Paul Beljan, PsyD, ABPdN, ABN
8585 E. Bell Rd., Ste. 100A
Scottsdale, AZ 85260
602-957-7600
www.paulbeljan.com

Paul Beljan, PsyD, ABPdN, ABN
8535 E. Bell Rd., Ste. 140
Scottsdale, AZ 85260
(602) 957-7600
www.beljanpsych.com
The Problem of Misdiagnoses and Dual Diagnoses of Gifted Children
A percentile rank shows the percentage of people that scored above and below a certain score. For example, if a score falls in the 97th percentile, it means that 97 percent of the people that took the test got lower scores, and 3 percent (100% - 97%) got higher scores.

Bell curve labeling was adapted for our purposes. Source of bell curve: http://en.wikipedia.org/wiki/File:PR_and_NCE.gif
CHARACTERISTICS AND BEHAVIOR PATTERNS OF GIFTED THAT CAN LEAD TO MISDIAGNOSES

- Asynchronous Development
- Impatient with other people during periods of intense focus
- Neglects duties in favor of reading or interests
- Advanced and diverse interests (jumps from one to the next)
- Narrow interests (could be a lifetime focus ex. Light=Einstein)
- Reluctant to move to new activities-transitions
- Makes jokes or puns at inappropriate times
CHARACTERISTICS AND BEHAVIOR PATTERNS OF GIFTED THAT CAN LEAD TO MISDIAGNOSES

- Judgment/awareness lags behind intellect/insight
- Poor handwriting
- Lacks interest in details (ex. does math in mind)
- Turns in messy work (works too fast)
- Unusual sleep patterns
- Peer relation problems, unless with like intellectual peers
CHARACTERISTICS AND BEHAVIOR PATTERNS OF GIFTED THAT CAN LEAD TO MISDIAGNOSES

- Emotional sensitivity and intensity (“over-excitations”)
- Strong-willed; power struggles
- Boredom if educationally misplaced
- Resists routine/repetitive practice
- Creative, non-traditional thinking style
CHARACTERISTICS AND BEHAVIOR PATTERNS OF GIFTED THAT CAN LEAD TO MISDIAGNOSES

- Challenging; non-conformist; disrupts status quo
- Refuses to accept authority; stubborn
- Idealism/fairness
- Impatient with failures/disappointment
- Self-critical; perfectionism; unwillingness to take risks
- Oversensitivity to criticism; may overreact
- Easily becomes angry or cries when things go wrong
FREQUENT MISDIAGNOSES OF GIFTED CHILDREN

- Attention Deficit/Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)/Conduct Disorder
- Learning Disabilities (LD)
- Obsessive-Compulsive Disorder (OCD)
- Asperger’s Disorder (AD)
- Major Depressive Disorder (MDD)
- Bi-polar Disorder
- Dysthymic Disorder
- Narcissistic Personality Disorder
- Avoidant Personality Disorder
- Schizotypal Personality Disorder
- Intermittent Explosive Disorder
- Cyclothymic Disorder
- Schizoid Personality Disorder
DISORDERS THAT COMMONLY INVOLVE GIFTEDNESS (2e)

- Learning Disabilities (LD)
- Exec Function Based LD
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Asperger’s Disorder (AD)
- Allergies (particularly food)
- Reactive Hypoglycemia
- Obsessive-Compulsive Disorder
- Parent-Child Relationship Problems
- Relational Problems with peers
- Depression (existential)
- Sleep Issues
  - nightmare
  - sleep terror
  - sleepwalking

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Look for Differentials and Use Logic

- Rule out DX via: Incompatible or Contradictory Features
  - For example:
    - You do not have a fine motor deficit if you are a violin prodigy
    - Your sensory system works great if noise etc. bothers you; you have asynchrony
    - You do not have a short term memory deficit if you remember what you had for breakfast; you cannot fake a skill you do not have.
ADHD
Incompatible or Contradictory Features

- Onset coincides with the start of formal schooling
  - Bored kid?

- Shows selective ability to attend to tasks that are of interest, with *intentional* withdrawal from tasks that are not of interest.
  - Allocating attention is about intent and prioritizing

- Has prolonged and intense concentration on challenging tasks of interest with no readily-evident immediate reward
  - You can be a voracious reader and still have ADHD

- Is unaware of environment when interested in a task
ADHD
Incompatible or Contradictory Features

- Is easily distracted by environment when uninterested in a task, but tries to avoid disturbing others
- Delays response when spoken to, but gives thoughtful responses
- Intentionally fails to finish tasks (especially rote work)
- Blurted answers generally are correct
- Appears inattentive but can answer a question in relation to the discussion
- Nails certain neuropsychological tasks that ADHD kids do not.
  - CVLT; NEPSY Inhibition
ADHD

Incompatible or Contradictory Features

- Interruptions of conversation are to correct mistakes of others
- Can be easily redirected from activity of interest to another activity of equal interest
- Passes attention tests, and can readily shift attention if motivated
- Returns to a task quickly after being distracted or called off task
OPPOSITIONAL DEFIANT DISORDER

Incompatible or Contradictory Features

- Defiance is limited to one setting (e.g., school or one particular teacher)

- Does not defy most or all adults (just the irrational ones)

- Argues effectively with adults or, if allowed, will debate the topic in a well-informed manner

- Unintentionally annoys or ignores people and/or is unaware of doing so
OPPOSITIONAL DEFIANT DISORDER
Incompatible or Contradictory Features

- Is concerned about the feelings of others
- Is often bothered by environmental stimuli (noise, light, etc.)
- Has been frequent target of bullying and teasing
- Is frequently criticized for being too sensitive or too idealistic

CAVEAT
Children with ODD are made not born. If a child has parents who are not drinking, drugging, and beating on each other, plus has three meals a day, a warm bed, and gets a lot of hugs why would that child be ODD? Answer: extremely unlikely
ASPERGER’S DISORDER
Incompatible or Contradictory Features

- Relatively normal interpersonal relationships with those who share his or her interests
- Extensive knowledge with intense interest, but without other Asperger-related behaviors
- Is comfortable with abstract ideas, unstructured situations, and innovative activities
- Any atypical motor mannerisms are largely under conscious control

CAVEAT
If you’d rather read a book than sweat playing yet another round of kickball, you likely do not have AD.

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2/12/15
ASPERGER’S DISORDER
Incompatible or Contradictory Features

- Any odd motor mannerisms are associated with stress or excess energy
- Lacks motor clumsiness
- Has insight into emotions of others and into interpersonal situations
- Emotion is generally appropriate to the topic or content
ASPERGER’S DISORDER
Incompatible or Contradictory Features

- Can display empathy and sympathy on many occasions
- Speech patterns and sense of humor are like that of adults
- Understands and uses humor that involves social reciprocity, rather than solely one-sided humor, word play, or rote recitation of one-liners.
ASPERGER’S DISORDER
Incompatible or Contradictory Features

- Is aware of how others perceive him or her

- Tolerates abrupt changes in routine, or only passively resists in the face of such changes

- Readily understands the meaning of metaphors or idioms like “don’t jump the gun”

- Attention difficulties or distractibility result from events or actions in the environment rather than solely from his or her own thinking or ideas

***Sheldon has AD
BIPOLAR DISORDER
Incompatible or Contradictory Features

- The mood swings occur several times each day
- The extreme emotions occur in response to specific events or stimuli, not as an overall pervasive mood
- The moods and behaviors occur only at certain times of day, several hours after a meal, or after eating certain foods
- Is fatigued when they stay up too late
BIPOLAR DISORDER
Incompatible or Contradictory Features

- The extreme emotions occur primarily when the child is overly tired.
- The extreme emotions are related to a longstanding passionate interest area for the child.
- The emotions and behaviors do not cause significant impairment in relations with others or personal performance.
Dual Diagnosis (2e) Occurs
DISORDERS THAT MAY INVOLVE GIFTEDNESS
(Dual Diagnoses)

[Need to talk to the person about giftedness in each case below.]

- LEARNING DISABILITIES
  - Asynchronous Development is typical for gifted
  - Handwriting is often poor
  - Compensatory skills can mask LD and prevent identification as gifted
DISORDERS THAT MAY INVOLVE GIFTEDNESS
(Dual Diagnoses)

[Need to talk to the person about giftedness in each case below.]

➢ ASPERGER’S DISORDER

- Can be misdiagnosed as “quirky gifted”
- True Asperger’s behaviors are not situation-specific
- May be on a continuum
DISORDERS THAT MAY INVOLVE GIFTEDNESS
(Dual Diagnoses)

[Need to talk to the person about giftedness in each case below.]

- ALLERGIES (particularly food)
  - Incidence 30% of highly gifted
  - May be oversensitive to medications
  - Must be explained differently
  - Can be avenue to enhanced self-understanding
DISORDERS THAT MAY INVOLVE GIFTEDNESS
(Dual Diagnoses)

[Need to talk to the person about giftedness in each case below.]

➤ REACTIVE HYPOGLYCEMIA
  - Incidence 5% of highly gifted
  - May be misdiagnosed as Bipolar Disorder
DISORDERS THAT MAY INVOLVE GIFTEDNESS  
(Dual Diagnoses)

[Need to talk to the person about giftedness in each case below.]

- SLEEP DISORDERS (5% of gifted; particularly males)
  - Nightmare/ Sleep Terror Disorder
  - Bedwetting (5% - 10% of gifted boys ages 6-11)
  - Sleep patterns (20% need less; 20% need more)
DISORDERS THAT MAY INVOLVE GIFTEDNESS
(Dual Diagnoses)

[Need to talk to the person about giftedness in each case below.]

- OBSESSIVE-COMPULSIVE DISORDER (OCD)
  - Excessive intellectualizing
  - Related to guilt feelings
  - Primarily an adult diagnosis
  - Difference between the disorder and the type
DISORDERS THAT MAY INVOLVE GIFTEDNESS
(Dual Diagnoses)

[Need to talk to the person about giftedness in each case below.]

- PARENT-CHILD RELATIONSHIP PROBLEMS
  - Power struggles
  - Lack of understanding due to thinking style differences
  - Parent enmeshment with child
  - “Adultizing” the child
  - Using giftedness to excuse bad social behavior
  - Accommodating to gifted behaviors
  - Parent using child as weapon
  - Parent denying the child’s giftedness
  - Parent punishing the child for gifted behaviors
  - Parent using gifted as a reason for criticisms
DISORDERS THAT MAY INVOLVE GIFTEDNESS (Dual Diagnoses)

[Need to talk to the person about giftedness in each case below.]

- **DEPRESSION (EXISTENTIAL)**
  - Very likely among highly gifted
  - Issues of meaning, purpose, and belonging
  - Existential – awareness without insight
CONSIDERATIONS IN DIFFERENTIATING CORRECT DIAGNOSES FROM GIFTED BEHAVIORS

- Take a developmental history to look for early milestones or precocious development.

- Evaluate whether the person’s current school or personal behaviors or test results suggest high intellectual or creative potential.

- Consider whether the behavior patterns are ones that are typical for gifted children or adults.
CONSIDERATIONS IN DIFFERENTIATING CORRECT DIAGNOSES FROM GIFTED BEHAVIORS

- When examining the DSM-IV-TR diagnostic criteria, remember to consider the child’s or adult’s developmental level in terms of giftedness, and whether these could account for some of the behaviors that otherwise would fit the diagnostic criteria.

- Examine carefully the context in which “problematic” behaviors occur, and whether those behaviors could be explained most parsimoniously as stemming from a gifted/creative person being in an inappropriate situation.

- Consider whether the “problematic” behaviors are found only in certain contexts, rather than across most situations.
CONSIDERATIONS IN DIFFERENTIATING CORRECT DIAGNOSES FROM GIFTED BEHAVIORS


- Evaluate the extent of the situational contribution to the difficulties.

- Note whether the “problematic” behavior patterns are greatly reduced when the person is with other gifted persons or in intellectually supportive settings.

- Consider whether there is more frequent “cycling” of problem behaviors than would be expected for such a diagnosis.
Evaluate the extent to which specific situations may markedly ameliorate the “problem behaviors” for gifted persons.

Evaluate the extent of impairment caused by the behaviors. Are the behaviors really problematic ones that impair personal or interpersonal functioning, or are they quirks or idiosyncrasies that cause little impairment or discomfort?
Paul Beljan, PsyD, ABPdN, ABN
Alison E.F. Reuter, PhD, ABPdN
Laura Wingers, PsyD
Kate Bree, PsyD
Vanessa Berens, PhD
Jacob Boney, PsyD, BCBA-D

9835 E. Bell Rd., Ste. 140
Scottsdale, AZ  85260
(602) 957-7600
www.beljanpsych.com

Paul Beljan, PsyD, ABPdN, ABN
8585 E. Bell Rd., Ste. 100A
Scottsdale, AZ  85260
602-957-7600
www.paulbeljan.com
paul@paulbeljan.com
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