

# The Gifted: Clinical Challenges for Child Psychiatry

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Gifted children and adolescents are an often misunderstood special needs population. Part of the problem is definitional. Most state regulations reflect the 1972 definition offered by the U.S. Office of Education, modified in the 1993 U.S. Department of Education Report, *National Excellence: A Case for Developing America's Talent*.<sup>1</sup> The federal definition stipulates that the gifted demonstrate outstanding ability or potential and require differentiated educational programs beyond those normally provided in the schools. The federal definition includes exceptional intellectual, academic and leadership ability, creativity, and artistic talent. In clinical practice, however, above-average intellectual ability remains the predominant definitional criterion. Most psychologists and school districts continue to use a singular criterion of above-average intelligence to identify giftedness—an IQ score of 120, 125, or 130.

A second definitional issue that has contributed to misunderstanding is whether we should narrowly define giftedness as persons of high intelligence or more broadly define giftedness as any person with exceptional ability in a culturally valued domain. A third definitional issue is whether we should restrict our definition to those children with already demonstrated high ability or consider children with evidence of outstanding promise but not yet demonstrated ability.

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## WHO ARE THE GIFTED AND PREVALENCE ESTIMATES

Most would agree that the child who is reading at age 3 years, playing competitive chess at age 6 years, or performing violin with a college orchestra at age 11 years is gifted. These examples reflect children who are developmentally advanced, a hallmark of giftedness. Authorities agree that academically gifted children are those who are in the upper 3% to 5% compared with their peers in general intellectual ability, specific academic competence, the visual or performing arts, leadership, or creativity. Not surprisingly, there is evidence for a genetic influence in the expression of giftedness.<sup>2</sup> The fields of music and mathematics are particularly rich with examples of prodigies. Evidence also comes from the emergence of extraordinary talent among children from impoverished environments. However, most behavioral geneticists also agree that the unfolding of giftedness requires a nurturing environment.

Prevalence rates are inexact and arbitrary, and vary by how school districts define giftedness. Nationwide estimates range from a conservative 3% to as high as 15%. Not surprising, prevalence varies along racial/ethnic and socioeconomic lines. There is no true cutoff between giftedness and nongiftedness, although many would like to believe otherwise. Most parents welcome their child being labeled gifted, which sometimes exerts pressure on professionals for a positive diagnosis of giftedness.

## CHARACTERISTICS OF THE GIFTED AND GIFTED IDENTIFICATION

Characteristics commonly associated with giftedness include advanced language and reasoning skills; conversation and interests more aligned with older children and adults; impressive long-term memory; intuitive understanding of concepts; insatiable curiosity; advanced ability to connect disparate ideas, and appreciate relationships; rapid learning; heightened sensitivity and intensity of feelings and emotions; perfectionism; moral sensitivity; and asynchrony across developmental

domains.<sup>3</sup> However, no gifted child exhibits all of these characteristics, and gifted children vary considerably in the expression of core characteristics. The reader should also be forewarned that giftedness does not always make an early appearance. For every Mozart, who created his masterpieces while still young, there is the Cézanne, whose art works were completed considerably later in life. Many late bloomer gifted children only reveal their promise in adolescence.

It is important for child and adolescent psychiatrists and other mental health professionals who work with children to be knowledgeable about the ways in which intellectual gifts may present in children. For example, the 5-year-old with advanced language ability who began reading at an early age demonstrates characteristics of the gifted. The 7-year-old who is unusually perceptive, has an ironic sense of humor, has insatiable curiosity, and worries incessantly over troubling current events demonstrates characteristics of the gifted. These youngsters often go unrecognized because their emotional problems mask their advanced gifts.

Alert to the characteristics of giftedness, and attuned to the behavior and communication of their young patients, the child and adolescent psychiatrist can recommend gifted testing for a patient who presents with precocious abilities. Oftentimes, the bright child with emotional problems does not perform in the gifted range on an IQ test. In these instances, alternative gifted identification screening procedures, such as nonverbal ability tests (e.g., Universal Nonverbal Intelligence Test<sup>4</sup>) and teacher rating scales (e.g., Gifted Rating Scales<sup>5</sup>) can help confirm giftedness.

It is important to become familiar with local school district policy regarding the gifted. The psychiatrist can assist parents in constructive dialogue and negotiation with school officials if a gifted classification dispute arises. It is also helpful to identify a local psychologist with expertise in gifted testing as a resource.

A significant but as yet unknown number of gifted children are incorrectly diagnosed as presenting with psychiatric disorders.<sup>6</sup> The characteristics that are associated with giftedness oftentimes are mistaken by teachers, parents, and others as a psychiatric disorder. For example, the often elevated intensity and activity levels of some gifted children have been misdiagnosed as attention-deficit/hyperactivity disorder.

Other gifted children present with a variety of behavioral problems and even psychiatric disorders

that go unnoticed. These children either are able to partially compensate for their problems or are viewed as simply quirky because they are gifted, their psychiatric disorder unrecognized and untreated. We have no reliable estimate of how many gifted go untreated and suffer needlessly because of unrecognized disorders. However, anecdotal reports suggest that the number is significant. I have consulted with many parents with an unrecognized twice exceptional child, a gifted youngster presenting with an unidentified psychiatric disorder. The gifted field has adopted the term *twice exceptional* instead of the term *dual diagnosis*. For example, a young child's intellectual precocity can conceal a learning disability, or a gifted child's intensity and strong opinions can obscure an oppositional defiant disorder.

Undiagnosed gifted children, like the misdiagnosed gifted, reflect a significant mental health problem. Child psychiatrists can play a leading role in meeting the diagnostic and treatment needs of these two groups.

## PARENTAL CONCERNS AND QUESTIONS

Child psychiatrists and other mental health practitioners who work with gifted children and adolescents are likely to encounter the following four parental concerns.

### Educational Decisions and Options

The most frequent question that parents raise relates to seeking advice about educational options for their gifted child. Their child may be bored, underchallenged, underachieving, or unhappy. Their child may be embroiled in conflicts with their teacher. Their child may be masking her intellectual ability in an attempt to appear more like her peers. Finding an optimal match, where the curriculum matches the child's cognitive abilities, maturity, and academic interests, is critically important for gifted learners. Too often, the gifted children encounter a curriculum that is too simple, slow paced, and repetitive for their accelerated learning styles.

Educational options for the gifted include early kindergarten, acceleration and enrichment, pullout programs, multiage classrooms, resource rooms, cluster grouping, home schooling, correspondence courses, honors classes, International Baccalaureate programs, Advanced Placement college-level courses, summer programs, special day and residential schools, dual college enrollment, and early college admissions.

Educational acceleration presents academic material more advanced than the standard grade-level curriculum.

Acceleration includes early school entrance, part-day older classes, grade skipping, dual college enrollment, and early college entry. Even today, many educators continue to oppose acceleration, although there is considerable research supporting its effectiveness. In fact, there is no evidence that acceleration is detrimental to the social or emotional adjustment of gifted students.<sup>7</sup> Criteria that should be considered in determining whether a child is a candidate for acceleration include an IQ of at least 125, academic skill levels above the mean of the grade level desired, social and emotional maturity to interact with older peers, and a receptive child. The Iowa Acceleration Scale<sup>8</sup> and the Gifted Rating Scales are parent- and teacher-completed rating forms that are easy for psychiatrists to score and interpret and useful in helping families make reasoned decisions regarding acceleration. Bright adolescents who present in the classroom as bored, unmotivated, and uninspired often respond favorably to dual enrollment college courses and online correspondence courses. Counseling is particularly effective when the treatment plan includes the intellectual needs of the gifted patient.

#### Learning Disabilities

Many gifted students, perhaps not surprisingly, have disabilities. A number of authorities suggest that the majority of twice exceptional have learning disabilities. Teachers can overlook indications of giftedness and focus exclusively on the child's learning delays, such as difficulties with handwriting, phonetic awareness, reading fluency, spelling, and mathematical calculations. In other instances, the school minimizes or even ignores the learning problem, assuming that the child's high IQ will trump a learning disability. Unfortunately, this is not always the case; many gifted with learning disabilities go untreated with negative outcomes.

There are at least three different types of gifted learning disabled students. The first type, gifted children with subtle, subclinical learning problems, are typically identified as gifted and do well in the early years. However, in middle and high school, their learning disability may more severely compromise their academic competence, and problems can arise, including underachievement, low self-esteem, and depression. The second type of twice exceptional learning disabled are diagnosed as learning disabled but rarely identified as gifted. Their learning disability is more pervasive and severe and, left untreated, moderates their academic

success. The third type remain unrecognized as either learning disabled or gifted. These children have learning problems that obscure their gifts and gifts that mask their disability. Their undiagnosed learning disability obstructs the realization of their full intellectual gifts.

A perceptive clinician, familiar with the characteristics of the gifted and aware that giftedness can mask learning disabilities and learning disabilities can mask giftedness, can identify the twice exceptional. The diagnostic process is fraught with practical and conceptual issues. Fortunately, there are guidelines to assist the child and adolescent psychiatrist in identifying the gifted-learning disabled youngster.<sup>9</sup>

#### Behavioral, Social, and Emotional Problems

Research indicates that the majority of gifted are socially well adjusted. Contrary to common stereotype, most gifted are popular, make friends, get along with others, and do not experience loneliness or depression. At the same time, gifted children, like their nongifted peers, experience typical developmental challenges. Sometimes, developmental milestones occur early because of the child's precocious abilities, which can create unique problems. For example, some gifted toddlers exhibit behaviors indicative of the "terrible twos" as early as 16 to 18 months.

Although most gifted are well adjusted, some are vulnerable to emotional distress because of the very characteristics that are the hallmark of giftedness. These characteristics can potentiate their vulnerability. For example, asynchronous development can generate feelings of being out of sync with others of the same age. Some gifted feel uncomfortably different from their peers and become distressed that they are unable to find a friend. Others express the wish that they were like everyone else and view their gift as a burden. Difficulty with affect regulation related to overexcitability and negative perfectionism can increase their vulnerability to emotional distress.

The gifted are neither immune nor impervious to the social and emotional challenges that all children face. Child psychiatrists can expect referrals for a wide range of presenting problems, including depression, suicidal ideation, anxiety, social isolation and feelings of alienation, aggression, drug use, neurotic perfectionism, sexual promiscuity, truancy, and sexual identity issues. Some gifted have psychiatric disorders, including attention-deficit/hyperactivity disorder, Asperger's

disorder, eating disorders, mood disorders, and serious conduct problems. An important role for the child psychiatrist is prescribing and monitoring psychotropic medications for those gifted who need and will benefit from pharmacological intervention.

#### Parenting Issues

The final concerns relate to a range of parenting issues. When parents first learn that their child is gifted, they are delighted with the news. However, they can soon become anxious about how to best meet their child's special needs. Some parents feel inadequate, ill equipped, or overwhelmed with the task of providing for their special child. Fostering the talent development of a gifted child is fraught with challenges and hazards. Gifted children can require extra time, energy, and financial resources, which places additional demands on the family. Family tensions can result. Parents can benefit from reassurance, guidance, informational resources (e.g., Twice Exceptional Newsletter, [www.2eNewsletter.com](http://www.2eNewsletter.com); Hoagies Gifted Education Page, [www.hoagiesgifted.org](http://www.hoagiesgifted.org); National Association for Gifted Children, [www.nagc.org](http://www.nagc.org), Supporting Emotional Needs of the Gifted, [www.seng.org](http://www.seng.org)), and brief family counseling.

Some parents are perceived by the schools as pushy or demanding. They profit from professional intervention in learning effective negotiating and problem-solving skills when advocating on behalf of their child. Other parents may present with more serious maladaptive concerns, such as dysfunctional family relationships, family violence, parental sabotaging of the gifted child, and

marital conflict. These more serious issues necessitate more in-depth couple and family psychotherapy.

Most gifted children are well adjusted and enjoy academic success and satisfactory social lives. However, a significant number of gifted encounter difficulties navigating the challenges of school, peer group, and home. Child psychiatrists and other mental health professionals can be helpful in identifying and addressing the needs of gifted children. Most gifted are doing well, but some need and will benefit immeasurably from well-planned guidance, advocacy, and psychiatric intervention.

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#### REFERENCES

1. Ross P. *National Excellence: A Case for Developing America's Talent*. Washington: U.S. Department of Education; 1993.
2. Plomin R, Spinath FM. Intelligence: genetics, genes, and genomics. *J Pers Soc Psychol*. 2004;86:112–129.
3. Robinson NM, Olszewski-Kubilius PM. Gifted and talented: issues for pediatricians. *Pediatr Rev*. 1996;17:427–434.
4. Bracken BA, McCallum RS. *Universal Nonverbal Intelligence Test*. Itasca: Riverside; 1998.
5. Pfeiffer SI, Jarosewich T. *The Gifted Rating Scales*. San Antonio: The PsychCorp/Pearson; 2003.
6. Webb JT, Amend ER, Webb NE, Goerss J, Beljan P, Olenchak FR. *Misdiagnosis and Dual Diagnosis of Gifted Children and Adults*. Scottsdale: Great Potential Press; 2005.
7. Gagné F, Gagnier N. The socio-affective and academic impact of early entrance to school. *Roeper Rev*. 2004;26:128–138.
8. Assouline SG, Colangelo N, Lupkowski-Shoplik A, Lipscomb J, Forstadt L. *The Iowa Acceleration Scale, 2nd ed: Manual*. Scottsdale: Great Potential Press; 2003.
9. McCoach DB, Kehle TJ, Bray MA, Siegle D. Best practices in the identification of gifted students with learning disabilities. *Psychol Sch*. 2001;38:403–411.