



Misdiagnosis of Asperger's Disorder in gifted youth: An addendum to *Mis-Diagnoses and dual diagnosis of gifted children* by James Webb, Ph.D.

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As a licensed clinical psychologist specializing in giftedness, I read my colleague Jim Webb's paper with much interest. I, too, am concerned about the too frequent mis-diagnosis and over-diagnosis of gifted and talented youth.

In addition to the clinical syndromes outlined by Dr. Webb, Asperger's Disorder is another that is becoming commonly mis-diagnosed in gifted youth. Although there can be similarities between a gifted child and a child with Asperger's Disorder, there are very clear differences. Thorough evaluation is necessary to distinguish gifted children's sometimes unusual and sometimes unique social interactions from Asperger's Disorder. In the same way, thorough evaluation is also necessary to distinguish Attention-Deficit/ Hyperactivity Disorder (ADHD) from behavioral problems and inattention that result from other causes such as anxiety, traumatic experiences (e.g., abuse), inappropriate curriculum, or even poor parenting.

A "qualitative impairment" in social interaction is one of the two main characteristics of Asperger's Disorder. Although the DSM-IV gives fairly explicit criteria for this type of social impairment, which does sometimes appear in gifted kids, the highly gifted child's atypical social interactions or unusual modes of commenting and joking may often be misinterpreted as being characteristics of Asperger's Disorder. However, a closer look at the criteria shows differences between Asperger's Disorder and behaviors associated with gifted children. For example, a lack of social or emotional reciprocity is characteristic of Asperger's Disorder while gifted children most often show a tremendous concern for others. They may not always know how to express it appropriately, but the concern is there.

The second major DSM-IV diagnostic component of Asperger's Disorder includes restricted interests characterized by an "encompassing preoccupation with one or more...interest(s) that is abnormal either in intensity or focus." Professionals knowledgeable about Asperger's Disorder describe an intense fascination with a special interest that can come and go, but which will dominate the child's free time and conversation. Children with Asperger's Disorder may also show an uneven profile of abilities with remarkable long-term memory, exceptional concentration when engaged in their special interest, and an original method of problem solving. In contrast, they may also show motor clumsiness, and a lack of motivation and attention for activities that would engage age-peers. Social withdrawal, teasing by peers, and difficulties relating to others in an age-appropriate manner are other markers for Asperger's Disorder.

All of the above characteristics are also commonly seen in gifted children and can easily be mistaken as Asperger's Disorder by someone not familiar with the asynchronous development and special needs of gifted youth. The unusual behaviors of many gifted children do strike many who are not familiar with gifted characteristics as a "qualitative impairment" in social interactions. Although the gifted child's interactions may technically show a "qualitative impairment," it is certainly of a different nature and likely has different causes (e.g., thoughts or worries by a gifted child about interacting).

Someone knowledgeable about giftedness could see these differences more readily than those who are not familiar. What I frequently see in practice is that when gifted youth are given the opportunity to interact with true "intellectual peers" in a particular area, their interactions are not only unimpaired, but also are often typical. In a child with Asperger's Disorder, one is not likely to see reciprocal interaction or discussion about a topic even if both children have an interest in the same topic. This is in marked contrast to gifted youngsters who will engage in extremely intense and also reciprocal conversations if both of them share the interest in, say, Pokemon or Harry Potter.

Differential diagnosing is an essential part of our work as health professionals, and it is easy to see how mis-diagnoses can be made. If professionals are unaware how characteristics of gifted children may appear similar to clinical syndromes, differentiation of diagnosis and treatment cannot occur, and many gifted children will continue to be mis-labeled and wrongly stigmatized. As a result, proper intervention cannot be implemented. For example, instruction for a bright but inattentive and disinterested student who is not being challenged in the classroom is very different from treatment or classroom approaches needed for an inattentive child with ADHD. Likewise, children with Asperger's Disorder often require much more intensive treatment and different classroom management, while a gifted child may benefit from interventions as simple as the opportunity to interact with appropriate peers.

I encourage your organization to help educate health professionals about the characteristics and social/emotional needs of gifted youth.

Sincerely,

Edward R. Amend, Psy.D.