is African American. Parents completed demographic questionnaires along with consent for student participation. Students also completed consent to participate.

INSTRUMENT

The instrument for this study is a questionnaire (see Appendix), administered via computer. Interviews are conducted as follow-up to the questionnaire to ensure accurate interpretation of participants' responses. The questionnaire was designed by the researcher with follow-up interviews also conducted by the researcher. There is no reliability or validity data.

The questionnaire consists of a total of thirty items. The items are designed to seek perceptions of the students' educational day, including their likes and dislikes, and suggestions for preferred interventions. There are twenty-five dichotomous questions requiring a mark for yes or no responses. Twenty-one of the twenty-five items also requires a follow-up response for explanation. There are five free response items beyond the yes/no items.

The assessment is simplified for ease of use and time efficiency. Interviews are utilized to review each item with students and glean clarity from given responses.

PROCEDURE

Permission to conduct action research was granted through the local educational agency. Students were identified through record review and solicited to participate if history of giftedness with ADHD was documented. Of the twenty students identified, fifteen responded within the timeline set to move forward with the research. Students nor parents were rewarded or promised future rewards for the participation in this action research. Participants will be allotted access to research results when published. Students and parents were briefed on the purpose of the study in advance of participation and allowed to ask questions about any aspect of the process. Students completed the survey independent of others' thoughts and ideas in a quiet setting, utilizing a Google Form interface. There was not a time limit for participation. Estimated time for survey and interview was twenty minutes or less. Students participated in survey completion during designated timeframes, and did not lose instructional time for this research. Student data was compiled, cross referenced with parent demographic data and analyzed qualitatively, seeking themes, insight, and ideas for future intervention.

CHAPTER IV

RESULTS

This was a proposed study where no data was able to be collected due to the COVID-19 pandemic and the inability to properly access participants. Given the prospect of actual data collection, questionnaire items were categorized for coding to aid in efforts to uncover trends in students' voices, when gifted with ADHD.

There were nine categories of questions, some of which had sub-themes. For example, self-perception included items related to overall self-perception, self-perception social, self-perception advocacy, and self-perception academic. In this way, the students' self-perceptions of themselves was investigated in multiple contexts. Each of nine categories allowed for comments either written or through interview to aid in reducing ambiguity and to provide information for future research. Each category has one or more numbers from the questionnaire to which that question relates.

Item number thirty on the questionnaire asked students to "share anything else you feel contributes to or takes away from your educational success. This appears as an independent comment section, as well as an independent prompt as to provide a response space where the student may not be swayed by researcher's bias or leading questions.

Table 1
Tool for Data Coding and Extrapolation

Social	Self- Perception Social	Self-Perception	Advocacy	Self- Perception Advocacy
2, 4	1, 17, 18, 27	9, 10, 12, 13, 14	7, 8	21
Comments	Comments	Comments	Comments	Comments
Attitude towards School	Academic	Self-Perception Academic	Academic Advocacy	Comments
5, 6	3, 11, 22	15, 16, 19, 20, 24, 25, 26, 28, 29	21, 23	30
Comments	Comments	Comments	Comments	Comments

NULL HYPOTHESIS

The null hypothesis of this descriptive study is that there will be no distinct trends in the survey responses of middle school students who are identified as having both giftedness and ADHD.

CHAPTER V

DISCUSSION

The purpose of this study was to examine the experiences of middle school students in the classroom, including interventions, when dually diagnosed as gifted with ADHD. The study sought relevant insight regarding students' perspective of, and possible strategies and interventions for increased favorable results among those affected, in middle schools. Prior research, conducted by this researcher, with parents of students who are gifted with ADHD, underscores a significant need for support with social/emotional adjustment. Results of this study could likely guide whether there is a need for additional support at school in areas similar to counseling and social skills groups. The study was not implemented due to COVID19 and to the lack of access to students. Demographic data reported in chapter three was hypothetical. However, the significance and limitations of potential study findings are discussed below.

IMPLICATIONS OF THE RESULTS

Based on the conjecture of this study, the practical implications of the study findings would be to recognize giftedness with ADHD as a discipline in its own right. Another implication would be to make progress in identifying interventions suitable for students who are gifted with ADHD. There is little to no research uncovered, at this time, that gives voice to middle school students in this arena, of self-supplied mediations. If students are in non-advanced courses, it might help to give them independent study where timelines are not as stringent, given the deficits with planning and organization, or where the topics are customized to meet student preference, given that they can give their best work when interested. For pupils in advanced courses, mini-breaks where lack of focus might interfere, and working to their modality of strengths like creating poetry or art as opposed to writing an essay, would likely impact growth.

Most of all students having input into probable strategies and classroom interventions which effect their own uniqueness would be a step in the right direction towards meeting the needs of every student.

THEORETICAL CONSEQUENCES

Students who are gifted with ADHD are often more aware of their inabilities and are likely to experience more difficulties than those students who are only ADHD or only gifted (Baum & Owen, 1988; Flint, 2001; Kaufmann et al., 2000; Lovecky, 2004). The likelihood of those extreme experiences stem from the fact that while although for different reasons, both gifted only and ADHD only groups can experience significant social difficulties (Dumas, 1998) and academic underachievement (Guenther, 1995; Leroux & Levitt-Perlman, 2000). Results from this research can begin to contribute to intensity levels for the theory of social and achievement deficits. About two-thirds of the items on the questionnaire seeks student feedback to these concerns.

Another supposition is students with both giftedness and ADHD have been shown to demonstrate more gains when interventions focus on strengths rather than weaknesses (Baum et al., 2001; Moon & Reis, 2004; Whitmore & Maker, 1985). For appropriate challenge, motivation, and improved functioning of children who are gifted with ADHD, behavioral, curriculum and instructional strategies are also suggested (Leroux & Levitt-Perlman, 2000). If teachers understood their students' discipline with more depth, the assumption might be less of a "perceived" difficult intervention to exercise. Known and new interventions must be considered and enacted upon before complete disregard ensues, and accept there is no one prescription we can apply to all students who are gifted with ADHD, just as one formula is not conducive for all other students.

THREATS TO THE VALIDITY

Credibility of research is extended when researchers can account for the many intricacies involved in sound practices. The design and methods of this study is thought to comply with research essentials.

There are threats to internal validity. Researcher bias is always a possibility, even in ways that may be unforeseen by the researcher or the participants. The idea of students offering dishonest answers is a possibility. Parental input may minimally thwart this threat.

A threat to external validity is that findings cannot be generalized to all students who have been diagnosed with ADHD and giftedness. While a focus was not on how and when students were identified as gifted and ADHD, students across the country may be identified with different criteria like I.Q. scores and doctors and psychologists may include more environmental factors into consideration. Students in this study, may have been identified as gifted and or ADHD in a variety of ways. Giftedness and ADHD alike sits on a spectrum with a variance of behaviors all within different ranges from minimal to extreme. Access to larger population samples would likely support this research to be more widely accepted and accessed.

CONNECTIONS TO PREVIOUS STUDIES/EXISTING LITERATURE

Giftedness and ADHD as separate units are richly documented. Research on the interaction of the two and its manifestation however, is still fairly minimal (Kalbfleisch, 2000; Kaufmann et al., 2000), as are interventions, and input from students, and parents for that matter. Inquiries that do exist brings credence to the coexistence and specific and unique characteristics of the duality (Fox et al., 1983; Brody et al. 1983; Whitmore and Maker 1985; Baum and Owen 1988; Lovecky 2004).

Few answers from professionals on the prognostic, prescriptive and instructive fronts (Webb 1993; Macrine and Chapman 2001; Shaw et al., 2002; Lovecky 2004) are prevalent. Teachers and Parents have been left to their own devices to find solutions to the highs and sometimes drastically lows this condition may bring, although not in an organized manner that have benefitted the masses of those seeking help. It is rare to discover a doctor specializing in the unique needs of children diagnosed as gifted with ADD/ADHD.

This research fills a need by the retrieval of authentic information from the subjects who are directly impacted and live the experience every day, the children who are diagnosed. Their voices must be heard and they can be instrumental in the lead on interventions. This information would tie right into the handful of studies we have from parents, who are able to give yet another underdeveloped perspective on living with and raising children who gifted with ADHD. In prior unpublished research (Moore, 2009) parents repeatedly shared the lack of understanding of the discipline across administrators, teachers and doctors. Parents felt they had to spend an exorbitant amount of time in their children's schools because their voices fell on deaf ears; while their children complained of school at home and loathed the process of it all. Thus, teachers too, can become better equipped to meet students where they are as opposed to mostly failing to address the needs of both strengths and weaknesses, but rather focusing on one over the other.

IMPLICATIONS FOR FURTHER RESEARCH

This research in particular leads to next immediate steps of identifying interventions and other valuable information from the survey, relaying it to teachers of these students, implement the strategies gleaned for three to four months and then assess its effectiveness on student growth, satisfaction, and success as measured by identifiable variables.

Research requires steps and longevity in order to make fruitful gains. This study is the first of many steps toward interventions for students who are gifted with ADHD, not only in the middle school setting, but also k-12 settings, homelife and respite for parents, siblings and other family members. These children become adults. Thus, research and interventions are needed for an expanded population like college students and adult living when dually diagnosed.

CONCLUSION

While COVID-19 has halted the full completion of this study, the foundation is laid for solid work to be uncovered in the area of middle school students gifted with ADHD. Students who are dually diagnosed are starkly reminded of both their strengths as well as weaknesses, sometimes within the same breath. These polar opposite feats are extraordinary and need to be discussed and processed for support, otherwise one might feel distressed. Current research has aptly described the dilemma. New research must provide interventions and coping strategies, especially in the school setting.

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APPENDIX

Hard Copy: Students will participate in this survey through Google Forms.

Classroom Questionnaire for Students	Yes <small>*briefly explain</small>	No <small>*briefly explain</small>	Comments
1.) Do you like school?			Why?
2.) Do you know other kids who are G-ADHD?			
3.) Do you participate in advanced academic courses?			Which ones?
4.) Do you excel in other specialized activities? (i.e. music, art, sports, chess, etc.)	*		
5.) Is schoolwork is too easy?			Explain
6.) Is school work too hard?			Explain
7.) Do you regularly set and monitor class goals for self?			
8.) Do you readily seek help in areas of weaknesses?			
9.) Do you understand/know your own personal strengths?			Name 2
10.) Do you understand/know own personal weaknesses?			Name 2
11.) Do you demonstrate consistent performance (i.e. grades; final products; follow-through)?			If no, explain
12.) Do you believe you are able to distinguish your giftedness from ADHD?	Gifted	ADHD	Explain
13.) Which do you or others (teachers, classmates, school staff) pay more attention to, the giftedness over the ADHD or vice versa?	Gifted	ADHD	Explain
14.) Do you feel overly emotional at times (in school)?			Explain
15.) Do you often times feel disconnected at school?			Explain
16.) Do you feel you need extra support to be successful?			Explain
17.) Do you make friends easily?			Explain
18.) Do you maintain friendships?			Explain
19.) Is there something <u>prior teachers</u> did that helped your success but current teachers do not do?			Explain

20.) Is there something <u>current teachers</u> do that helps your success but former teachers did not do?			Explain
21.) If you need something more (to be successful in class), do you ask your teacher for it?			Explain
22.) Are you passing all classes with a C or better?			Explain
23.) Do you receive regular tutoring for any class subject?			Explain
24.) Does working with peers help your success?			Explain
25.) Are you easily distracted when learning or working on assignments?			Explain
26.) List 3 adjectives to describe your academic self.			
27.) List 3 adjectives your friends would use to describe you.			
28.) What practices in the classroom do not work well for you/your success?			
29.) What practices in the classroom works well for you/your success?			
30.) Share anything else you feel contributes to or takes away from your educational success.			