

An appeal to the proponents of non-evidence-based claims:

Isn't it time to override 'overexcitabilities', mitigate misdiagnosis, and chuck out checklists?

An opinion piece by Carol Barnes

As a volunteer parent advocate working for over a decade with parents and teachers of twice-exceptional children, I have in recent years become increasingly concerned about the arguably questionable nature of claims which are routinely put forth by some authors and by some conference presenters with respect to intellectually gifted children and twice-exceptional children (ie, gifted children with disability).

Below is a list of ten blanket assertions which anyone who has been hanging round the gifted traps in Australia for any length of time will probably have heard or read.

They are the **claims** which I believe now need to be challenged:

1. Gifted children have Dabrowski 'overexcitabilities'
2. Non-gifted children do not have Dabrowski 'overexcitabilities'
3. Accordingly 'overexcitabilities' can be used to identify gifted children
4. 'Overexcitability' characteristics may seem peculiar for non-gifted children, but are typical and normal for gifted children
5. 'Overexcitability' characteristics, when noted in non-gifted children, can be indicative of disability
6. 'Overexcitability' characteristics, when noted in gifted children, should not be attributed to disability
7. When gifted children are professionally diagnosed with disability, there is a good chance that they have been misdiagnosed
8. Gifted children are more frequently misdiagnosed as having disability than non-gifted children – ie, gifted children are overdiagnosed
9. Parents, teachers and other non-medical professionals can accurately and conclusively determine whether a gifted child has a disability or is 'just gifted' on the basis of 'either/or' checklists, because the indicators of giftedness and the indicators of disability are often the same or similar

10. If, on the basis of such checklists, 'overexcitability' characteristics in gifted children could be indicative of both giftedness and disability, it is always better to choose the so-called 'least negative' explanation ('negative' always meaning disability)

Over the years I have noted with increasing dismay the degree of harm which is routinely being visited on twice-exceptional children and their parents by the unexamined belief that the claims above are unquestionably and universally true. They are not.

I am equally worried by the patently poor quality of so much of the so-called 'research' which is sometimes cited in support of these claims, and which is regularly appealed to for the purpose of justifying recommendations for the diagnosis and treatment (or more usually, for the **non**-diagnosis and the **non**-treatment) of twice-exceptional children.

Nevertheless, in the past year or so I have been heartened to notice an increasing number of authors and conference presenters who are starting to reflect, support and draw attention to the very issues which have for so long been troubling me.

Last August I recorded some of my thoughts and sent them in draft form for comment to several academics, researchers, educators and other professionals who work in the field of twice-exceptional children in Australia. Their reactions encouraged me to 'do something' with my draft...but what?

I backburnered the project, partly because I knew that my recommendations would be met with varying degrees of hostility from some working in the gifted field. I procrastinated and did nothing.

Then in early December I discovered, quite by accident, that in 2014 a scholar in the United States had completed a PhD thesis whose findings confirmed so very much of what I had been saying and writing and generally carrying on about for so very long. I immediately set about getting myself a copy (Winkler, 2014).

Consequently fortified in my resolve that these are indeed important issues which demand wider discussion, I have now amplified my original draft. The result is this opinion piece.

I reproduce below (in bold enlarged-font italics) some of the critics' assertions which I believe to be especially well-

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founded.

These critics' claims support my view that it is arguably time now to leave behind some of our longstanding, but heretofore unquestioningly held, beliefs and convictions about gifted and twice-exceptional children.

Of course I acknowledge that I may be wrong.

I do not have my own empirical research to conclusively refute the claims which I am attempting to shine light on here. Rather I have drafted this opinion piece in reliance on my experience as a parent advocate, and based on the audience reactions which I receive whenever I raise these issues in my presentations on gifted and twice-exceptional children to education students at the university level and at gifted conferences both in Australia and overseas.

Indeed I am not a researcher or an academic or a psychologist or an educator – I am in fact a lawyer. As such, I concede that, in making my outrageous assertions, I am dipping my toe into waters in which I hold no professional qualifications. And I acknowledge equally that there may in fact exist published or unpublished empirical research conclusively proving and supporting the unnuanced beliefs which I am now suggesting need to be re-visited and re-assessed.

If so, I am very keen to be pointed in its direction: carol@bartink.com.au

Meantime, these are my three principal concerns:

A. 'Overexcitabilities' (Claims 1 to 6 above)

To challenge the first six claims listed above, critics and dissenters submit that:

There is no empirical, definitive and convincing evidence that gifted children, as a group, are any more, or significantly more, intense, sensitive, emotional, excitable, dreamy, absent-minded, distractible, hyperactive, self-critical, empathetic, altruistic, anxious, perfectionistic, vulnerable, poorly adjusted or mentally ill than non-gifted children – all they are is more intelligent (Gust, 1997; Lovecky, 2014b; Neihart, 1999; Neihart et al., 2003; Rimm, 2006; Robinson et al., 2002; Subotnik et al., 2011; Subotnik et al., 2012).

Of course **some** gifted children DO indeed, always or sometimes, exhibit one or more or even many of those characteristics, but then, so do some **non-gifted** children.

In general, however, academic underachievement or mental health concerns amongst gifted children **cannot** be summarily dismissed or explained by such characteristics when the levels of consequent impairment fall short of professionally diagnosable disability.

We know that all gifted children can, and some gifted children do, experience one or some or all of the disabilities, disorders, deficits, dysfunctions, impairments and impediments which may befall non-gifted children (Webb, 2005, pp. 8, 36, 37, 40, 51, 54, 99 & 100; Reis et al., 2014).

Accordingly, some gifted children can and do in fact experience ADHD, ASD, sensory impairments, specific learning disabilities, physical disabilities, emotional disorders, epilepsy, diabetes, chicken pox and flat feet.

A high IQ is protective against nothing but a low one.

On the other hand, a high IQ does not, in and of itself and without more, necessarily result in, and is not invariably indicative of, any kind of mental health concern or any kind of emotional or social issue or impairment (Lovecky, 2014b; Neihart, 1999; Neihart et al., 2003; Subotnik et al., 2011).

Gifted children, as a group, are not emotionally compromised solely by reason of their high IQ. Statistically, emotional problems do not occur more frequently in the gifted than in the non-gifted.

Similarly, gifted children, as a group, are not invariably emotionally 'needy'. And consistently portraying them as such may be adversely affecting **all** gifted children, especially when it comes to applying for funding to implement talent development programs for the gifted. Policy makers and funding entities may understandably be reluctant to devote attention and resources to a sub-population of children whom the literature invariably describes as being emotionally compromised, and consequently as requiring specialised treatment, enhanced understanding and time-consuming kid-glove management.

I am concerned about some of the simplistic, superficial, speculative and non-empirical material which is being published and otherwise disseminated, with ultimately tragic results for some gifted students over the long term.

In particular, some authors assert that all or most gifted children exhibit, are blessed with, or suffer from so-called '**overexcitabilities**' - a construct which has been

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selectively tweezed out of a larger theory of adult mental illness which Dabrowski, a twentieth-century psychologist, psychiatrist and academic, called the 'Theory of Positive Disintegration'.

According to Dabrowski's theory, "psychoneurosis should be treated not as an illness but rather as a process of emotional growth." (Piechowski, 2008, p. 41). One component of the theory was the notion of 'overexcitabilities' which, it was later asserted by others, are merely the non-pathological concomitants of giftedness and can thus be used to accurately identify gifted individuals.

There are said to be five manifestations of heightened physiological experience of sensory stimuli, ie, the five 'overexcitabilities', which allegedly occur more often in the gifted than in the non-gifted:

Intellectual: an intensely active mind, an insatiable curiosity, a love of ideas, truth, learning, reasoning and striving for meaning, a good memory and a superior vocabulary.

Psychomotor: a high level of physical energy and nervousness, and a need to be physically active and to fidget, doodle, etc.

Sensual: a highly developed sense of smell, taste, touch, hearing and/or sight, and a consequent intolerance of labels in clothes, loud noises, bright lights, unpleasant aromas, and certain foods' tastes and textures.

Imaginational: a heightened and rich imagination and a love of fantasy, magic, pretend-play, and daydreaming, together with wandering attention.

Emotional: intense feelings, heightened empathy and compassion, an acute self-awareness, strong affective memory, and a tendency to be anxious, depressed, self-critical and concerned with death.

With the exception of the 'intellectual overexcitability' – which on closer analysis is essentially just a checklist of some of the recognised characteristics of giftedness (Winkler, 2014, p. 140) – critics and dissenters submit that:

There is no empirical, definitive and convincing evidence that gifted individuals, as a group, experience 'overexcitabilities' at greater rates than the general population (Jennaway & Merrotsy, 2011, p. 63; Mendaglio, 2012, p. 216; Piirto, 2010, pp. 79, 80 & 84;

Piirto et al., 2012, p. 27; Pyryt, M, 2008, pp. 177 & 182; Winkler 2014, pp. iv, 137, 140 & 149).

Again, **some** gifted children DO, always or sometimes, exhibit one or more or even many of those 'overexcitability' characteristics, but then, so do some **non-gifted** children (except of course the intellectual one).

The 'overexcitabilities' theory is in fact just that – a theory. Or rather, it is but one component of Dabrowski's larger theory of adult mental illness, which some of his followers have for whatever reason sought to, or wished to, simply **apply to** gifted children (Webb, 2005, p. 10). The 'overexcitabilities' component did not originate as a theory of giftedness or gifted children, and at several gifted and Dabrowski conferences which I have attended, some Dabrowski scholars have called for it to be no longer promoted as such.

In this context the 'overexcitabilities' construct seems to me to be a theory which has fur all over it.

Overrepresented among those who purport to adhere to the belief that giftedness can be, and should be, explained in terms of 'overexcitabilities' are some psychologists, counsellors, social workers and educational consultants who regularly work with gifted children in clinical settings or under the auspices of voluntary gifted associations. Obviously, few parents would bother consulting any of those professionals or associations unless their gifted child was in fact experiencing some kind of emotional or behavioural difficulty.

Accordingly, presumably 100% of gifted children who are taken to such professionals are, at the time of consultation, exhibiting some kind of worrying symptoms or behaviours which prompt the parent to make the appointment in the first place.

Such professionals do not regularly meet with or counsel the unknown percentage of gifted children whose parents would never think of consulting a professional or a gifted association because their child is generally flourishing, and never experiences anything more worrying than the usual vicissitudes of childhood and adolescence.

Why would a parent even consider seeking the advice of a professional or a gifted association when their child is scoring all As, is first violin and captain of rugby, has been elected to student council, has landed the lead role in the school play, and has armies of friends, a calendar full of

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party invitations, and three dates for the formal?

Professionals and gifted associations tend to encounter only a rather skewed population of gifted children, many or all of whom may indeed be experiencing so-called 'overexcitability' characteristics – but that fact, without more, should not suggest, as some authors do, that all - or even most - gifted children must consequently have 'overexcitabilities'.

Empirical research into 'overexcitabilities' is surprisingly thin and largely unconvincing (Winkler, 2014). What research there is often lacks methodological precision and rigour, has small sample sizes, and oozes very limited reliability. Remarkable by virtue of their scarcity are the comparatively few investigations which actually collect evidence from control or comparison groups and which thus set out to contrast gifted children with non-gifted children.

Many of the studies rely on responses to questionnaires which require self-reporting by already-identified gifted children but which demand no objective observation or measurement of actual 'overexcitability' characteristics (Jennaway & Merrotsy, 2011, p. 64). At least one researcher admitted that he deliberately gave the questionnaires to gifted research subjects whom others had identified as being 'the most interesting and promising' (Piechowski, 2006, p. 37). Some such 'overexcitabilities' questionnaires contain lists of characteristics which would tend to be viewed by most as quite positive and which virtually **every** parent and child would want to identify with to some extent and in some circumstances.

When we drill into so-called research on 'overexcitabilities' more closely, we discover that studies which do include non-gifted comparison groups tend to find that, although some of the children in the gifted group do indeed claim to experience 'overexcitabilities', so in fact do some of the children in the non-gifted comparison group.

For example in one study, a third of the adolescents in the **non-gifted** group claimed to experience 'overexcitabilities' – a finding which the investigator took to mean that those participants must have been miscategorised and should have been placed in the study's gifted group instead (Ackerman, 1997). Yet the study's findings are equally consistent with the proposition that 'overexcitabilities' are neither confined

to, nor emblematic of, gifted individuals.

Such studies contribute little to definitively answering the question of whether a pattern of 'overexcitabilities' is typical of gifted individuals as a group, but not typical, or less typical, of other groups.

And yet the threadbare evidence which published studies purport to produce is regularly cited and promoted at gifted conferences in a completely unexamined fashion. PowerPoint slides are sometimes produced showing lists of 'overexcitability' characteristics, and then it is revealed that the demonstrated data has been derived from a study of **one** gifted child.

I have over the past decade attended many many conference presentations and other seminar talks on Dabrowski and 'overexcitabilities'. Interestingly, the 'overexcitabilities' construct seems to be included most often in presentations on wider topics such as 'social and emotional needs of the gifted' – even though in reality only one of the five 'overexcitabilities' focuses on 'emotional' and none expressly addresses 'social'.

Some parents who attend such talks tell me that they understandably find the 'overexcitabilities' notion rather fetching – or indeed immensely attractive, since at first glance it appears to explain, validate, rationalise and justify behaviours and eccentricities which the parents have till then regarded as 'peculiar'.

Since most such parent talks seem to present 'overexcitability' characteristics in a rather positive light – largely desirable descriptors or simply quirky characteristics which most parents would usually be happy to have attached to their gifted child – it is indeed understandable that many parents don't need much convincing to start to view their child's perplexing and even annoying behaviours through what they regard as a more positive lens (Winkler, 2014, p. 143).

Parents report being overwhelmed with relief at the unembroidered conclusion that there is 'no problem and no label' after all, but rather simply an 'overexcitability'. Some then decide to approach professionals for the specific purpose of having that belief and hope confirmed (Silverman, 2014).

And of course there is no harm whatsoever in parents electing to attribute their gifted child's 'quirkiness' or otherwise worrying symptoms or behaviours solely to 'overexcitabilities' – or indeed to 'asynchronous development', to a 'visual-spatial learning preference', to

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‘divergent thinking’, to ‘boredom at school’, to a ‘relative weakness’, or to some other nebulous euphemistic descriptor – **unless** that ‘quirkiness’ is in reality a sign of something else which may turn out to be a professional diagnosable disability – a red flashing light indicator that the gifted child is in fact twice-exceptional.

In the twice-exceptional context, experience sadly has shown that the Dabrowski ‘overexcitabilities’ construct can serve merely to obscure and befuddle what should be professionally diagnosed disabilities. Sounding, as they do, initially more reassuring, ‘overexcitabilities’ may make parents temporarily ‘feel better’, but in the final analysis, an explanation of ‘overexcitabilities’ does nothing to help the underachieving or unhappy child front up at school, day after wretched day, or to prompt the child to want to keep going back. And, more importantly, it does nothing to help the child feel better about themselves and their purported copious shortcomings.

Tragic consequences can ensue when authors, psychologists or organisations enthusiastically advise parents that it is **always** better to attribute a gifted child’s eccentricities or otherwise worrying symptoms only to ‘overexcitabilities’ or to some such other nebulous or ill-defined descriptor, instead of seeking a professional comprehensive assessment, on the grounds that the latter assessment may result in the child being allegedly ‘misdiagnosed’ with something which is described as more ‘**negative**’ (Webb, 2005, p. 48) – ie, a disability or a DSM5 disorder.

Such a position in favour of diagnosing by euphemism reflects a very sad and out-dated belief that a medical or other professional diagnosis, carrying as it does the allegedly dishonourable, permanent and public ‘label’ of ‘disability’, is somehow inherently shameful or morally blameworthy, and is thus to be categorically avoided at all costs, especially in the case of a gifted child.

In reality, although some view such a medical diagnosis as more ‘negative’, it may, from a practical point of view, turn out to be arguably much more textured – and hence more empowering and useful.

Utterly reprehensible in my view are those who routinely assert to parents that a gifted child’s worrying symptoms will always turn out to be merely some kind of benign, quasi-positive concomitant of giftedness but never ever anything else, and who then actively attempt to make well-intentioned parents feel guilty or ashamed or ridiculous if they decide to search out different, more

scientific or more empowering explanations, if they ultimately accept medical or other professional diagnoses, and especially if they elect to implement medical or other treatments to address whatever has been professionally diagnosed.

So often such allegedly non-compliant parents are heartbreakingly made to feel as if they are thereby ‘giving up on’ their gifted child.

Experience points to other **dangers** of routinely attributing any and all of a gifted child’s worrying symptoms merely to ‘overexcitabilities’. These include:

In the context of applying for in-school services and disability adjustments (called ‘accommodations’ in the United States and in some of the literature in Australia) for classroom tasks and for exams (eg, extra time, rest breaks, use of a laptop or scribe, etc.), a diagnosis of ‘overexcitabilities’ or other non-standard diagnosis entitles a child to nothing. **The child is diagnostically homeless.**

With no recognised and professionally documented diagnosis, the child is not protected by disability discrimination legislation. Most teachers, schools and even psychologists have never heard of Dabrowski or ‘overexcitabilities’ and cannot find any trace of such a term in DSM5 or in testing authorities’ website lists of qualifiers for available disability adjustments. They are accordingly not inclined, without legislative prompting, to recommend or introduce the needed adjustments for the child at school.

As a result, when it comes time to apply for disability adjustments for a twice-exceptional child for Year 12 final exams, no precedent has ever been set. There exists no documentary evidence that such adjustments are necessary and have already been in place for years – with the result that the child is unlikely to have them approved in Year 12 (if indeed the child manages to stay in school long enough to even get to Year 12 in the first place). For some twice-exceptional children, this can mean the difference between a high OP or ATAR and a mediocre one: the difference between going on to university – or not.

In some cases, an IQ test report diagnosing ‘overexcitabilities’ can be, and in my experience has been, vigorously misused against the child by

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a school.

For example, one parent's complaint that a child was being bullied at school was summarily dismissed without investigation on the grounds that, "Well it says **right here** that she's too sensitive – so of course she's not really being bullied! You just need to 'toughen her up'!"

Further, the parent of a boy whose IQ test report identified 'emotional overexcitability' but not disability asked a teacher to stop criticising and belittling the boy in class, thereby regularly making him cry. The teacher simply smirked and rolled her eyes and took no notice, saying that even the boy's IQ test report claimed that he was 'too emotional'. But when the parent later presented a professional's report diagnosing a recognised anxiety disorder, together with a letter from the professional to the teacher saying that it was the teacher who was causing the anxiety, the teacher completely changed her behaviour and the boy no longer felt the need to cry in class.

Along similar lines, some teachers who become accustomed to reading IQ test reports which attribute all aspects of a gifted child's quirkiness to 'overexcitabilities' may come to believe that the presence of 'overexcitabilities' is an incontestable condition precedent to giftedness. Thus a parent is told that, in spite of a professionally measured high IQ, since no one at the school is noticing any signs of 'overexcitabilities', their child could not possibly be gifted. And worse, teachers have been known to express such a view also directly to the child.

Some parents, wishing to attribute their child's behaviours to 'overexcitabilities' on the grounds that the issues are merely the fluffy concomitants of giftedness rather than something which is 'negative', understandably grab at any possible solution or 'cure' or therapy in an ad hoc fashion and in a desperate effort to 'fix' the child. Some parents, again understandably, attempt to address the child's worrying symptoms by spending years haemorrhaging cash in the direction of a variety of slick businesses which offer all manner of seemingly miracle 'remedies', 'programs', or 'methods' promising to 'cure'

whatever is 'wrong' with the child.

Some of these programs are extremely expensive and are backed up by glowing testimonials but not by science. Some parents claim that a few of these kinds of programs have 'worked' – or 'seemed to work for a while'. However, if they don't 'work', or when they stop 'working', the parent is invariably told simply that it is the child's 'fault' or perhaps the parent's 'fault'. The parent is left to reflect on all the years of wasted money, and to wonder how many of the therapist's own children the parent has been quietly putting through university.

Some psychologists who are familiar with the 'overexcitabilities' construct tend to summarily dismiss all low subtest scores in their IQ test reports as being 'just an overexcitability'. They then, having actively discouraged parents from seeking second opinions from other specialists, attempt to convince parents that the child urgently requires ongoing expensive 'counselling' (of course with that very psychologist or with someone in that psychologist's business...) so that the child can learn to 'manage' or 'cope with' their alleged 'overexcitabilities'. In reality, however, no amount of 'counselling', without more, is going to assist a child if their symptoms in fact stem from a specific learning disability or a medical condition or a neuro-developmental disorder.

Many publications and PowerPoint presentations on 'overexcitabilities' include lists of recommended ways in which the child's worrying symptoms can be 'modulated' or managed. Interestingly, a comparison of those lists with the lists which have been drafted by professionals for all children, regardless of IQ, in the context of managing the corresponding disability reveals that the strategies for each are often almost identical (eg, dim the lighting, say the child's name to get their attention before giving oral instructions, don't expect the child to sit still all day, etc).

However, if the child truly does have the corresponding disability rather than the mere 'overexcitability', attempting to implement such advice in the absence of professional support and accompanying professional treatment may prove virtually impossible. In the case of ADHD in particular, merely attempting to introduce the

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'modulation' strategies and/or taking steps to change the child's curriculum or environment (Shive, 2013) are unlikely by themselves to be adequate (Lovecky, 1999).

Rather than uncritically accepting the arguably specious claims made with respect to Dabrowski's Theory of Positive Disintegration and its 'overexcitabilities' component, and their generalised enfeebling applicability to all gifted children, it would in my view be more beneficial, when faced with a child who may in fact be twice-exceptional, to carefully consider the following:

To what extent are the child's symptoms manifestly **interfering** with daily functioning and wellbeing and academic achievement?

To what extent are the symptoms **worrying the child**?

To what extent can the symptoms be successfully and/or satisfactorily modulated over the long term by simply changing the **environment** and **counselling** the child?

If the answers to these questions indicate that the child's symptoms may in fact be more serious and sinister than a mere 'overexcitability', the parent should be prompted to wonder if the alleged 'overexcitabilities' are in fact just oversights and oversimplifications - and the parent should be enthusiastically encouraged to seek a more empowering comprehensive professional assessment.

Of course, after such a comprehensive assessment, the child's worrying symptoms may turn out to be 'nothing', but at least then the parent will KNOW. Accordingly the parent can with impunity go on to sugar their worries and to continue to call whatever is 'wrong' with the child 'just an overexcitability' or 'just asynchronous development' or 'just a visual-spatial learning preference' or 'just all the school's fault' or 'just under-challenged' or just any other nebulous and legislatively useless descriptor which appeals to them - because then a disability diagnosis will have been professionally and conclusively ruled out, and nothing will be depending on it.

B. Misdiagnosis (Claims 7-8 above)

Many proponents of 'overexcitabilities' tend to also express concern that when gifted children are professionally diagnosed not with 'overexcitabilities' but rather with disability, there is a good chance that they have been misdiagnosed, and accordingly that gifted children are being overdiagnosed with disability more

frequently than other children.

To challenge these claims, critics and dissenters submit that:

There is no empirical, definitive and convincing evidence that gifted children, as a group, are being routinely misdiagnosed or overdiagnosed with ADHD, ASD or other disabilities and disorders at greater rates than the general population (Kalbfleisch, 2013, p. 684; Kaufmann et al., 2000, p. 2; Lovecky, 2014a; Lovecky, 2014b; Mika, n.d.; Mika, 2006, p. 237; Neihart, 2003; Webb, 2005, p. 36) - not in the United States and **especially not elsewhere in the world** in jurisdictions such as Australia whose medical systems differ markedly from that of the United States.

And yet in the past decade, there has been, especially in the United States, a preponderance of publications, conference presentations, websites and even a video and brochure gloomily warning parents about the purported dangers of rampant misdiagnosis among the gifted, and foreshadowing the allegedly disastrous consequences for gifted children if they end up being diagnosed with a disability which they do not indeed have (eg, Webb et al., 2005; SENG Misdiagnosis Initiative, 2014).

As a result, parents report to me that some psychologists and other allied health professionals, without even pretending to go through the motions of screening a gifted child for a co-occurring disability, are now waving such American resources in the faces of worried, desperate parents and ominously warning, "Don't let anyone ever tell you that your child has ADHD/ASD/LD, etc, etc! He may seem peculiar for normal - but believe me, he's normal for gifted!"

Parents are understandably frightened by such warnings and by the escalating 'misdiagnosis' literature which they invariably happen upon when searching the internet (see for example, Shive, 2013, p. 4). Some parents accordingly jump at any chance to find some kind of plausible alternative explanation for their child's worrying symptoms, in order to avoid at all costs a professional diagnosis of disability.

Though clearly well-intentioned, such parents may be unwittingly thereby depriving their child of the very support and assistance which the child urgently needs to thrive in school and in life.

Of course it may well be the case that psychiatric diagnoses amongst children generally have indeed been

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increasing, especially in the United States where disorders such as ADHD can be, and often are, diagnosed by every corner store general practitioner, sometimes (in contravention of DSM5 diagnostic criteria) after a 10-minute chat with the parent and sometimes even in the absence of the child. However, even in the United States it is far from established that disorders such as ADHD are in fact being systematically overdiagnosed (Sciutto et al., 2007).

And an assertion that some disorders are being overdiagnosed in children in general is very different from a categorical and unqualified assertion that gifted children, **as a group**, are being regularly overdiagnosed on the basis of characteristics which allegedly stem solely from their high IQ.

Patently dangerous are the implications of accepting the veracity of that unproven claim in highly regulated jurisdictions such as Australia where disorders such as ADHD can be diagnosed and medically managed only by specialist paediatricians and child psychiatrists, and only after a lengthy comprehensive assessment according to National Health and Medical Research Council practice guidelines.

C. 'Either/Or' Checklists of Characteristics (Claims 9-10 above)

In an attempt to avoid the alleged danger of misdiagnosis, some authors suggest that parents, teachers and other non-medical professionals can accurately and conclusively determine whether a gifted child has a disability or is 'just gifted' on the basis of 'either/or' checklists, because the indicators of giftedness and the indicators of disability are allegedly often the same or similar.

They caution further that if, on the basis of such checklists, 'overexcitability' characteristics in gifted children could be indicative of both giftedness and disability, it is always better to opt for the 'least negative' explanation ('negative' of course always meaning disability).

To challenge these claims, critics and dissenters submit that:

There is no empirical, definitive and convincing evidence that parents, teachers and other non-medical professionals can accurately and unilaterally determine whether what seems to be 'wrong' with a gifted child is merely a concomitant of giftedness on

the one hand, or a diagnosable disability on the other hand, solely on the basis of amateur, home-remedy, 'either/or' checklists of characteristics, and in the absence of a comprehensive assessment by a professional (Mika, 2006, p. 241; Silverman, 2014).

Such self-diagnosis-on-the-kitchen-table checklists invariably focus on the simplistic question: "Is it just giftedness **or**...?" They appear regularly in some of the literature on alleged misdiagnosis, especially in the context of ADHD. They are misleading and inaccurate (Mika, 2006; Silverman, 2014), and can promote wilful blindness in the presence of a second exceptionality which is actually a diagnosable disability (Silverman, 2014).

The question "Is it just giftedness **or**...?" simply cannot be conclusively answered by ticking boxes on a checklist in the absence of comprehensive assessment by a highly trained professional.

'Either/or' checklists rely on the belief that the characteristics of giftedness and the symptoms of disability are frequently the same or similar, despite the fact that there is no empirical evidence behind that assertion (Lovecky, 2014a; Lovecky, 2014b; Mika, 2006, p. 238).

Unilaterally deciding that certain troubling characteristics are symptomatic of only giftedness rather than disability does not make those characteristics go away and does not make them any more manageable (Silverman, 2014). The child is still left with their longstanding constellation of symptoms, difficulties and impairments.

Simplistic 'either/or' checklists which discourage parents from investigating a possible second exceptionality are in my view utterly toxic.

In my experience, parents' and teachers' indiscriminate reliance on such reductionist 'either/or' checklists can and does result not in misdiagnosis but rather in **missed diagnoses** which sadly are sometimes never corrected, with the result that the gifted child is deprived of the professional assessment, accurate diagnosis and treatment which they require and to which they are entitled. The camouflaged child remains identified only as gifted rather than as twice-exceptional.

Even without 'either/or' checklists, missed diagnoses are already sadly common among twice-exceptional children because of the 'masking' effect: the disability may disguise the giftedness, and the giftedness may

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cover up the disability, at least while the child is little (Reis et al., 2014, p. 222; Shive, 2013, p.5). The child may present as 'average' on the outside, while being covertly twice-exceptional on the inside.

'Either/or' checklists serve to make the situation worse by essentially encouraging missed diagnoses.

Some parents claim that they'd actually prefer to miss a valid medical diagnosis than risk ending up with a 'misdiagnosis'. They say that they 'don't like labels'.

However, while it might be initially more comforting for parents to use simplistic checklists to reassure themselves that their child is 'just gifted' or 'just overexcitable', it is ultimately more useful, and more respectful of the child, to seek out broader and more accurate explanations and, if justified, to acknowledge that the gifted child is 'something else' as well – something which can then be properly addressed by professional intervention, treatment and/or remediation.

Neglecting for whatever reason to seek or accept an accurate professional diagnosis is just as serious as, if not more serious than, the risk of 'misdiagnosis' (Kaufman et al., 2000, p. 2; Lovecky, 2014a; Lovecky, 2014b; Mika, 2006, p. 242; Neihart, 2003; Webb, 2005, pp. 40 & 100).

In addition, summarily using checklists to justify an explanation of a mere 'overexcitability' in the presence of a real disability can and does result in **delayed diagnoses**. These tend to finally occur some time much later when the gifted child, now circa age 14 and a sullen, disengaged and academically discouraged adolescent with thoughts of Year 12 finals looming, is at last taken to a professional for comprehensive assessment.

By then the child has for years been at academic risk and perhaps has been experiencing social and emotional problems or bullying. The child is tired of being labelled as 'dumb' or 'lazy' or 'slow' or 'naughty' or 'weird'. Indeed the child is completely fed up with playing the game called school and has lost all respect for most of the adults who are refereeing it and so understandably wants to quit.

During all the years wasted investigating dead-end rabbit holes, the 'real' disability has been lying undetected, unaddressed and untreated, and the child has missed out on crucially important opportunities for early intervention and evidence-based therapies and remediation and disability adjustments for tests and exams.

The child may have also been summarily denied access to gifted programs at school or gifted holiday courses and camps on the grounds of 'bad' behaviour or poor attention or messy handwriting or emotional 'immaturity', and accordingly may have spent little time during childhood with IQ peers. They may have lowered their expectations of avenues to explore after Year 12, and may have resolved to pursue anything other than going on to university – which to them understandably simply looks, sounds and smells like even more 'school'.

Perhaps most importantly, they may have experienced year after year of lowered self-concept, social/emotional problems and behaviour challenges – or they may have chosen to identify in adolescence with the 'dumb kids' or the 'bad kids' or the 'cool kids', rather than with the 'brainy kids'.

By circa age 14 it is often too late.

The child is already disengaged, and the parents feel angry, betrayed and resentful. For years they have been obeying someone else's instructions to sanitise whatever is 'wrong' with the child by calling it 'just an overexcitability'. But now it finally turns out to be a 'real' disability after all – indeed a disability which could have been more effectively addressed when the child was still little.

All the time which has been lost focussing on 'overexcitabilities' could have been better devoted to addressing the real issue and supporting the child, academically, emotionally and medically.

Of course, once an accurate diagnosis of the second exceptionality is finally made and accepted, and once the child is accordingly being properly and professionally treated for it, the gifted child can, usually with the assistance of expert targeted (and possibly expensive) one-on-one tutoring and remediation, manage to 'catch up' and to learn all the maths facts and punctuation rules and chemistry formulae and other curriculum necessities and niceties which they may have missed during all the years when they have been 'virtually' absent from school.

It is so much more difficult, however, for that same child to learn to switch off the tape which they have been running in their head every day for years – the tape which moans, "I must be dumb. I must be lazy. Why can everyone else do this but I can't? Why do I always understand all the new work better and faster than anyone else, but still I can't get decent grades when it

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comes to proving that I really know it? Why do kids think I'm weird and why do I never get invited to parties? I must be such a loser...".

Why all of the foregoing is critically important for twice-exceptional children

Even when chronic academic underachievement is able to be successfully and permanently reversed, and even when friends and party invitations finally begin to appear and the child is more stable emotionally, still the "I'm a loser..." tape can play on and on – the damage has already been done.

And in my experience that damage is caused largely by those who, well-meaningly or otherwise, have actively discouraged early comprehensive professional assessment by cherry-picking their evidence and:

by insisting that all concomitants of giftedness must be called only '**overexcitabilities**' but never anything else, or

by disseminating information promulgating unproven and unsubstantiated fears about the risk of 'labelisation' and '**misdiagnosis**' and 'overdiagnosis', or

by promoting the use of amateur 'either/or' **checklists**,

AND by relying on all of the above to summarily dismiss suggestions that a perplexing gifted child may in fact be twice-exceptional.

This is damage which need not have ever occurred.

It would have been kinder to simply never allow the painful and ever-present "I'm a loser..." soundtrack to start playing in the first place.

The most important question must always be: "What is in the best interests of the child?" When twice-exceptional children grow up, they tend to remember, not all the disappointing school grades, but rather how dreadful it felt to be told day after day, year after miserable year, that of course they could "do it if only they really TRIED".

No, without accurate diagnosis, intervention and support, some gifted children can't. Some of them won't – no matter how hard they may 'TRY' (Gilmore et al., 2009).

And it's cold comfort for a gifted child to be told that all that is 'the matter' with them is a mysterious little thing called an 'overexcitability'. Or to discover as a young adult that they were in fact never taken for a professional

comprehensive assessment when they were little because their parents feared they might be 'misdiagnosed' with something which someone else might regard as 'negative'.

Gifted people who discover as adults that they have in fact all along been twice-exceptional tell me that they sometimes find it difficult to forgive parents who could and should have investigated decades ago – but neglected to.

Twice-exceptional adults cannot be expected to simply drag and drop all their sorry childhood memories into the Recycle Bin or the Junk Box. If the second exceptionality has never been identified and addressed – or if it's been discovered too late – the gifted person is left forever scarred.

That being said, many of the parents with whom I have worked for years are now finally nearing the end of their 'twice-exceptional journey'. They watch with pride and relief as their early-identified and early-supported twice-exceptional children go on to shine at high school and at university and begin to pursue careers about which they are passionate. These children are finally emerging with their smiles intact.

Such delighted parents' reports to me are invariably the same:

*"If I had stopped all those years ago and meekly accepted a nebulous explanation of 'overexcitabilities' and persisted in my foolish quest to harass a school into changing the environment or enriching the curriculum so that supposedly the 'gift could come out' and so that the 'overexcitabilities' could be 'modulated', my child would **never ever** have been accepted for, let alone have graduated from, university. My child would not have all the wonderful choices and opportunities which they are enjoying today. My child actually **needed** the second diagnosis, the disability diagnosis, to get the assistance and support they required to finally succeed academically and to rediscover academic self-efficacy.*

I'm still annoyed about all the time that I wasted focussing on the 10 pages about 'overexcitabilities' which were in my child's IQ test report – desperately chasing what I now know to be a fairy tale. That just served to throw me off the scent of the issue which was actually in need of attention. I shudder to think

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how close I came to swallowing all the stuff that was being put about to the effect that all that was 'wrong' with my child was 'just an overexcitability' – it wasn't."

In my experience of over a decade working as a volunteer with parents of gifted children, the vast majority of parents **know** in their hearts if an issue is attributable to something other than 'just giftedness'. I can think of not one case where a parent has expressed such a concern to me and then has rung back later and reported that, following comprehensive professional assessment, the issue has turned out to be 'nothing' after all. Parents inherently **know** – they simply need to be encouraged to seek professional verification.

In light of such parent reactions, it is in my view imperative that authors, psychologists and organisations begin to move away now from all the fluffy, unnuanced and impressionistic 'research' which is largely descriptive, correlational and case-study focused, towards a renewed emphasis on empirical evidence sourced from large, well-designed, methodologically sound, quantitative studies which:

- have non-gifted comparison groups;
- have samples large enough to produce statistically valid and reliable results;
- can be replicated by other research teams which do not include the original investigators;
- are not exclusively case studies;
- are published in peer-reviewed journals; and
- contain findings which are not based solely on authors' personal views or assumptions or prejudices or lived experiences (which themselves have arguably been selectively derived from interactions with a limited sub-population of gifted individuals).

I appeal therefore to those who regularly promote the 'overexcitabilities' and 'misdiagnosis' and 'either/or checklists' claims which I have questioned above – or who uncritically and indiscriminately reproduce them in their writings or their websites or their conference presentations or their PowerPoint slides or their videos or their lectures or their clinics - to now concretise their assertions and to **produce some robust empirical evidence in support of them.**

If such empirical evidence is indeed forthcoming, I shall

happily withdraw my assertions above and re-evaluate my apostasy.

If, however, such evidence cannot be furnished, my rejoinder to those who are popularising these arguably counter-factual claims is an appeal, on behalf of twice-exceptional children, to stop routinely disseminating all the misleading rhetoric.

For years we have all been repeating claims which on examination cannot be proved to be correct. We've heard others in our coteries make these apocryphal claims so often and so vigorously and so routinely that we've found ourselves operating in an echo chamber environment where what we already believe is simply continuously reflected back to us.

I submit that it is time now for all of us to reboot our mindset and to get on with the task of re-examining and, if need be, re-fashioning some of our heretofore dearly held assumptions and beliefs with respect to giftedness and with respect to twice-exceptionality.

Of course I acknowledge that in some cases this is asking a great deal, especially with respect to the 'overexcitabilities'. Some practitioners have wholeheartedly and enthusiastically adopted the 'overexcitabilities' construct because it appeals to them in a way which can only be described as visceral (Winkler, 2014, p. 8). Equally, some educators have been taught the Dabrowski 'overexcitabilities' construct in a gospel, matter-of-fact manner (and have perhaps written copious exams and essays on it) in the course of their gifted education training or their graduate certificates or diplomas in gifted education. As far as they've been told, the existence of the 'overexcitabilities' in the gifted has never been questioned (out loud...) by anyone who seems to know what they're about in the gifted realm.

I understand profoundly why such Dabrowski disciples will be reluctant to now leave it behind – ie, disinclined to summarily walk away from what they themselves have for years been believing and preaching to others. And yes, I acknowledge that that is exactly what I am asking them to do – on behalf of all the gifted children who have been irreparably harmed by it.

We are failing to identify far too many of our twice-exceptional students – because they are hiding in plain sight.

I will be speaking on this topic at the international QAGTC/AAEGT/IRADTE conference in Brisbane in March. I

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will welcome input and reactions, on the one hand from 'overexcitabilities', misdiagnosis, and 'either/or' checklist proponents, and on the other hand from other off-the-leash dissenters such as myself.

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Carol Barnes is vice-president of the Gold Coast QAGTC Branch, and convenor of that Branch's parent support group. She is also the Australian national coordinator and Sydney meeting convenor for GLD Australia, an independent online learning community and support group for parents and teachers of gifted children with learning disability. Most importantly, Carol is the mother of two gifted university students with multiple learning disabilities. To learn more about GLD children or to join GLD Australia, contact Carol at carol@bartink.com.au