

Misdiagnosis and Dual Diagnosis of Gifted Children

by James T. Webb, Ph.D., ABPP-CI

Many gifted and talented children (and adults) are being misdiagnosed by psychologists and other health care professionals because specific social and emotional characteristics of gifted children are mistakenly assumed to be signs of pathology. Other children are gifted, but also have a coexisting disorder-a dual diagnosis-yet seldom is their giftedness considered in educational planning or treatment.

Despite myths to the contrary, gifted children and adults are at some psychological risk. Certain internal and situational factors can lead to interpersonal and psychological behaviors that subsequently result in misdiagnoses and inadequate treatment.

Internal Factors

Historically, research on gifted individuals focused on the intellectual and academic aspects. Only recently is there focus on personality factors that accompany high intellect and creativity, with even less attention given to the observation that these personality factors intensify and have greater life effects when intelligence level increases beyond IQ 130 (Silverman, 1993; Webb, 1993; Winner, 2000).

The most universal, yet most overlooked, characteristic of gifted children and adults is their intensity (Silverman, 1993; Webb, 1993). One mother described it succinctly when she said, "My child's life motto is that anything worth doing is worth doing to excess." Gifted children-and gifted adults-often are extremely intense, whether in their emotional response, intellectual pursuits, sibling rivalry, or power struggles with authority figures. Impatience is also frequently present, both with oneself and with others. The intensity also often manifests itself in heightened motor activity and physical restlessness.

Along with intensity, gifted individuals often show extreme sensitivity-to emotions, sounds, touch, taste, etc. These children may burst into tears while watching sad events on the evening news, keenly hear fluorescent lights, react strongly to smells, insist on having the tags removed from their shirts, or are overly reactive to touch in a tactile-defensive manner.

The gifted individual's inherent drive to understand, to question, and to search for consistency is likewise intense, as is the ability to see possibilities and alternatives. These characteristics, with the resulting idealism for social and moral issues, can result in anxiety and depression.

Situational Factors

Situational factors exacerbate the problem of misdiagnoses (Webb, 1993). Intensity, sensitivity, idealism, impatience, questioning the status quo-none of these necessarily constitutes a problem. In fact, we generally value these characteristics and behaviors-unless they occur in a tightly structured classroom. But gifted children commonly spend one-fourth to one-half of the regular classroom time waiting for others to catch up, and boredom is rampant. Peer relations for gifted children are often difficult because they are not with their intellectual peers (Webb, Meckstroth & Tolan, 1982; Winner, 2000).

Lack of understanding by parents, educators, and health professionals, combined with the problem situations (e.g., lack of appropriately differentiated education) leads to interpersonal problems that are mislabeled and prompt misdiagnoses.

Common Misdiagnoses

ADHD. The gifted child's characteristics of intensity, sensitivity, impatience, and high motor activity can easily be mistaken for ADHD (Webb & Latimer, 1993). Few health care professionals note the admonition about ADHD in DSM-IV (2000) that says "...inconsistent with developmental level..." The gifted child's developmental level is different when compared to other children, and health care professionals should consider whether the child's inattentiveness or impulsivity occurs only in some situations but not in others. Gifted children seldom have problems with focused attention or impulsivity in areas they are interested in.

Oppositional Defiant Disorder. The intensity, sensitivity, and idealism of gifted children often lead others to view them as “strong-willed.” Power struggles with parents and teachers are common, particularly when these children receive criticism, as they often do, for some of the very characteristics that make them gifted (e.g., “Why are you so sensitive, always questioning me, doing things differently,” etc.).

Asperger's Disorder. Some gifted children, particularly if they are educationally misplaced, are very aloof, concerned with mechanical workings, precision and orderliness, and sometimes they are quirky. They may be mistakenly diagnosed as having Asperger's Disorder. However, their “symptoms” rapidly diminish or disappear when they are with intellectual peers who share their passionate interests, and they readily engage in interactions with others with reciprocity and sharing-patterns that are not seen in children with Asperger's Disorder.

Bipolar and other Mood Disorders. Gifted children may react with extreme mood swings in the face of events, such as a bitter divorce, and some have received the diagnosis of Bipolar Disorder. In adolescence, or sometimes earlier, gifted children often experience periods of depression related to their disappointed idealism, and their feelings of aloneness and alienation culminate in an existential depression.

Obsessive-Compulsive Disorder. Even as preschoolers, gifted children organize people and things into complex frameworks, and are seen as perfectionistic and “bossy.” They continue to search intensely for consistency in the “rules of life.” Their intellectualizing, sense of urgency, perfectionism, idealism, and intolerance for mistakes may be misunderstood to be signs of Obsessive-Compulsive Disorder. In some sense, however, giftedness is a dual diagnosis with Obsessive-Compulsive Personality Disorder since intellectualization underlies many of the DSM-IV diagnostic criteria for this disorder.

Dual Diagnoses

Learning Disabilities and Giftedness. Giftedness can be a coexisting factor in diagnosis and treatment of learning disabilities. Few psychologists are aware that as a child's overall IQ score exceeds 130, the scatter and span of abilities increases (Silverman, 1993; Webb & Kleine, 1993; Winner, 2000). Such scatter suggests an unusual learning style and perhaps a learning disability. Sometimes, the two conditions obscure each other; the child is neither recognized as learning disabled or as gifted. And even if there is a recognition of both conditions, most often only one or the other is served by the child's school.

Poor handwriting is often used as one indicator of learning disabilities. However, many gifted children show poor handwriting. Usually this simply represents that their thoughts go faster than their hands, and that they see little sense in making writing an art form when its primary purpose is to communicate (Webb & Kleine, 1993; Winner, 2000).

Without intervention, self-esteem issues are almost certain in gifted children with learning disabilities, as well as those who simply have notable asynchronous development; these children tend to evaluate themselves based more on what they cannot do rather than on what they are able to do.

Sleep Disorders and Giftedness. A little known observation is that about twenty percent of gifted children seem to need significantly less sleep than other children, while another twenty percent appear to need significantly more sleep than other children. These sleep patterns show themselves early in the child's life, and long-term follow up suggests that the pattern continues into adulthood (Webb & Kleine, 1993; Winner, 2000). Parents also commonly report their gifted children have dreams that are more vivid, intense, and in color, and that gifted boys are more prone to sleepwalking and bed-wetting.

Reactive Hypoglycemia and Giftedness. Though there is little formal study of giftedness and hypoglycemia, anecdotal evidence suggests that the two are related. These are children-usually slender-who function quite well in school until mid-morning. Then they have a meltdown ; they are highly emotional, distractible, irritable, impulsive, and have difficulty concentrating. Then, about 30 minutes after lunch, they once again function well and pleasantly until about mid-afternoon, at which time another meltdown occurs. The intensity appears to be consuming glucose to such a degree that they simply run out of fuel, and need to have healthy snacks that are high in protein and have moderate carbohydrates (Webb, Amend, Webb, Goerss, Beljan, & Olenchak, 2005).

Relational Problems and Giftedness. As one mother said, “Having a gifted child in the family did not change our family's lifestyle; it destroyed it!” Parents often lack information about characteristics of these exhilarating and exhausting children, and the relationship between parent and child can suffer. They see the child's behaviors as mischievous, impertinent, weird, or strong-willed, and the child often is punished for behaviors that really represent curiosity, intensity, sensitivity, or the lag of judgment behind intellect. Intense power struggles, arguments, temper tantrums, sibling rivalry, withdrawal, underachievement, and open flaunting of family and societal traditions may occur. Diagnoses of Parent-Child Relational Problems or Sibling Relational Problems may result.

Conclusion

Many of our brightest, most creative young minds not only go unrecognized, but also are often incorrectly diagnosed. SENG (Supporting Emotional Needs of Gifted) is undertaking several programs to increase awareness among parents, educators, and health-care professionals. More information is available at www.sengifted.org or in the award-winning book, *Misdiagnosis and Dual Diagnoses of Gifted Children and Adults* (Webb, et al, 2005).

References

- Diagnostic and statistical manual of mental disorders (4th ed., text revision)*. (2000). Washington, DC: American Psychiatric Association.
- Silverman, L. K. (1993). *Counseling the gifted and talented*. Denver: Love Publishing.
- Webb, J. T., & Latimer, D. (1993). *ADHD and children who are gifted*. Reston, VA: Council for Exceptional Children. ERIC Digests #E522, EDO-EC-93-5.
- Webb, J. T. (1993). Nurturing Social-Emotional Development of Gifted Children. Chapter in K. A. Heller, F. J. Monks, & A. H. Passow (Eds.), *International handbook of research and development of giftedness and talent* (pp. 525-538). Oxford: Pergamon Press.
- Webb, J.T., Amend, E.R., Webb, N.E., Goerss, J., Beljan, P., & Olenchak, F.R. *Misdiagnosis and dual diagnoses of gifted children and adults: ADHD, Bipolar, Asperger's, Depression, and Other Disorders*. Scottsdale, AZ: Great Potential Press.
- Webb, J. T. & Kleine, P. A. (1993). Assessing gifted and talented children. Chapter in J. L. Culbertson, & D. J. Willis (Eds.), *Testing young children* (pp. 383-407). Austin, TX: Pro-ed.
- Webb, J. T., Meckstroth, E. A., & Tolan, S. S. (1982). *Guiding the gifted child: A practical source for parents and teachers*. Scottsdale, AZ: Great Potential Press.
- Winner, E. (2000). The origins and ends of giftedness. *American Psychologist* (55, No. 1), 159-169.

(James T. Webb, Ph.D., has been recognized as one of the 25 most influential psychologists nationally on gifted education. A licensed psychologist, Dr. Webb established SENG (Supporting Emotional Needs of Gifted Children, Inc.), a national nonprofit organization that provides information, training, conferences and workshops. He is the author of five books, three of which have won awards: Guiding the Gifted Child: A Practical Source for Parents and Teachers; Grandparents' Guide to Gifted Children; and Misdiagnosis and Dual Diagnoses of Gifted Children and Adults: ADHD, Bipolar, OCD, Asperger's, Depression, and Other Disorders.)

(This article was published in the September/October, 2006, issue of Outlook, the newsletter of the Minnesota Council for the Gifted and Talented (MCGT). Dr. Webb was the keynote speaker for MCGT's annual conference on Saturday, Oct. 21, 2006, at the University of St. Thomas in St. Paul.)