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Friday, Aug. 18, noon ET Understanding Your Child's Learning Style

Brock Eide and Fernette Eide Founders of Neurolearning Clinic Friday, August 18, 2006; 12:00 PM

Dr. Brock Eide, M.D., and Dr. Fernette Eide, M.D., will be online Friday, Aug. 18 at noon ET to discuss how understanding your child's unique learning system is the key to their educational success.

Submit your questions and comments before or during the discussion.

washingtonpost.com: Steps In Time (Post, Aug. 11)

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Dr. Brock Eide and Dr. Fernette Eide, MDs: BE and FE: Greetings, everyone, and thanks to the WashingtonPost.com for inviting us to be here with you today. We're looking forward to the chance to interact with you on the important topic of learning styles and learning challenges that we've discussed in our book "The Mislabeled Child." We'll try to answer as many questions as we can in as much detail as time allows. Additional information on many of the topics we'll cover today can also be found on our website, http://mislabeledchild.com . We've also started up an interactive web forum that can be accessed at that site that will allow you to share stories and ask questions.

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**Red Bank, N.J.:** Our 10-year-old son is gifted, but has trouble following multi-step instructions. He usually completes the second or third step before veering off from the instructions. If asked to repeat the instructions, he will do so, and that gets him back on track. It has become an issue in school, where his grades are fine, but his teachers all comment on how disorganized he is.

What might be causing this difficulty, and what strategies can we employ to help him?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** As we described in our attention and gifted chapters, this type of problem is often a manifestation of poor coordination between the attentional functions of the two hemispheres. Age 10-13 is about the time that there is a big burst in frontal and interhemispheric connectivity. This usually makes problems like this better. If repeating the instructions help, then have him do this for himself, by subvocalizing or saying what he's heard to himself. Often what happens gifted kids will have a large auditory short term memory, and they can replay it back.

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**Alexandria, Va.:** How should parents approach their child's teacher to discuss the ways he/she will accommodate to the child's particular learning style?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** When there are problems in school, usually a teacher is really ready to listen. If you have specific steps or strategies you found that are particularly effective, share them with the teacher. Often this can be something as simple as "My child does very well with hands-on demonstration" or "My child has trouble with multi-tasking, seeing and listening at the same time. She has an easier time if you break down tasks into separate chunks."

You can also give the teacher specific information, like "I found out my child's auditory span is only 9 words."

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**Fairfax, Va.:** Can a child's learning style change over time?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Yes, absolutely. In many children, for example with dyslexia, they may show a preference for listening to reading at earlier ages, but once reading skills kick in, they may greatly prefer reading because they

remember text better. Similar patterns are true for children with delayed visual development.

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**Salt Lake City, Utah:** Is it possible to be gifted and have a disability? This is a question I often hear people ask. Many are in disbelief. There is a notion that if one is gifted one would have no disabilities. Parents of twice-exceptional children when advocating for services for their children often will get gifted services or remediation serves BUT not both. It would be so nice if Drs. Eides with their expertise and medical background can help shed light on how an individual can be not only just gifted, but profoundly gifted and have a disability.

Thanks,

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Thank for raising this critical issue. It is in our minds, it is one of the most important and neglected issues in education today. Not only can there be twice exceptional children, but studies have shown that as children's abilities become more advanced, in focal areas they are more likely to have weaknesses in others. Educators can make a huge difference by learning to strategize in order to maximize and build on a child's strengths while eliminating the burden imposed by the weaknesses.

History teaches that many of the most brilliant and innovative thinkers of all time have also had learning challenges. See for example Thomas West's excellent book, *In the Mind's Eye*.

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**Washington, D.C.:** My five-year-old daughter sometimes writes numbers and letters backwards. Could this mean she is dyslexia? Thanks. Worried.

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** It's not necessarily abnormal to reverse letters and numbers at this age. Reasons for additional concern may be a strong family history of dyslexia, sound-based articulation difficulties, reluctant talker, or difficulty hearing rhymes.

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**Kensington, Md.:** I am interested to hear about "slow processing," whether it is a recognized learning issue, and how it impacts learning? Do you have any recommendations for how teachers and parents should accomodate such learners?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Slowed processing is a real biological phenomenon. It has different sources - including delayed myelination (premature birth, birth or prenatal injury, etc.), focal injury (using alternative pathways), right-hemispheric processing of language, etc. It tends to improve dramatically during mid-adolescence to young adulthood. Often what these children need is patience, time, and encouragement. Breaking down tasks (for instance, just word retrieval practice, pictures-to-words practice, etc.) can help improve the overall processes down the line. Try to eliminate tasks that require complex interactions between multiple systems - like note-taking. Also activities that stimulate interhemispheric processing (both sides of the body or brain) like playing the piano or tossing balls between hands will also help over time.

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**Dallas, Tex.:** What percentage of children have sensory issues (autism, Aspergers, SPD, etc.)?

In other words: how common are sensory issues with children?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Of all children, very severe sensory processing issues are probably less than 5%, but difficulties significant enough to interfere with classroom performance or behavior may be as high as 10%.

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**Dubuque, Iowa:** Could you please comment on the effectiveness of vision therapy?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** This is a complex question that we discuss in detail in our book. Vision therapy is not helpful for all children with reading problems, but when a proper match is made between visual difficulties (usually involving the coordination of vision involving both eyes) and interventions / exercises, the benefits can be dramatic. Many children who have visual difficulties responsive to vision therapy also have problems phonological processing that contribute to their difficulty reading, so it's important even in children with clear visual difficulties with reading to look for sound-based problems as well (and vice-versa).

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**Vienna, Va.:** My child has ADHD and my husband and I are concerned about the reported side affects of medications. We'd like to not have to rely upon medication. However, getting him to complete his homework/schoolwork is extremely time consuming

and difficult for everyone involved, particularly without the meds. How do I teach him to manage and control his inattention so he can stay on task? We've used timers, etc., but I'm not convinced that's a good thing, because it put too much emphasis on time at the expense of quality/creativity/follow-through. Thanks.

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Troubleshooting attention problems is very complex. Frequently, children who have trouble completing work in a timely fashion have problems with dysgraphia / dyspraxia or working memory overload. Make sure a focal difficulty might not be complicating things. Many children who seem to have attention problems in this type of setting may strong attention functions for other activities. This is usually a sign that a focal difficulty needs troubleshooting. You might want to check whether being allowed to dictate answers to you speed up the process.

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**Fairfax, Va.:** My third grader has a horrible time with basic math facts. She gets the concept, but just can't recall basic arithmetic with ease. (e.g., 5 plus 6 takes quite a long time to get to 11). She absolutely hates flashcards, and I hate to turn her off of math by pushing this.

Multiplication facts will be taught in the fall and I don't know what I should do. Are there any tricks to help with the arithmetic, or should I just let it go and focus on multiplication? Thanks!

**Dr. Brock Eide and Dr. Fernette Eide, MDs: FE & BE:** Remembering math facts is a common problem even among children with strong conceptual math abilities who eventually grow up to be good mathematicians (or even neurologists!)...Mnemonic strategies are often helpful for children who don't seem to be getting there by repetition, repetition. If a child has strengths in personal story memory or musical memory, use resources like multiplication.com (story) or Multiplication Rock. For the latter, it might be worthwhile to print out the lyrics and learn them slowly, then play the music. To keep addition and multiplication facts separate, you can use a different story program for addition / subtraction (like citycreek.com)

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**Cedar Rapids, Iowa:** I've been following your blog since it's inception. Thank you. Is neurofeedback an effective method of addressing oppositional/addhd behaviors with a 9 year old? She's already been through vision therapy, FastForward and other therapies addressing processing issues. Those therapies have been so

helpful, but issues remain. She was internationally adopted at age 15 months. It's been difficult for me to get a definitive answer regarding the efficacy of neurofeedback. Or can you suggest other options?

**Dr. Fernette Eide, M.D.:** Hello, thanks for your question!

Neurofeedback can work for children and adults, although there is some suggestion that it may be easier for kids to do. It is not 100% though. The idea is that neurofeedback provides a visual feedback for a child to see how to self-calm or improve attentiveness. The dilemma is that neurofeedback is costly and usually not covered by insurance. Also it's hard in advance to see who might be the most successful at using it.

Another complaint is that the biofeedback sessions have to be scheduled weekly - rather than a home program that can be used regularly.

We've recently demo'ed a relatively inexpensive home biofeedback system (Wild Divine) that works through a PC. Some kids really like it - but you should warn them it's very different from standard computer game fare. You wear finger tip pulse monitors that allow you to see the effect of your regulation in the game (float a rock, spin a pinwheel, etc.). There will likely be many more options in the future.

We also feel that an individualized approach to problem solving scenarios is important in addressing oppositional behaviors. Some internationally adopted kids have very reactive nervous systems in general (may be part of sensory processing), and this can lead to "explosive" overreactions to frustration or conflict.

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** BE: Regarding Fernette's last comment, I would explore information on sensory processing / sensory integration dysfunction and if this seems applicable to your child, and would pursue an evaluation by an OT with expertise in this area.

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**Torrance, Calif.:** I have read that vitamin supplements can greatly improve a child's attention (B-complex, fish oil, etc.). What's your take on this?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** At this point, the best evidence relates to fish oil. We recently posted some links and articles about this on our blog:  
<http://www.eideneurolearningblog.blogspot.com>

Put in fish oil in the search box on the right and that should bring them up.

Fish oil was studied in children diagnosed with children with deficits in attention and motor coordination by researchers at Oxford-Durham and found to improve attention behaviors at least as well as stimulants. It also seems to help mood problems.

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**San Francisco, Calif.:** Would you please comment on stealth dyslexia? Our educators are in disbelief that my child can be a dyslexic yet read above grade level. My child also has dysgraphia, which is not accommodated for, because he is working several years above grade level.

My child is where he needs to be academically but yet is frustrated at the physical demands that are beyond his abilities because of the dyslexia and dysgraphia.

Thank you.

**Dr. Brock Eide and Dr. Fernet Eide, MDs:** A failure to recognize the dyslexia and the written aspects of dyslexia is a major problem in education as a whole and especially in gifted education. If your educators are in doubt about the nature of this problem, they should review Samuel Orton's original papers on dyslexia. He clearly described a significant number of children with above average reading skills, but significantly below average spelling and writing skills.

Verbally and analytically gifted children can use their higher order language skills to interpret the meaning of texts in the absence of strong decoding skills. But their difficulty with word-by-word reading can still get them into trouble when trying to read non-contextual material (like tightly worded test questions) or even directions on street signs. We know a number of brilliant educators who can't drive in an unfamiliar city because their dyslexia prevents them from reading the exit signs fast enough to know where they're going, and yet they read and have mastered the literature in their field.

It is crucial with these children, when they have persistent severe spelling and oral reading problems, to address their word-by-word decoding skills because these can still limit their ability to master new information through text, or at least make it much more difficult.

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**Winchester, Va.:** Hello,

To build on the question from Alexandria, Va.: My son is starting first grade this year, and I am extremely worried that he will not be challenged enough. He just came from a private kindergarten where the teacher gave him two of his classmates to teach them to read. (He's been reading since he was 3 1/2). I've tried to explain this to his new principal, but have gotten the eye rolling "She thinks her kid is perfect" look. He is not perfect; he just needs to be challenged to stay engaged. otherwise, he will dissolve into the class clown out of boredom, and distract others.

Are there any materials that you can recommend that I can send to school with him for "busy work" to help him through the day when he has already mastered whatever else the class is working on? It is not fair to my son or the others trying to learn a concept if he starts goofing around -- he gets a bad rep as a trouble maker, and they don't learn. Thanks.

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** If he's really spending a lot of time unoccupied, consider acceleration. The Templeton Foundation Report A Nation Deceived discusses this issue in detail. If he can occupy himself through reading, then obtain the teachers permission to allow him books.

Often teachers may underestimate the advanced conceptual ability of young children. These children may not want just more work, but rather conceptually novel ideas, speculative questions, and puzzles may help to sharpen their critical thinking and keep them occupied.

When he goes off on his own, though, make sure he doesn't feel isolated. It's important he has some opportunity to make friends with and talk and share time with mental age peers.

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**Laguna Beach, Calif.:** Your book is great -- I wish it were required reading for every teacher in the country. But with No Child Left Behind, and economic pressures, it seems most schools don't seem to be able to devote enough resources to help kids who don't fit the "norm." What, if anything, can parents do to get their out-of-the-box kids an education that works for them? Is homeschooling a good option?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Homeschooling is an excellent option for many children who don't fit into the box, especially when they show signs of emotional stress or trauma. As parents, we found ourselves in this situation. One thing that schools need to learn to do better for families that don't have this flexibility,

is to take a more developmental approach to understanding how children learn and grow over time so that children who are developing along different pathways will be given tasks that are appropriate to their current level of development and some skills be deferred until they're developmentally ready.

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**Milford, Mich.:** At what age would be appropriate to test for CAPD and dyslexia for a boy? I have a seven-year-old that reads above grade level but still has trouble with "d", "b", "p", "q", often interchanges the words "a" and "the", and will read words such as "felt" as "left". I know some of these things are signs of dyslexia but are also developmental, especially in boys. He also shows signs of CAPD. It was severe when younger (e.g., would read lips) but seems to have improved greatly. Is this learning style and/or normal development or is there a certain age where it becomes a concern? I'm worried that he's just getting better at compensating but also don't want to discount normal slower development in these area for boys.

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** The reversals can persist until age 8, but when they occur in the context of a strong family history of dyslexia or other visual signs of difficulty reading (word skipping, line skipping, word substitutions, eye strain) they may be significant. In your son's case, it is certainly not too early to have him evaluated for dyslexia. This can be done even in kindergarten (sometimes even earlier).

In children who have a history of difficulty with speech articulation, mishearing, or auditory overloading, the chances that they really do have dyslexia go up significantly, and they should be evaluated, even if they appear to be mastering sight word reading.

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**New York, NY:** My name is Lindsey Biel, and I am a pediatric occupational therapist and co-author of Raising a Sensory Smart Child. I wanted to add to your very informative chat that sensory issues can significantly interfere with a child's development and ability to function well in a classroom. I agree with Drs. Eide that if sensory issues are suspected, the child should be evaluated by an occupational therapist who is knowledgeable about sensory processing and sensory integration issues. Then the OT, school, teacher, and student can work together to increase the child's ability to tolerate and use sensory information while at the same time, the classroom environment itself can be modified to accommodate the student's sensory needs.

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Thanks Lindsay for

your great comments. This kind of team approach is absolutely critical for helping these children achieve success in the classroom.

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**Denton, Tex.:** My son, who's nine years old, is gifted and appears to have severe dysgraphia. As our school system offers no services for dysgraphia they have refused to test him for it. We had a psychologist at the local university test him and she found a large lag between his verbal and analytical IQ and his ability to write. I have wondered if he may have dyslexia as well. When the school system tested him it seemed that they were saying that he couldn't have dyslexia because he's several years above grade level in his reading. What are some of the symptoms of stealth dyslexia?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Questions about Stealth Dyslexia are coming frequently in this chat! It's certainly an illustration of what a common problem this is. We discuss Stealth Dyslexia in *The Mislabeled Child*, but we've also put an article about it on our website at [MislabeledChild.com](http://MislabeledChild.com)

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**Caldwell, Idaho:** It seems that parents are the first to uncover experts like yourselves. It is the universities that need to know about you so that teachers can learn these different learning styles exist and that twice exceptional is a reality. My child's teacher laughed in my face when I told him that I had been told my child's brain was "wired differently". I was crushed. How do we get the message to the people who teach teachers?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** We get some of our warmest responses from professors of education that we meet when we present at national conferences. It takes a while, however, for this kind of information to filter down to the level of the local classroom. Teachers often respond well when they're given good information. If you teacher is skeptical, think about giving them a copy of our book. :)

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**Gaithersburg, Md.:** Greetings --

I want to follow up on the Winchester Va., question. My son is also entering 1st grade. He turns 6 in September and he is very smart (tested). But, he devolves into inappropriate behavior in class -- lying down in circle time, "helping" the other kids do their projects, refusing to transition when he's busy. His K teacher grouped him with other difficult kids with serious learning issues and I want to

avoid having that happen this year, because I think that exacerbates his "helpfulness". I suspect some of his issue is boredom, some maturity, since he's almost a year younger than his classmates, some is just personality. I've contemplated private school, thinking it might be more customized, but \$22,000 a year is a little high for 1st grade!

Any recommendations?

Thanks.

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** There may be several issues in this type of scenario. One is an issue that has been raised recently in the research about the developmental pathway for high IQ kids (article link on our blog - we'll add later). The higher the IQ, the lower the frontal executive (more cortical thinning anyway) at age 7. This changes around ages 10-11. Another issue could be sensory processing problems (lying down during circle time). Tempermental issues like physical activity, personal intensity, social extroversion can also combine to make a first-grade "Brain on Fire" who is just plain exhausting (but that's who he is, not a disease he has). Motivation also plays a big role. Studies have shown that when children aren't challenged enough in the classroom, they show ADHD-type behaviors and can get into mischief. A good book that also deals with this issue is "MisDiagnosis and Dual Diagnosis of Gifted Children and Adults".

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**Salt Lake City, Utah:** From reading your new book, I understand the brain is highly plastic and that one part of the brain can learn to compensate for deficiencies in another part of the brain - such as with the visual/auditory system. As the parents of a 2E child, to what extent do we want to work on strengthening the compensatory strategy of the brain, vs. strengthening the deficient part of the brain? Do we do them both, or does doing them together result in neurological "conflict" so to speak? As an example, does one want to force an auditory method of learning on a child who is deficient in auditory processing in order to help their auditory network develop, or does one focus entirely on presenting them with visual means of learning if that is their area of relative strength? Or do both?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** This is a very good question. Generally, we think the best course is to pursue a combination of both. Severe impairments in auditory or visual processing can really hold back a child's development in all areas, and should definitely be remediated to the greatest extent possible.

One important principle is to watch out for "therapy burn-out" where so much time is spent on remediative therapies that children become

exhausted, frustrated, and too tired to pursue their areas of strength. As in so many areas of life, a careful balancing act is required.

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**Dale City, Va.:** You mention in your book interesting research from Sweden showing that working memory can be improved through computer training, and that ADHD-like attentional problems improve along with it. Some of us are anxiously awaiting the opportunity to try this. What's the status of this on this side of the Atlantic? And what's your opinion of some of the (rather pricey and time-intensive) attentional training therapies being marketed out there?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** The company is called COGMED. They're rolling out their availability in ten centers across the U.S. this year.

For some kids, other therapies like Dore are effective. Many families don't have to do expensive therapies, but should look for every opportunity to incorporate normal kid activities that will help build attention, impulse inhibition, and cognitive control.

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**Washington, D.C.:** A lot of dyslexics seem to be visual thinkers. Is this true of all dyslexics? Why? Also, there are other groups where visual thinking seems to be important. Temple Grandin, who is autistic, talks about doing all her thinking in concrete images. Is there some connection between groups or subgroups where visual thinking is important? Finally, is visual thinking important for creativity in science, business and other fields?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Great question! We would add that in addition to a visual thinking style, many dyslexics show what we would call a more spatial thinking style or a relational / associational thinking style. There seem to be several underlying factors related to different brain organization patterns. Some studies have shown that in dyslexic families, there is a tendency for the posterior visual spatial parts of the brain to "borrow" from other centers normally devoted to verbal or auditory processing. In addition, we tend to see very strong right hemispheric functions in many dyslexics which allow them to see complex connections and relationships and patterns that are often missed by others.

One of the fundamental features of autism is difficulty connecting different sensory imagery systems, so individuals often develop tremendous isolated strengths in more limited areas. In the case of

high functioning autistic individuals, the ability to begin connecting these areas later in their maturational process allows them to become very functional and creative adults.

Visual / Spatial / Nonverbal thinking is a powerful source of new ideas and perspectives. It clearly contributes to creative and innovative thought in science and business, and even supposedly verbal domains like literature, history, etc. It is critical that this area receive more study.

We often see especially 9-15 year olds with this thinking style suffering from inability to communicate their ideas and the later development of better connectivity between right and left hemispheres often makes these children the prototypical "late bloomers."

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**Folsom, Calif.:** I was wondering if auditory processing issues and sensory integration issues can get worse with age. Does puberty affect these issues and do they go away once a child has gone through puberty.

Thank you

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** The general tendency is for gradual improvement, at least from the physiological standpoint. Many of the more severe problems that they cause for older children and adults are at least partially contributed to by problems with behavioral reactions or affective disorders that have been caused by the stress of failing to deal with these problems when the children were younger. The change in a child's adjustment and self-perception that occur during adolescence may also make problems that previously didn't seem so important more functionally impairing (like being able to hear well in a group of friends in a noisy place).

Language demands also increase a great deal from elementary school to adolescence-young adulthood, and they may cause more practical functional impairment.

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**Annandale, Va.:** Hi,

There is a lot of information about the standard learning styles. But what about the kid who can't recognize faces, always likes the subtitles on when watching a movie, has gorgeous handwriting (by age 6) but has great trouble writing two sentences in a row? Oh, and

is also profoundly gifted (PG).

How does one figure out non-standard (doesn't fit the basic visual or auditory learner models) learning styles, and then how do I address his learning needs?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Problems recognizing faces profoundly affects social development and interactions, and self-perception. We do talk about this condition (called prosopagnosia) in our book, and many people believe it is more common than generally appreciated.

You're right, the conventional auditory-visual classification doesn't take into account text as being visual. These are different systems in the brain (visual memory for faces, text, locations, etc.). Your child needs a very individualized approach based on a thorough understanding and evaluation.

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**Washington, D.C.:** Our 2 1/2 year-old grandchild seems to be at least normal in intelligence, but has been very slow on gross motor development (didn't walk alone until 20 mo.) Evaluations showed no specific neurological or muscular problems, and no intervention has been prescribed. How is the motor delay likely to affect her learning and school experiences?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Motor delay can greatly affect learning and school experience. They may have trouble performing basic self-care activities and trouble with academic functions and play. It's important to realize that subtle cognitive and emotional challenges could also be seen over time.

The kinds of information we discussed in our chapter on sensory processing might be relevant. Sensory-motor systems are often closely tied together.

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**Orange County, Calif.:** Hi

I've read a lot of books on these topics, but I think yours is one of the most important. My question is about homeschooling a gifted child with special needs. How will I know if I'm giving him the "right" education? Do I need to hire special ed teachers, or get a degree myself? I'm worried I'm not qualified enough, or worse, won't have the patience.

Thanks!

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Studies have shown that official parent qualifications / certifications are not an important contributor to the success of parents homeschooling. We know there's a large support network in Orange County for homeschooling and Internet resources today are remarkable and growing.

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**Arlington, Va.:** Could I ask you both for contact information if I have a question that isn't submitted in time?

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Sure. We have a forum at [MisLabeledChild.com](http://MisLabeledChild.com), too. You can contact us through our email addresses at that site or [Neurolearning.com](http://Neurolearning.com)

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**Bowie, Md.:** I have a first-grader who was diagnosed ADHD. He also has some significant anxiety -- stimulants don't work with him, and he takes a mood stabilizer that we've limited to a very low dose. That has helped in the last 8 mos. But the fish oil supplements and therapy (and maybe maturity) have brought about the most significant changes in the last couple of months. He will be starting a public school with an IEP for other health impaired and a special classroom for kids with mostly emotional disturbance. He has an above-average to superior IQ and tested into kindergarten early. My concerns -- I'd like him to be in a regular classroom of small size, to be off medication and to not be labeled. I've had to fight bizarre and conflicting diagnoses like ODD and mood disorder NOS. Your thoughts please. Thanks so much!

**Dr. Brock Eide and Dr. Fernette Eide, MDs:** This might be one of those situations where a careful look for sensory processing issues might be helpful. Visual problems, auditory processing problems, motor impairments, cerebellar dysfunction can all cause significant problems with behavior that can be remediated in other ways than through medication. Also a mismatch in conceptual or intellectual ability in an intense gifted child can cause similar problems. Remember when thinking about behavior, the equation is

Predisposition + Environmental Provocation = Behavioral Response

It's crucial to think about both environmental factors, underlying neurological issues in the child, and strategies to help with behavioral responses in thinking about how to manage a child's behaviors.

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**Dr. Brock Eide and Dr. Fernette Eide, MDs:** Thanks everybody for your questions. We're sorry we weren't able to answer everybody's queries. Please drop by our forum if you'd like to continue some of these discussions!

<http://www.mislabeledchild.com/phpBB>

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