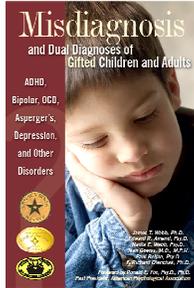


Accurate Assessment? ADHD, Asperger's Disorder, and Other Common Misdiagnoses and Dual Diagnoses of Gifted Children

James T. Webb, Ph.D.
Great Potential Press
7025 1st Ave., Suite 5
Scottsdale, AZ 85251
www.giftedbooks.com



**SENG Professional Advisory Committee
(www.sengifted.org)**

- Richard Clouse, M.D. -- Family Practice
- Brock Eide, M.D. -- Internal Medicine
- Fernette Eide, M.D. -- Neurology
- Ronald E. Fox, Psy.D., Ph.D. -- Psychology
- Jean Goerss, M.D., M.P.H. --Pediatrics
- Jerry Grobman, M.D. - - Psychiatry
- Steven Curtis, Ph.D. -- School Psychology
- James T. Webb, Ph.D. -- Psychology (Chair)



SENG DVD on Misdiagnosis and Dual Diagnoses



A movie about misdiagnosis?
Supporting Emotional Needs of the Gifted (SENG) has partnered with the film production company Our Children's Future to create a feature-length documentary highlighting the plight of gifted children who are misdiagnosed with disorders such as ADHD or Asperger's Syndrome. We're proud to bring you this 30-minute introductory film as the first step in the process. But the DVD you can order today is only the tip of the iceberg -- a sampling of a larger project! We need your help to make a full-length film.

Why do it?
Misdiagnosis of gifted children is a widespread problem, but still largely unknown to health professionals, counseling professionals, educators and parents. To spare our children from inappropriate treatment, and to prevent their social and intellectual isolation, we must educate people about the potential for misinterpreting characteristics of giftedness as symptoms of pathology. A feature-length documentary, produced for television, conference, and educational workshops, is a way to reach thousands of people across the country and the world.

learn more at www.sengifted.org

We need your help!
SENG has already contributed over \$25,000 toward production, but that is just a fraction of the cost to make even a 30-minute educational video! Contributions of any amount to SENIG that are included with your DVD order will be targeted specifically toward this project. By working together we can build a brighter future for gifted children!

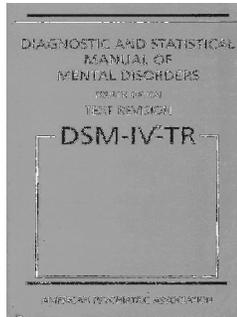
Learn more, order the 30-minute DVD today!

Experts & parents speak out about:

- Misdiagnosis of ADHD
- Complexity of giftedness
- Twice-exceptionality
- Parenting gifted children

SENG DVD 2011
Richard E. Clouse, Ph.D. - Family Practice
Brock Eide, M.D. - Internal Medicine
Fernette Eide, M.D. - Neurology
Ronald E. Fox, Psy.D., Ph.D. - Psychology
James T. Webb, Ph.D. - Psychology (Chair)

A quarter century ago, there were 80 psychiatric diagnoses. Now, there are 300.



Wrong Labels Can Lead to Inappropriate Treatment

MOTHER GOOSE AND GRIMM



CHARACTERISTICS AND BEHAVIOR PATTERNS OF GIFTED THAT CAN LEAD TO MISDIAGNOSES

- Intensity and sensitivity (“Overexcitabilities”); may overreact; gets angry easily, or cries if things go wrong
- Idealism – impatient with failures; experiences keen disappointment; cynicism and depression; feelings of aloneness
- Impatient with others and self; intolerant and critical of others
- Oversensitive to criticism
- Difficulty seeing things from others’ viewpoint
- Perfectionism – very self-critical; unwilling to take risks; oversensitive to criticism
- Creative – engages in non-traditional behaviors
- Judgment lags behind intellect (asynchronous development)
- Non-conformity; challenges others and traditions; refuses to accept authority; disrupts status quo
- Strong-willed behavior; frequent disagrees strongly with parents, teachers, peers, supervisors; gets in power struggles; is stubborn; gets angry

**CHARACTERISTICS AND BEHAVIOR PATTERNS
OF GIFTED THAT CAN LEAD TO MISDIAGNOSES**

(continued)

- Neglects duties or people during periods of intense focus
- Advanced, numerous, and/or diverse interests; appears scattered
- "Visual-Spatial" ("Right Brain") non-linear learning styles
- Disorganized learning or job functioning style; leaves tasks unfinished; lacks interest in details; hands in messy work
- Narrow interests or overly focused; reluctant to move to new topics in discussion
- Boredom with routine tasks (particularly if educationally or occupationally misplaced); resists routine practice; refuses to do rote homework or busywork
- Underachievement due to excessive conformity with peers
- Asynchronous development; shows scatter of ability levels
- Poor handwriting
- Unusual sleep patterns
- Peer relation problems
- Jokes or puns at inappropriate times

**FREQUENT MISDIAGNOSES OF GIFTED
CHILDREN AND ADULTS**

- **Attentional and Activity Problems**
 - Attention Deficit/Hyperactivity Disorder (ADD/ADHD)
- **Anger Diagnoses**
 - Oppositional-Defiant Disorder
 - Conduct Disorder
 - Intermittent Explosive Disorder
 - Disruptive Behavior Disorder NOS
 - Narcissistic Personality Disorder

**FREQUENT MISDIAGNOSES OF GIFTED
CHILDREN AND ADULTS**

(continued)

- **Mood Disorders**
 - Bi-Polar Disorders
 - Cyclothymic Disorders
 - Dysthymic Disorder
 - Depressive Disorder
- **Learning Disorders (often overlooked because of giftedness)**

FREQUENT MISDIAGNOSES OF GIFTED CHILDREN AND ADULTS

(continued)

- **Ideational and/or Anxiety Disorders**
 - **Obsessive-Compulsive Disorder (OCD)**
 - **Obsessive-Compulsive Personality Disorder (OCPD)**
 - **Asperger's Disorder (aka Asperger's Syndrome)**
 - **Pervasive Developmental Disorder**
 - **Schizoid Personality Disorder**
 - **Schizotypal Personality Disorder**
 - **Avoidant Personality Disorder**

DUAL DIAGNOSES

(Disorders that Often Involve Giftedness)

- **Learning Disabilities (asynchronous development)**
- **Attention Deficit/ Hyperactivity Disorder (ADD/ADHD)**
- **Obsessive-Compulsive Disorder (perfectionism)**
- **Asperger's Disorder (AD)**
- **Allergies (particularly food) & Asthma**
- **Reactive Hypoglycemia**
- **Sleep Disorders (Nightmare, Sleep Terror, and Sleepwalking Disorders)**

DUAL DIAGNOSES

(Disorders that Often Involve Giftedness)

- continued

- **Parent-Child Relationship Problems**
- **Relational Problems with Peers**
- **Depression (existential)**
- **Adult Relationship Issues**
 - **Marital/partner**
 - **Employment**
 - **Socialization**
 - **Gender Identity Issues**

DUAL DIAGNOSES
(Disorders that Often Involve Giftedness)

➤ **LEARNING DISABILITIES** (Dyslexia, Mathematics Disorder, Nonverbal Learning Disabilities, Sensory-Motor Integration problems, Auditory Processing Disorders)

- Asynchronicity is typical for gifted
- Handwriting is often poor
- Compensatory skills can mask LD and prevent identification as gifted

DUAL DIAGNOSES
(Disorders that Often Involve Giftedness)

- continued

➤ **ADD/ADHD**

- Most gifted children are intense
- Must consider the overexcitabilities
- Must consider the appropriateness of the educational placement
- Most gifted children resist tasks that seem irrelevant to them

DUAL DIAGNOSES
(Disorders that Often Involve Giftedness)

- continued

➤ **OBSESSIVE-COMPULSIVE DISORDER (OCD)**

- An extension of perfectionism
- Related to guilt feelings
- Excessive intellectualizing
- Primarily an adult diagnosis
- Important to distinguish between the disorder and the personality type

DUAL DIAGNOSES
(Disorders that Often Involve Giftedness)
- continued

➤ **ASPERGER'S DISORDER**

- Can be misdiagnosed as "quirky gifted"
- True Asperger's behaviors are not situation-specific
- Is on a continuum

DUAL DIAGNOSES
(Disorders that Often Involve Giftedness)
- continued

➤ **ALLERGIES (particularly food) & ASTHMA**

- Incidence 40% to 60% of highly gifted
- May be oversensitive to medications
- Can be avenue to enhanced self-understanding about reactions generally

DUAL DIAGNOSES
(Disorders that Often Involve Giftedness)
- continued

➤ **REACTIVE HYPOGLYCEMIA**

- Incidence 5% to 7% of highly gifted
- About half also have allergies and need less sleep
- May be misdiagnosed as Bipolar Disorder or ADD/ADHD

DUAL DIAGNOSES
(Disorders that Often Involve Giftedness)

- continued

➤ **SLEEP DISORDERS (Nightmare/ Sleep
Terror or Sleepwalking Disorders)**

- Normal Sleep patterns (20% need less; 20% need more)
- 10% - 20% of gifted, particularly males, have sleep problems.
- Bedwetting (5% - 10% of gifted boys ages 6-11)

DUAL DIAGNOSES
(Disorders that Often Involve Giftedness)

- continued

➤ **DEPRESSION (EXISTENTIAL)**

- Very likely among highly gifted
- Issues of meaning, purpose, and belonging
- Feeling alone in an absurd, meaningless world
- Existential awareness without insight

DUAL DIAGNOSES
(Disorders that Often Involve Giftedness)

- continued

➤ **PARENT-CHILD RELATIONSHIP
PROBLEMS**

- Gifted children can be challenging to parents
- Parents may punish the child for gifted behaviors
- Parents may link gifted to their criticisms because of higher expectations
- Lack of understanding due to thinking style differences
- Power struggles

DUAL DIAGNOSES
(Disorders that Often Involve Giftedness)
- continued

➤ **PARENT-CHILD RELATIONSHIP PROBLEMS** (continued)

- 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

DUAL DIAGNOSES
(Disorders that Often Involve Giftedness)
- continued

➤ **ADULT GIFTED RELATIONSHIP ISSUES**

- Marital/Partner (zone of tolerance)
- Employment (authority and peer problems)
- Socialization (peer problems)
- Gender Identity Issues (androgyny)

HOW DO YOU DIFFERENTIATE CORRECT DIAGNOSES FROM GIFTED BEHAVIORS?

- Does the developmental history indicate early milestones or precocious development?
- Do the person's current school or personal behaviors or test results suggest high intellectual or creative potential?
- Are the behavior patterns are ones that are typical for gifted children or adults?

**DIFFERENTIATING CORRECT DIAGNOSES
FROM GIFTED BEHAVIORS** (continued)

- In examining the DSM-IV-TR diagnostic criteria, can the child's or adult's developmental level (in terms of giftedness) account for behaviors that otherwise would fit the diagnostic criteria?
- What is the context in which "problematic" behaviors most often occur?
- Are the "problematic" behaviors found only in certain contexts, rather than across most situations?

**DIFFERENTIATING CORRECT DIAGNOSES
FROM GIFTED BEHAVIORS** (continued)

- What is the extent of the situational contribution to the difficulties?
- Are the "problematic" behavior patterns greatly reduced when the person is with other gifted persons or in intellectually supportive settings?
- Can the "problematic" behaviors be explained most parsimoniously as stemming from a gifted/creative person being in an inappropriate situation?

**DIFFERENTIATING CORRECT DIAGNOSES
FROM GIFTED BEHAVIORS** (continued)

- Is the "cycling" of problem behaviors more frequent than would be expected for such a diagnosis?
- Do specific situations markedly ameliorate the "problem behaviors" for these gifted persons?
- What is the actual 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?

**Diagnostic Criteria for
Attention Deficit/Hyperactivity Disorder
(ADD/ADHD)**

- A. Either (1) for Inattention, or (2) for Hyperactivity-Impulsivity
- (1) Six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.
 - (1) Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.

**Diagnostic Criteria for
Attention Deficit/Hyperactivity Disorder
(ADD/ADHD) (continued)**

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment for the symptoms is present in two or more settings (e.g., at school [or work] and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

**Diagnostic Criteria for
ADD/ADHD – Inattention
(6 or more exist for 6 months or more)**

1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
2. Often has difficulty sustaining attention in tasks or play activities.
3. Often does not seem to listen when spoken to directly.
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
5. Often has difficulty organizing tasks and activities.

**Diagnostic Criteria for
ADD/ADHD – Inattention
(6 or more exist for 6 months or more)**

6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
7. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).
8. Is often easily distracted by extraneous stimuli.
9. Is often forgetful in daily activities.

**Diagnostic Criteria for
ADD/ADHD – Hyperactivity-Impulsivity
(6 or more exist for 6 months or more)**

➤ **Hyperactivity**

1. Often fidgets with hands or feet or squirms in seat.
2. Often leaves seat in classroom or in other situations in which remaining seated is expected.
3. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
4. Often has difficulty playing or engaging in leisure activities quietly.
5. Is often “on the go” or often acts as if “driven by a motor.”
6. Often talks excessively.

**Diagnostic Criteria for
ADD/ADHD – Hyperactivity-Impulsivity
(6 or more exist for 6 months or more)**

➤ **Impulsivity**

1. Often blurts out answers before questions have been completed.
2. Often has difficulty awaiting turn.
3. Often interrupts or intrudes on others (e.g., butts into conversations or games).

ADD/ADHD
Incompatible or Contradictory Features

- **Problems first occur when the child starts formal schooling**
- **Shows selective ability to attend to tasks that are of interest, with intentional withdrawal from tasks that are not of interest**
- **Has prolonged and intense concentration on challenging tasks on interest even when there is no readily-evident immediate reward**
- **Is unaware of the environment when interested and involved in a task**

ADD/ADHD
Incompatible or Contradictory Features (continued)

- **Is easily distracted by the environment when uninterested in a task, but tries to avoid disturbing others**
- **Delays response when spoken to, but gives thoughtful responses when he does speak**
- **Intentionally fails to finish tasks (especially rote memory or repetitious tasks)**
- **Blurted answers generally are correct**

ADD/ADHD
Incompatible or Contradictory Features (continued)

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

**Diagnostic Criteria for
Oppositional-Defiant Disorder**

- A. A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present.
- B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

**Diagnostic Criteria for
Oppositional-Defiant Disorder** (continued)

- 1. Often loses temper.
- 2. Often argues with adults.
- 3. Often actively defies or refuses to comply with adults' requests or rules.
- 4. Often deliberately annoys people.
- 5. Often blames others for his or her mistakes of misbehavior.
- 6. Is often touchy or easily annoyed by others.
- 7. Is often angry and resentful.
- 8. Is often spiteful and vindictive.

**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
- 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 *(continued)*

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

Diagnostic Criteria for
Asperger's Disorder

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
1. Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
 2. Failure to develop peer relationships appropriate to developmental level.
 3. A lack of spontaneous seeking to share enjoyment, interests, or achievement with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people).
 4. Lack of social or emotional reciprocity.

Diagnostic Criteria for
Asperger's Disorder *(continued)*

- B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities as manifested by at least one of the following:
1. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
 2. Apparent inflexible adherence to specific, nonfunctional routines or rituals.
 3. Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements).
 4. Persistent preoccupation with parts of objects.

**Diagnostic Criteria for
Asperger's Disorder** (continued)

- C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.
- D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years).
- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.
- F. Criteria are not met for another specific Pervasive Development Disorder or Schizophrenia.

**ASPERGER'S DISORDER
Incompatible or Contradictory Features**

- Relatively normal interpersonal relationships with those who share his or her interests (i.e., no significant impairment)
- Extensive knowledge in areas of 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

**ASPERGER'S DISORDER
Incompatible or Contradictory Features** (continued)

- 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 (continued)

- Can display empathy and sympathy on many occasions
- Is aware of how others perceive him or her, and how his behaviors affect others
- Speech patterns and sense of humor are more 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 (continued)

- 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

**Diagnostic Criteria for
Bipolar I Disorder**

Presence (or history) of one or more Manic Episodes (with or without a history of Major Depressive Episodes) showing three or more of the following that cause marked impairment in occupational functioning or in usual social activities or relationships with others, or which necessitate hospitalization to prevent harm to self or others.

1. Inflated self-esteem or grandiosity.
2. Decreased need for sleep.
3. More talkative than usual or pressure to keep talking.
4. Flight of ideas or subjective experience that thoughts are racing.

**Diagnostic Criteria for
Bipolar I Disorder** (continued)

5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli).
6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.
7. Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).

**Diagnostic Criteria for
Bipolar II Disorder**

Presence (or history) of at least one Major Depressive Episode (with the presence or history of at least one Hypomanic Episode) during which the person showed five or more of the following during the same 2-week period. These symptoms must represent a change from previous functioning, and have caused marked clinical distress or impairment in occupational functioning or other important areas of functioning.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, can be irritable mood.

**Diagnostic Criteria for
Bipolar II Disorder** (continued)

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
4. Insomnia or hypersomnia nearly every day.
5. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
6. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
7. Recurrent thoughts of death, or a suicide attempt or a specific plan for committing suicide.

Rapid-Cycling Specifier

The specifier "Rapid-Cycling" can be applied to Bipolar I or Bipolar II Disorder. The essential feature of a rapid-cycling Bipolar Disorder is the occurrence of four or more mood episodes during the previous 12 months. The episodes must be demarcated either by partial or full remission for at least 2 months, or must switch to an episode of opposite polarity.

BIPOLAR DISORDER Incompatible or Contradictory Features

- The mood swings occur several times each day
- The specific emotions occur in response to specific events or stimuli, not as an overall pervading mood that simply occurs
- The moods and behaviors occur only at certain times of day, several hours after a meal, or after eating certain foods

BIPOLAR DISORDER Incompatible or Contradictory Features (continued)

- 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

WEB SITES FOR GIFTED RESOURCES

- www.giftedbooks.com
- www.hoagiesgifted.com
- www.TAGFAM.com
- www.sengifted.org
- www.nagc.org
- www.ditd.org

Suggested Readings

- Amend, E. R., & Schuler, P. A. (2005). Challenges for Gifted children with Asperger's Disorder. <http://blogs.stjohns.k12.fl.us/depts/behavior/wp-content/uploads/2008/09/aspergersgiftedness.pdf>.
- Amend, E.R., Schuler, P., Beaver-Gavin, K., & Beights, R. (2009). A unique challenge: Sorting out the differences between giftedness and Asperger's Disorder. *Gifted Child Today*, 32(4), 57-63
- Assouline, S. G., Nicpon, M. F., & Doobay, A. (2009). Profoundly Gifted Girls and Autism Spectrum Disorder. *Gifted child Quarterly*, 53(2), 89-105.
- Baum, S.M., Olenchak, F.R., & Owen, S.V. (1998). Gifted students with attention deficits: Fact and/or fiction? Or, can we see the forest for the trees? *Gifted Child Quarterly*, 42, 96-104.
- Carroll, S. (1987). ADD Look-alikes: Guidelines for educators. *NASP Communiqué: ADHD*, Fall.
- Cramond, B. (1995). *The coincidence of attention deficit hyperactivity disorder and creativity*. Storrs, CT: University of Connecticut, The National Research Center on the Gifted and Talented.

Suggested Readings

- Gallagher, S.A. & Gallagher, J.J. (2002). Giftedness and Asperger's Syndrome: A New Agenda for Education. *Understanding our gifted* (Winter), 7-12.
- Hartnett, D. N., Nelson, J. M., & Rinn, A. N. (2004). Gifted or ADHD? The Possibilities of Misdiagnosis. *Roeper Review*, 26(2), 73-77.
- Kaufmann, F. Kalbfleisch, M. L., & Castellano, F. X. (2000). *Attention deficit disorders and gifted students: What do we really know?* Storrs, CT: National Research Center on the Gifted and Talented.
- Lind, S. (1996). *Before Referring a Gifted Child for ADHD Evaluation*. http://www.sengifted.org/articles_counseling/index.shtml
- Little, C. Which Is It? Asperger's Syndrome or Giftedness? Defining the Differences. *Gifted child today*, 25(1), Winter 58-62.
- Lovecky, D. (2004). *Different minds: Children with AD/HD, Asperger's Gifted children with attention deficit disorder*. London: Jessica Kingsley.

Suggested Readings

- > Neihart, M. (Fall, 2000). Gifted Children With Asperger's Syndrome. *Gifted Child Quarterly*, 44, (4), 222-230.
- > Pfeiffer, S. I. (2009). The Gifted: Clinical Challenges for Child Psychiatry. *Journal of the American Academy of Child and Adolescent Psychiatry*. 48(8), 787-790.
- > Webb, J.T. (20099). *Dabrowski's theory and existential depression in gifted children and adults*. http://www.sengifted.org/articles_counseling/DabrowskisTheory.pdf
- > Webb, J.T., Amend, E.R., Webb, N.E., Goerss, J. Beljan, & Olenchak, F.R., (2005). *Misdiagnosis and Dual Diagnoses of Gifted Children and Adults: ADHD, Bipolar, OCD, Asperger's, Depression, and Other Disorders*. Scottsdale, AZ: Great Potential Press. www.giftedbooks.com
