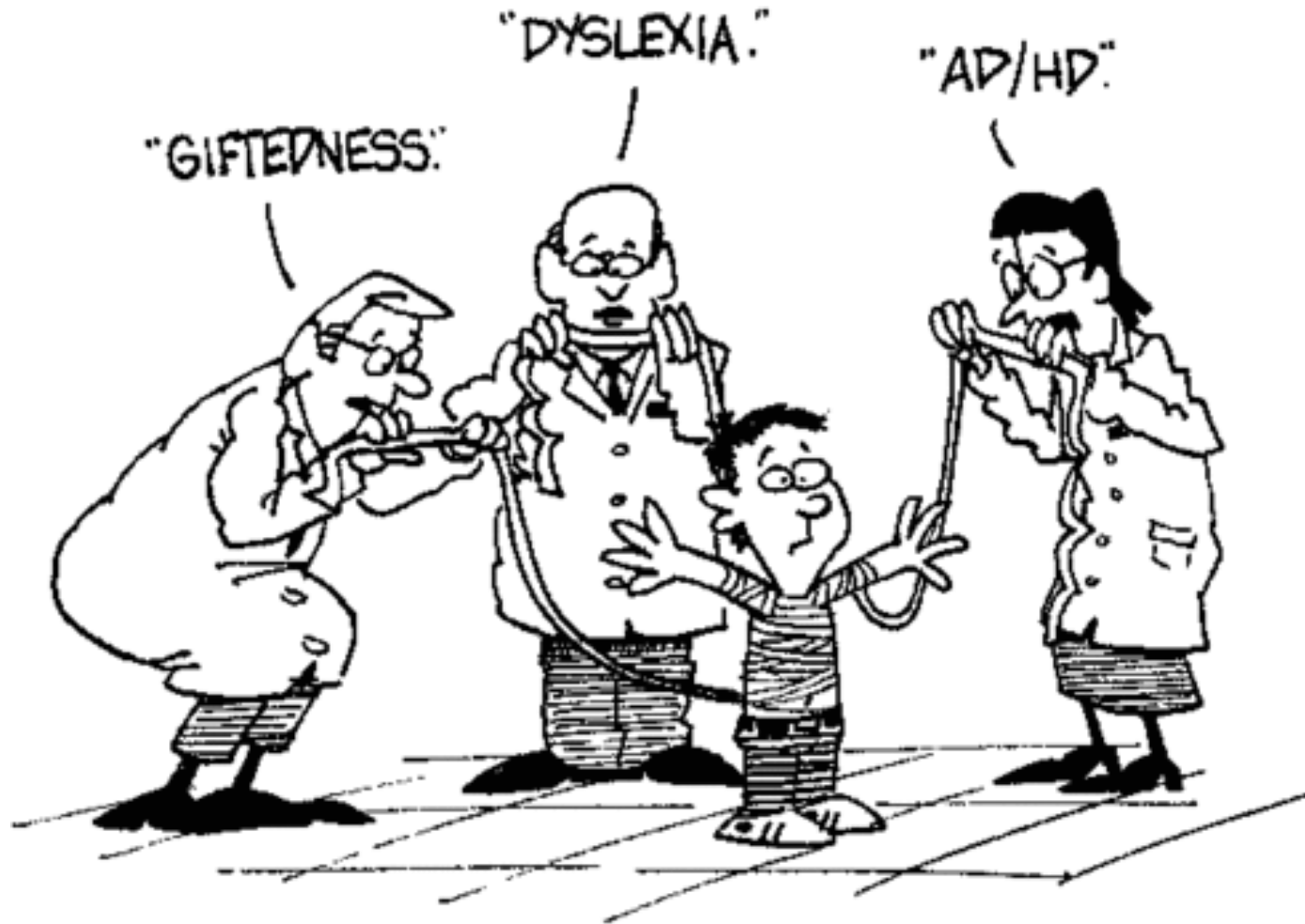


THE MISDIAGNOSIS AND DUAL DIAGNOSIS OF GIFTED CHILDREN

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Medical Misdiagnosis in the Gifted



Typical Strengths and Related Problems

Strengths	Possible Problems
Acquires and retains information quickly	Impatient with slowness of others; dislikes routine
Inquisitive attitude, intellectual curiosity	Strong-willed, resists direction, seems excessive in interests
Large vocabulary	May use words to avoid situations
High energy, eager	Frustration with inactivity, may be seen as hyperactive
Intense concentration	Resists interruption, neglects duties during periods of focused interests
Creative and inventive	Seen by others as different
Thinks critically; high expectations	Critical toward others, perfectionistic

Medical Misdiagnosis in the Gifted

- Misdiagnosis: mismatch between the child's actual learning and health needs and the perception of those needs by others (teachers, medical and mental health professionals, parents)
- Does not solely represent medical over-diagnosis
- May include those who are given improper medical misdiagnosis, mistakenly overlooked for real conditions, wrongly misidentified as not gifted

Why does misdiagnosis happen?

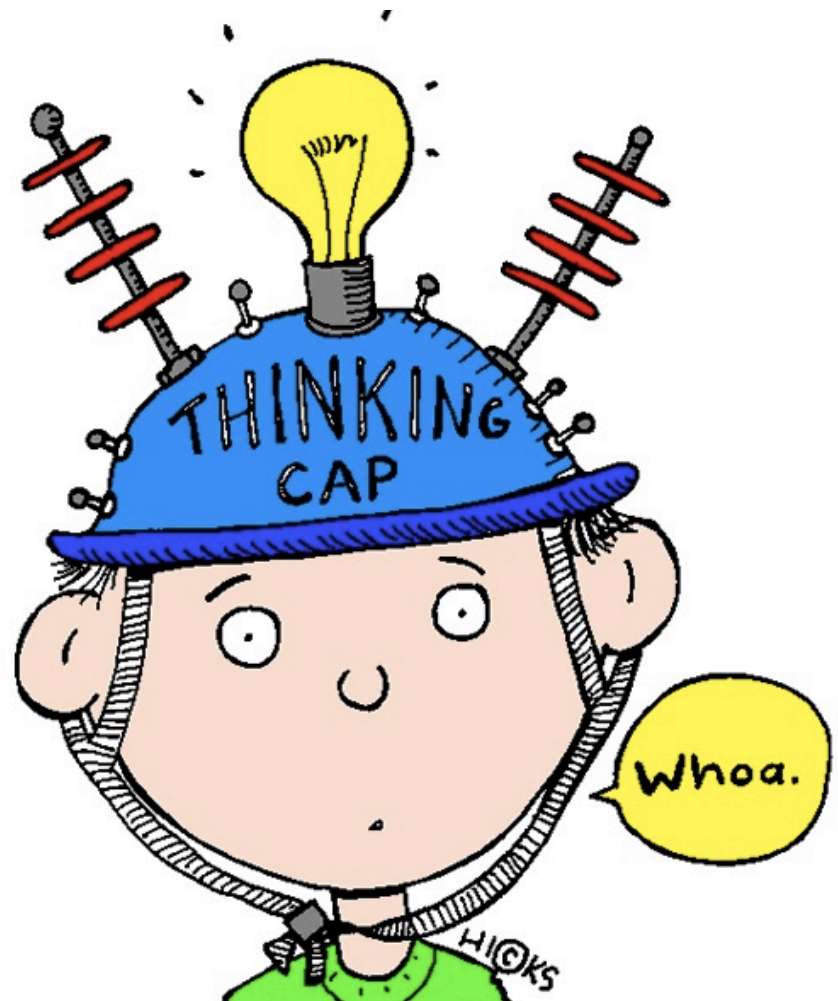
- The complexities of giftedness
 - Asynchronous Development
 - Dabrowski's overexcitabilities
 - Twice-exceptionality
 - Effects of personality and gender and societal stereotypes
- Giftedness is not routinely seen to be of medical concern, under the umbrella of education
- Subjectivity of diagnoses
 - May produce erroneous and detrimental outcomes

Complexities of Giftedness: Asynchronous Development

- Developmental trajectory of gifted children is atypical
- Disparities between child's mental and chronological ages
 - Development is uneven across various academic, social, and developmental areas
 - Judgment often lags behind intellect
- Asynchrony increases with higher intellectual capacity

Asynchronous Development

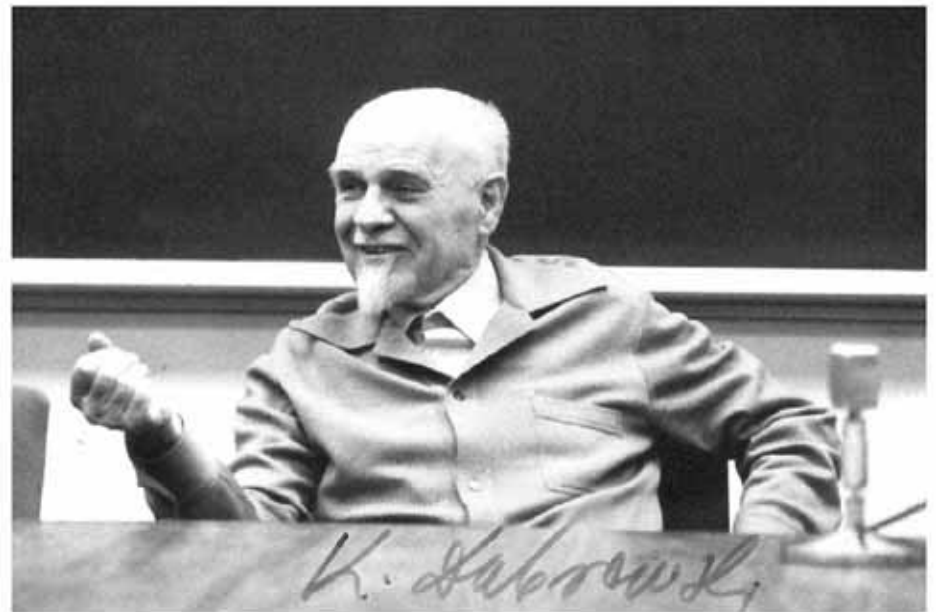
- May not identify with peers
- May not share interests with peers
- May find classmates' behaviors puzzling
- Unable or unwilling to respond appropriately to peers
- May be unable to conform to school's expectations



Complexities of Giftedness: Dabrowski's Overexcitabilities

- Innate intensities indicating a heightened ability to respond to stimuli
- Expressed in increased sensitivity, awareness, and intensity

“One who manifests several forms of overexcitability sees reality in a different, stronger and more multisided manner”
–Dabrowski (1972).



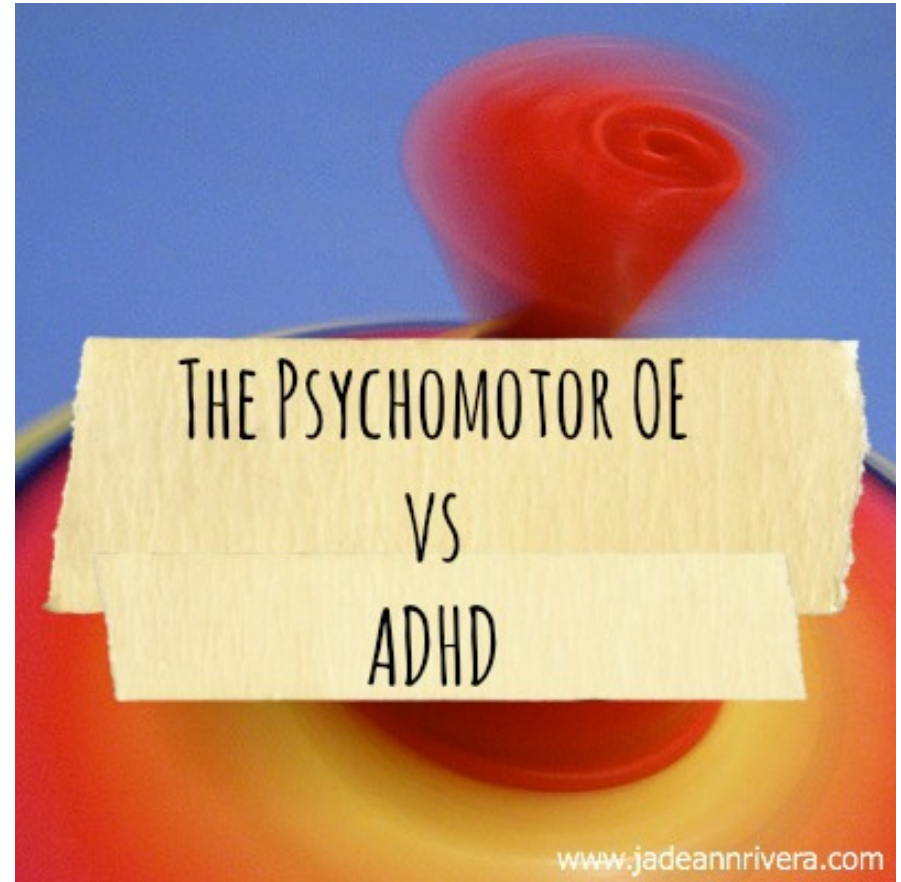
Dabrowski's Five Areas of Overexcitability

1. Psychomotor Overexcitability

- Love of movement, intense physical activity, need for action, rapid speech
- May misbehave, display nervous habits, compulsively organize, competitive

2. Sensual Overexcitability

- Heighted experience of sensual pleasure or displeasure
- May feel over stimulated or uncomfortable, have an increased or early pleasure for music, language or arts



3. Intellectual Overexcitability

- Need to seek understanding and truth, intensely curious, keen observers, active readers, concerned with ethics and morality
- May appear critical, impatient with others who cannot sustain pace, strong concerned with fairness

4. Imaginational Overexcitability

- Heighted play of imagination, frequent use of image and metaphor, elaborate dreams, fantasy life
- May mix truth with fiction, create own private worlds and dramatizations to escape boredom, difficult to focus on rigid classroom curriculum

5. Emotional Overexcitability

- Intense feelings, strong affective expression, remarkable capacity for deep relationships, strong emotional attachment
- Often accused of “overreacting,” intense feelings may interfere with everyday tasks like homework and chores

Common Misdiagnoses

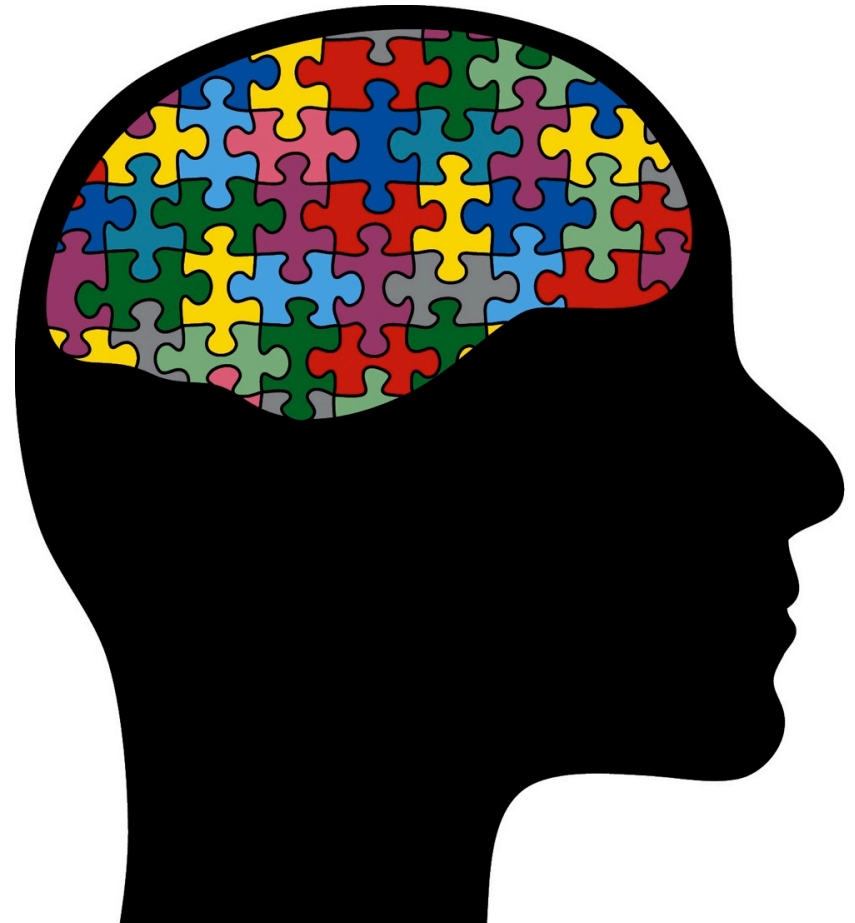
Attention Deficit Hyperactivity Disorder (ADHD)

Oppositional Defiant Disorder (ODD)

Bipolar and Mood Disorders

Obsessive-Compulsive Disorder (OCD)

http://www.youtube.com/watch?v=_kTQx93k60E



ADHD and Giftedness

- ADHD is the most common childhood behavioral disorder
 - 3-7%
 - Diagnosed in boys more than girls
 - Often diagnosed by using checklists
- Some gifted behaviors may mimic ADHD
 - Intensity, sensitivity, impatience, high motor activity
- Overexcitabilities

ODD and Giftedness

- Intensity, sensitivity, and idealism of giftedness lead other to view gifted students as “strong willed”
- Power struggles may be common
 - Especially when criticized for inherent gifted traits



Mood Disorders and Giftedness

- Wide-ranging high emotionality
- Emotional lability related to intense feelings and sensitivity
- Frustration over lack of academic challenge
- Gifted children may go through periods of depression related to disappointed idealism
- May also experience feelings of aloneness and alienation

OCD and Giftedness

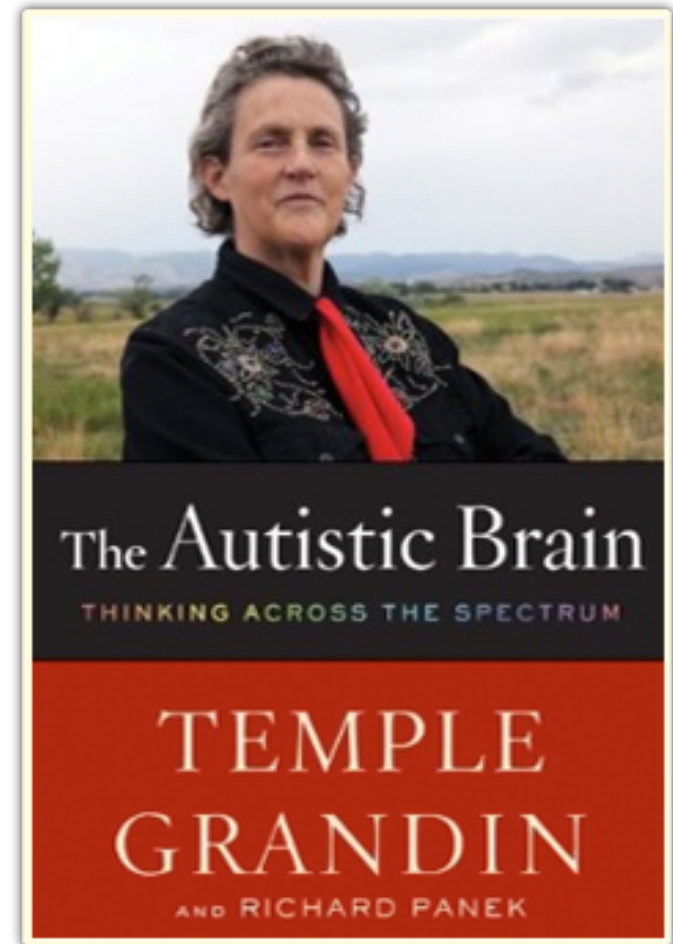
- Organization
- May be seen as perfectionistic and bossy
- Rigidity, search intensely for the “rules of life” and consistency



Clinical Trait	Possible Gifted Explanation	Possible Medical Misdiagnosis
High activity level	Passionate learner, kinesthetic learner	ADHD
Worries frequently	Idealistic, perfectionistic	Anxiety disorder
Difficulty relating to classmates	Asynchrony, unusual interests	Autism spectrum
Distractible, fails to complete tasks	Daydreams, active imagination, needs to be intellectually challenged	ADHD, learning disability, conduct disorder
Stubborn, averse to transition	Independent, high expectations	OCD, autism
Highly emotional, moody, argumentative	High sensitivity, intensity, needs increased challenge	Mood disorder, conduct disorder

Twice-Exceptionality (2e)

- <http://www.youtube.com/watch?v=PIQ4z-1OVw4>
- <http://www.youtube.com/watch?v=nwnlWX4iyj4>



Why is misdiagnosis a concern?



Signs educators should look for regarding misdiagnosis:

- Is the student repeatedly unhappy in school?
- Does the student have a poor self-opinion?
- Is he or she such a harsh critic of making mistakes that the student avoids challenges and does not accept even the slightest constructive criticism?
- Does the student over-react or become easily frustrated?
- Is it typical to hear of the student “not working at potential?”

What next?

1. Talk with the parent
 - Work as partners
 - Identify weaknesses and strengths
 - Address whether placement is appropriate and if the student is being challenged
2. Periodic checks about home environment, changes, stressors
3. Involve school psychologists
4. Gifted conferences and education

SENG Misdiagnosis Initiative

