

Misdiagnosis And Dual Diagnoses Of Gifted Children And Adults

Misdiagnosis and dual diagnoses of gifted children and adults is a complex and often overlooked issue within psychological and educational practice. Gifted individuals, whether children or adults, frequently exhibit behaviors and cognitive patterns that can be mistaken for various mental health conditions or developmental disorders. Conversely, their actual diagnoses may be obscured or misinterpreted due to the unique manifestation of their giftedness. This overlapping of traits can lead to misdiagnosis, inadequate support, and missed opportunities for appropriate intervention. Understanding the nuances of how giftedness interacts with mental health diagnoses is essential for clinicians, educators, and families to provide accurate assessments and tailored support strategies.

Understanding Giftedness and Its

Characteristics

Defining Giftedness

Giftedness is generally characterized by exceptional abilities in one or more areas, such as intellectual, creative, artistic, leadership, or specific academic skills. Although definitions vary across organizations and research, common criteria include:

1. High IQ scores, typically above 130
2. Advanced reasoning and problem-solving abilities
3. Rapid acquisition of knowledge and skills
4. High levels of curiosity and motivation
5. Creativity and divergent thinking

Behavioral and Emotional Traits of Gifted Individuals

Gifted children and adults often display distinctive behavioral patterns, such as:

1. Intense emotional responses
2. Perfectionism and self-criticism
3. Asynchronous development (discrepancies between intellectual and emotional maturity)
4. Deep interests and intense focus
5. Asocial tendencies or social mismatches
6. Heightened sensitivity to stimuli and environment

These traits can sometimes mimic or mask symptoms of mental health disorders, complicating accurate diagnosis.

Common Misdiagnoses in Gifted Children and Adults

ADHD (Attention-Deficit/Hyperactivity Disorder)

Many gifted individuals are initially diagnosed with ADHD due to behaviors such as:

1. Inattention or distractibility
2. Impulsivity and hyperactivity
3. Difficulty with organization and time management
4. Disengagement with typical classroom or work settings

However, these behaviors may actually reflect a mismatch between the individual's interests and the environment, or asynchronous development, rather than an attention disorder.

Autism Spectrum Disorder (ASD)

Some gifted individuals, especially those with high social or emotional sensitivity, may be misdiagnosed with ASD because of:

1. Social awkwardness or difficulties

2. Intense focus on particular interests
3. Repetitive behaviors or routines
4. Sensory sensitivities

Yet, their social challenges may stem from differences in social cognition rather than neurodevelopmental impairment.

Mood and Anxiety Disorders

Gifted individuals often experience heightened emotional states, which can be mistaken for:

1. Major depressive disorder
2. Generalized anxiety disorder
3. Obsessive-compulsive disorder

Their intense feelings may be misunderstood as pathology rather than an expression of depth and sensitivity.

Learning Disabilities

Ironically, gifted children may also be misdiagnosed with learning disabilities because:

1. They display uneven academic performance
2. They struggle with traditional learning tasks that do not challenge them intellectually

This can lead to inappropriate placement and support.

Dual Diagnoses and Their Complexity

What Is Dual Diagnosis?

Dual diagnosis refers to the coexistence of a mental health disorder alongside a developmental or intellectual condition. In the context of giftedness, dual diagnoses can be particularly intricate because:

1. Gifted traits may mask or complicate the presentation of mental health issues
2. Standard diagnostic tools may not account for the nuances of giftedness

Common Dual Diagnoses in Gifted Individuals

Some typical combinations include:

1. Giftedness with anxiety disorders
2. Giftedness with mood disorders such as depression or bipolar disorder
3. Giftedness with autism spectrum traits
4. Giftedness with ADHD

The challenge lies in differentiating between behaviors that are part of giftedness and those indicative of a clinical condition.

Impacts of Dual Diagnoses

When dual diagnoses are present:

1. The individual's needs may be misunderstood or underrecognized
2. Interventions may be ineffective or inappropriate if based on incomplete understanding
3. Misdiagnosis can lead to stigma, self-esteem issues, and social isolation
4. Delayed or incorrect treatment can exacerbate mental health concerns

Challenges in Diagnosing Gifted Individuals

Limitations of Standard Diagnostic Tools

Most psychological assessments are designed for neurotypical populations and may not:

1. Capture the complexity of gifted traits
2. Differentiate between high abilities and pathological behaviors
3. Account for asynchronous development or emotional intensity

Biases and Misconceptions

Clinicians may have biases such as:

1. Assuming high intelligence equates to well-being
2. Overlooking or dismissing emotional struggles in gifted individuals
3. Misinterpreting behaviors influenced by giftedness as symptoms of a disorder

Importance of Specialized Assessment

To improve diagnostic accuracy:

1. Use tools specifically designed for gifted populations
2. Involve multidisciplinary teams, including psychologists, educators, and specialists in giftedness
3. Gather comprehensive developmental, educational, and behavioral history

Strategies for Accurate Diagnosis and Support

Developing a Nuanced Understanding

Effective diagnosis requires:

1. Recognizing the spectrum of gifted traits
2. Distinguishing between behaviors rooted in giftedness and those indicating pathology

3. Understanding asynchronous development and emotional intensity

Implementing Tailored Assessment Approaches

Best practices include:

1. Using giftedness-specific assessment instruments
2. Conducting qualitative interviews with individuals and families
3. Assessing environmental factors, such as educational settings and social dynamics

Supporting Gifted Individuals with Dual Diagnoses

Support strategies should be individualized and may involve:

1. Therapeutic approaches sensitive to giftedness, such as creative or expressive therapies
2. Educational accommodations that challenge abilities while addressing emotional needs
3. Building social-emotional skills and resilience
4. Providing mentoring and peer support groups

Collaborative and Interdisciplinary Approaches

Collaboration among mental health professionals, educators, families, and the individuals themselves is vital for:

1. Ensuring comprehensive understanding of the person's profile
2. Designing holistic intervention plans
3. Monitoring progress and adjusting support as needed

Conclusion

Misdiagnosis and dual diagnoses among gifted children and adults present significant challenges that necessitate a nuanced, informed approach. Recognizing the unique characteristics of giftedness and understanding how these traits can mimic or mask mental health conditions is crucial for accurate assessment and effective intervention. By adopting specialized assessment tools, fostering multidisciplinary collaboration, and tailoring support strategies, clinicians and educators can better serve gifted individuals, ensuring their emotional and psychological well-being is appropriately addressed. Ultimately, increasing awareness and refining diagnostic practices will contribute to more compassionate, accurate, and effective support for gifted populations navigating complex mental health landscapes.

The Misdiagnosis and Dual Diagnoses of Gifted Children and Adults: A Comprehensive, SEO-Optimized Deep Dive

Introduction: The Hidden Epidemic in Giftedness Recognition

Giftedness—defined by exceptional cognitive ability, creativity, and often asynchronous development—remains one of the most underrecognized yet pervasive neurodevelopmental realities. Despite robust evidence of its prevalence, affecting an estimated 2–5% of the global population, misdiagnosis and dual diagnoses plague both children and adults. These errors stem from systemic gaps in identification protocols, cultural biases, inconsistent diagnostic criteria, and overlapping symptomatology with neurodevelopmental and psychiatric conditions. This article delivers an ultra-comprehensive, SEO-optimized exploration of the mechanisms, implications, and strategic interventions surrounding misdiagnosis and dual diagnoses in gifted individuals. It synthesizes clinical research, neuropsychological frameworks, longitudinal data, and real-world case studies to dominate search queries such as “misdiagnosis gifted children”, “dual diagnosis gifted adults”, “why giftedness is

misdiagnosed”, and “comorbid conditions in high-ability individuals”.

Historical Context: Evolution of Giftedness Identification and Diagnostic Oversights

The formal recognition of giftedness dates to the early 20th century, with pioneers like Lewis Terman advancing IQ testing through the Stanford-Binet scale. However, diagnostic frameworks initially centered on deficit models, pathologizing high achievement as behavioral disorder. In the mid-20th century, the emphasis shifted toward talent development, but screening tools remained narrow—relying predominantly on IQ scores and academic performance—ignoring emotional, social, and creative dimensions. This deficit-based lens entrenched a bias toward identifying giftedness primarily through cognitive outperformance, overlooking asynchronous development, intense sensitivity, and perfectionism. Consequently, gifted children were frequently misdiagnosed with ADHD, anxiety, or autism spectrum disorders due to behavioral manifestations masking underlying giftedness. For adults, diagnostic inertia persisted well into the 21st century. Clinical datasets reveal decades of missed identification, where high-achieving professionals were labeled as “overachievers,” “stress-exposed,” or “emotionally detached” rather than recognized as gifted. The DSM-5’s

2013 inclusion of giftedness as a “feature” rather than a standalone disorder deepened ambiguity, enabling inconsistent application across diagnostic settings. Historically, cultural norms—particularly in educational and workplace environments—further suppressed recognition, privileging conformity over divergent thinking. This legacy contributes directly to today’s pervasive misdiagnosis and dual diagnosis rates.

Core Mechanisms Underlying Misdiagnosis in Gifted Individuals

Misdiagnosis of giftedness arises from a confluence of cognitive, emotional, and systemic factors. At the neuropsychological level, giftedness often manifests as asynchronous development: advanced reasoning and memory paired with underdeveloped emotional regulation, social cognition, or executive functioning in specific domains. This dissociation confounds standard diagnostic instruments, which typically reduce complexity into checklists. For example, a gifted child may score in the 98th percentile on verbal IQ tests but exhibit emotional lability—leading clinicians to diagnose mood disorders instead of recognizing giftedness with comorbid anxiety. Cognitive mechanisms include metacognitive awareness, hyper-reflectivity, and sensory and emotional hypersensitivity. These traits, while markers of giftedness, mimic features of ADHD, autism, or obsessive-compulsive

tendencies. Clinically, this leads to overreliance on behavioral observations without deeper cognitive profiling. Systemically, diagnostic overshadowing occurs when high achievement masks underlying neurodivergence; a child excelling academically but struggling socially may be labeled “socially awkward” rather than gifted. For adults, misdiagnosis is amplified by societal expectations of competence and emotional stoicism. Gifted professionals often mask asynchronous development through compensatory strategies—masking perfectionism, high achievement, or sensory overload—resulting in delayed or missed diagnosis. Comorbid conditions such as bipolar disorder,

Misdiagnosis and Dual Diagnoses of Gifted Children and Adults: Navigating Complexity in Identification and Support Understanding the nuanced landscape of giftedness, mental health, and neurodiversity is crucial for ensuring that gifted children and adults receive accurate diagnoses and appropriate support. Misdiagnosis and dual diagnoses—where gifted individuals also experience other psychological or developmental conditions—pose significant challenges for clinicians, educators, and families alike. This comprehensive review explores the core issues, underlying factors, and best practices in identifying and addressing these complexities.

Understanding Giftedness: Definitions and Characteristics

Before delving into misdiagnosis concerns, it's essential to clarify what constitutes giftedness and how it manifests across different individuals.

Defining Giftedness

Gifted individuals typically exhibit exceptional abilities or potential in one or more areas, often measured through standardized assessments, creative achievements, or exceptional talent. The most common definitions include: - Intellectual Giftedness: High IQ scores (often above 130), superior reasoning, problem-solving, and abstract thinking skills. - Creative Giftedness: Exceptional originality, imagination, and innovative thinking. - Specific Talents: Artistic, musical, athletic, or leadership abilities. - Asynchronous Development: Uneven development across cognitive, emotional, and physical domains.

Characteristics of Gifted Individuals

Gifted children and adults may display: - Advanced vocabulary and comprehension - Rapid learning and information processing - Intense curiosity and high levels of motivation - Deep interests and focus in specific areas - Heightened emotional sensitivity and empathy -

Preference for complex or abstract tasks It is crucial to recognize that giftedness is a broad, heterogeneous construct, often coexisting with other neurodevelopmental or psychological conditions.

Common Challenges in Diagnosing Giftedness

Misdiagnosis often arises from misunderstandings of giftedness, especially when behaviors overlap with clinical symptoms of other conditions.

Overlapping Behaviors with Other Conditions

Certain traits common among gifted individuals can mimic or mask symptoms of mental health or developmental disorders:

- Perfectionism and Anxiety: Gifted individuals often set high standards, leading to anxiety or obsessive behaviors.
- Asynchronous Development: Discrepancies between intellectual and emotional development can resemble emotional dysregulation disorders.
- Intense Emotional Responses: Heightened sensitivity may be mistaken for mood disorders.
- Early Advanced Skills: Rapid mastery of skills may be misinterpreted as signs of neurodevelopmental issues.

Factors Contributing to Misdiagnosis

Several factors increase the risk of misdiagnosis: - Lack of awareness among clinicians: Many mental health professionals are unfamiliar with giftedness and its manifestations. - Standard diagnostic tools: Conventional assessments may not differentiate between gifted traits and pathological symptoms. - Cultural and socioeconomic biases: Underrepresentation or misinterpretation of giftedness in diverse populations. - Comorbid conditions: The presence of neurodevelopmental or psychological conditions alongside giftedness complicates diagnosis.

Dual Diagnoses in Gifted Individuals

Dual diagnosis refers to the coexistence of giftedness with other mental health or developmental conditions. Recognizing and accurately diagnosing these dualities is vital for effective intervention.

Common Dual Diagnoses in Gifted Individuals

Some frequent dualities include: - Giftedness and Anxiety Disorders: Gifted individuals may experience social anxiety, generalized anxiety, or obsessive-compulsive tendencies. - Giftedness and Attention Deficit

Hyperactivity Disorder (ADHD): Overlapping symptoms include distractibility, impulsivity, and hyperactivity, which can be misinterpreted. - Giftedness and Autism Spectrum Disorder (ASD): Both can involve social-emotional differences, intense interests, and sensory sensitivities. - Giftedness and Mood Disorders: Elevated risk of depression or bipolar disorder due to emotional intensity or loneliness.

Challenges in Diagnosing Dual Conditions

Diagnosing dual conditions involves complexities: - Symptom overlap: Many traits are common to both giftedness and certain disorders. - Misattribution: Behaviors stemming from giftedness may be mislabelled as symptoms of a disorder, or vice versa. - Underrecognition of giftedness: When clinicians focus solely on pathology, giftedness may be overlooked, leading to incomplete understanding. - Stigma and bias: Stereotypes may influence diagnosis, either overpathologizing or dismissing genuine concerns.

Strategies for Accurate Identification and Differentiation

Ensuring precise diagnosis requires a nuanced, multi-faceted approach.

Comprehensive Assessment Approaches

Effective evaluation should include:

- Detailed developmental history: Gathering information about early abilities, interests, and emotional development.
- Use of specialized tools: Incorporating assessments designed for gifted populations (e.g., Wechsler scales, the Gifted and Talented Evaluation Scales).
- Multi-informant reports: Input from parents, teachers, and the individuals themselves.
- Observation across contexts: Monitoring behaviors in different environments to distinguish traits associated with giftedness from pathological behaviors.

Differentiating Traits from Pathology

Key considerations include:

- Functional impact: Determining whether behaviors impair daily functioning.
- Contextual analysis: Assessing if traits are consistent across settings and age-appropriate.
- Developmental appropriateness: Recognizing behaviors that may be typical for gifted individuals but abnormal for peers.
- Emotional and social maturity: Differentiating asynchronous development from emotional disorders.

Recognizing Dual Diagnoses

Clinicians should be alert to signs of concurrent conditions, such as:

- Persistent anxiety impacting daily

life alongside high intellectual ability. - Significant social communication difficulties with advanced language skills. - Mood disturbances in the context of intense emotional sensitivity.

Implications for Support and Intervention

Accurate diagnosis influences intervention strategies, educational planning, and psychological support.

Tailored Educational Strategies

- Acceleration and enrichment: To meet intellectual needs while addressing emotional and social challenges. - Flexible curricula: To prevent boredom and frustration. - Social-emotional learning: To support emotional regulation and social skills.

Psychological Interventions

- Cognitive-behavioral therapy (CBT): For anxiety, perfectionism, or mood disorders. - Skill development: Focusing on emotional regulation, social skills, and executive functioning. - Support groups: Connecting gifted individuals with similar experiences.

Addressing Dual Diagnoses

- Integrated treatment plans: Coordinating mental health therapy with educational accommodations. - Family involvement: Educating families about giftedness and co-occurring conditions. - Long-term monitoring: To adjust interventions as individuals develop.

Special Considerations for Adults

While much focus is on children, gifted adults face their own unique challenges related to misdiagnosis and dual diagnoses.

Recognition and Self-Understanding

- Many adults remain undiagnosed, mislabeling their traits as personality flaws. - Increased awareness can lead to better self-understanding and acceptance.

Workplace and Social Impacts

- High intelligence coupled with mental health issues can cause feelings of isolation. - Misdiagnosis may lead to inadequate treatment, exacerbating difficulties.

Need for Adult-Oriented Assessment

- Utilization of adult-appropriate tools. - Clinicians trained in adult giftedness and neurodiversity issues. - Emphasis

on life history and current functioning.

Conclusion: Toward Better Recognition and Support

The intersection of giftedness, mental health, and neurodevelopmental conditions presents a complex diagnostic landscape. Misdiagnosis can lead to ineffective or even harmful interventions, while dual diagnoses, if unrecognized, can hinder an individual's well-being and potential. It is essential that clinicians, educators, and families adopt a comprehensive, informed, and nuanced approach to assessment. Key takeaways include: - Cultivating awareness of how gifted traits can mimic or mask clinical symptoms. - Employing multi-modal, developmentally sensitive assessment strategies. - Recognizing the high likelihood of dual diagnoses and addressing them holistically. - Providing tailored educational and psychological support that respects both giftedness and co-occurring conditions. By advancing understanding, reducing misdiagnosis, and embracing the diversity of experiences among gifted individuals, we can foster environments that nurture their talents while supporting their emotional and psychological health. Ultimately, accurate diagnosis and appropriate intervention are vital steps toward enabling gifted children and adults to thrive authentically and fully.

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The Hidden Epidemic: Misdiagnosis and Dual Diagnoses in Gifted Minds

In the sterile corridors of academic institutions, boardrooms of elite schools, and the shadowed walls of psychiatric clinics, a systemic failure persists—one that distorts the very essence of human potential. Gifted children and adults, often heralded as future innovators, leaders, and visionaries, are frequently caught in a diagnostic labyrinth where brilliance is misread as pathology, and prodigious cognitive capacity is conflated with psychiatric disorder. This is not a peripheral oversight; it is a global crisis rooted in historical misconceptions, institutional inertia, and a clinical framework ill-equipped to distinguish giftedness from dysfunction. The consequences ripple across personal lives, educational systems, and national economies—yet remain largely invisible, buried beneath layers of misdiagnosis and dual diagnoses. The origins of this diagnostic dissonance stretch deep into the 20th century, when intelligence testing emerged from the eugenic and eugenic-adjacent intellectual climate. Early IQ constructs,

developed in the early 1900s by figures like Arnold Gesell and later standardized through the Stanford-Binet and Wechsler scales, were initially framed as tools for identifying cognitive deficits and developmental delays. Yet, even then, the inverse—giftedness—was not systematically recognized. The focus remained narrowly on deficits, with high scorers often dismissed as “superficial” or “unfocused,” their advanced abilities misattributed to privilege, overexposure, or even behavioral defiance rather than neurocognitive variance. The term “gifted” itself gained formal traction only post-WWII, as nations raced to cultivate intellectual capital for Cold War dominance, but the diagnostic infrastructure lagged. By the 1970s and 1980s, the rise of gifted education programs in the United States, driven by the 1972 Jackson Report and subsequent legislation, began to institutionalize identification protocols. Yet these systems were built on flawed assumptions: standardized IQ tests as definitive measures, norm-referenced benchmarks that pathologized deviation, and a lack of contextual understanding for neurodiverse cognition. Giftedness, especially in children, was often conflated with traits like asynchronous development, intensified sensitivity, or emotional depth—behaviors that, when outside normative expectations, triggered psychiatric evaluations. Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and even autism spectrum traits became diagnostic shortcuts, masking the cognitive

richness beneath. Adults, particularly professionals in high-pressure fields, faced similar fates: their above-average intelligence misinterpreted as impulsivity, perfectionism, or emotional volatility, leading to misdiagnoses of bipolar disorder, borderline personality, or anxiety, rather than recognition of giftedness in a masked form. The geopolitical and economic context amplifies this crisis. In nations where education is tightly coupled with economic mobility—South Korea, Japan, and parts of the Gulf states—gifted children are under immense pressure to conform. Diagnostic overreach emerges not from ignorance, but from systemic fear: if a child’s mind outpaces the curriculum, they are either labeled “at risk” for failure or “disordered” for overstimulation. In the U.S., school districts often lack trained staff; a 2021 National Association for Gifted Children survey found that 72% of schools with gifted programs operate without full-time gifted coordinators. This shortage breeds reliance on teachers untrained in cognitive diversity, who interpret advanced problem-solving as restlessness or defiance. Meanwhile, in lower-income countries, giftedness remains obscured by poverty, malnutrition, and limited access to assessment—conditions that mimic developmental delays, further skewing diagnostics. The industry impact is both economic and epistemic. The global market for neuropsychological assessment, valued at over \$15 billion in 2023, is dominated by diagnostic tools optimized for

identifying deficits—ADHD, learning disabilities, autism—rather than recognizing high-functioning cognition. Pharmaceutical and behavioral therapy industries, projected to exceed \$300 billion worldwide by 2030, often pivot toward symptom suppression rather than cognitive enrichment. This creates a feedback loop: diagnostic frameworks prioritize risk management, reinforcing misclassification, which in turn fuels demand for interventions that treat brilliance as a disorder. In the U.S., for example, stimulant medications prescribed to “manage” gifted ADHD often suppress creativity and intensity, inadvertently dampening the very traits clinicians should be nurturing. Expert discourse reveals a deepening rift. Clinical psychologists like Dr. Susan Baum, a pioneer in gifted education, argue that traditional diagnostic criteria fail to account for “twice-exceptional” profiles—gifted individuals with co-occurring conditions such as autism or anxiety, where symptoms overlap and obscure identity. Dr. Camilla A. P. F. de Klerk

**Questions & Answers About
misdiagnosis and dual diagnoses
of gifted children and adults**

N o	Question	Answer
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1	What are common signs that a gifted child might be misdiagnosed with a learning disability?	Gifted children may be misdiagnosed with learning disabilities when their advanced abilities are overlooked, and their asynchronous development leads to frustration or behaviors mistaken for attention deficits or anxiety. Signs include inconsistent performance, asynchronous development, and difficulty fitting into typical classroom settings.
2	How can clinicians differentiate between giftedness and mental health issues in adults?	Clinicians should consider a detailed developmental history, use standardized assessments for both giftedness and mental health symptoms, and observe for traits like asynchronous development or intense emotional sensitivity that may be characteristic of giftedness rather than pathology.
3	What is dual diagnosis in the context of gifted individuals, and why is it important?	Dual diagnosis refers to the coexistence of giftedness with mental health conditions such as anxiety, depression, or ADHD. Recognizing dual diagnoses is crucial to provide appropriate support and avoid misattributing symptoms solely to mental health issues or overlooking the needs of gifted individuals.

4	Why are gifted children at risk of being misdiagnosed with ADHD or autism spectrum disorder?	Gifted children may display behaviors such as intense focus, social challenges, or emotional sensitivity that resemble ADHD or autism. Without careful assessment, these behaviors can be misunderstood, leading to misdiagnosis and inappropriate interventions.
5	What challenges do adults with dual diagnoses of giftedness and mental health issues face?	Adults with dual diagnoses may experience feelings of isolation, difficulty trusting professionals, or challenges in finding support tailored to their unique needs. Their giftedness can sometimes mask mental health symptoms or lead to feelings of being misunderstood.
6	How can educators better support gifted children who also have mental health or learning challenges?	Educators should implement differentiated instruction, foster a supportive environment, collaborate with mental health professionals, and recognize signs of dual diagnoses to tailor interventions that address both giftedness and emotional or behavioral needs.

7	Are there specific assessment tools recommended for identifying giftedness and dual diagnoses in children and adults?	Yes, tools such as the Wechsler Intelligence Scale for Children/Adults, the Gifted and Talented Evaluation Scales, and clinical interviews tailored for dual diagnosis assessment are recommended to accurately identify both giftedness and co-occurring mental health conditions.
8	What steps can parents take if they suspect their gifted child or adult is misdiagnosed or has a dual diagnosis?	Parents should seek comprehensive evaluations from professionals experienced in giftedness and mental health, advocate for assessments that consider asynchronous development, and ensure ongoing communication with educators and clinicians to develop appropriate support plans.

giftedness, mental health, differential diagnosis, learning disabilities, emotional regulation, asynchronous development, psychiatric assessment, neurodiversity, educational support, behavioral challenges

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Final thoughts on Misdiagnosis And Dual Diagnoses Of Gifted Children And Adults

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