

COUNSELING GIFTED CHILDREN AND TEENS

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Mental health providers in schools and the community are likely to see gifted clients who have high ability in one or more domains, and who represent a range of achievement levels, concerns, and contexts. This chapter underscores the importance of not only being knowledgeable about the potential impact of giftedness on a presenting issue, development, or well-being, but also of approaching practice accordingly. When giftedness is involved, providers should communicate respect for cognitive and affective aspects (Peterson, 2015). However, other areas are also discussed, such as therapist postures and biases, perspectives related to case conceptualization, clinically based theories important for practice, and approaches.

Throughout, *counseling* refers to what helping professionals do, whether they are school psychologists, school or mental health counselors, counseling or clinical psychologists, psychiatrists, family therapists, or social workers. The phrase *characteristics associated with giftedness* refers to heightened sensitivity to environmental stimuli because of rapid information-processing (Mendaglio, 2007), anxiety (Tsui & Mazzocco, 2006), overexcitabilities (Probst & Piechowski, 2012), intensity (Daniels & Piechowski, 2009), and asynchronous development (Silverman, 2013), all of these are especially pertinent to social and emotional development and counseling practice.

IMPORTANCE OF THE TOPIC

Mental health professionals should consider that programs for gifted children and adolescents often

identify giftedness on the basis of performance on standardized tests or in the classroom. Therefore, educators may not apply the *gifted* label to highly capable students for whom academic work is not a priority during times of emotional turmoil, for example. These students may then have little access to intellectual peers (Peterson, 2015), potentially affecting sense of self and engagement in learning. In a clinical context, if ability has not been validated by label or experiences, it is not likely to be considered as part of the context of a concern.

Problems related to identification are, in turn, related to concerns about research samples. Scholars may study a narrow range of gifted individuals. If scholars use samples from honors classes, expensive summer programs, or highly selective private schools, for example, findings may not apply to highly able populations without economic advantages, English proficiency, or positive behavior, thereby affecting assumptions about social and emotional development. Pfeiffer and Yermish (2014) noted that research samples should include socioculturally diverse gifted clients and, pertinent to counseling approaches, a wider range of psychological disorders.

Related to diversity, emergent themes in Peterson and Margolin's (1997) qualitative study of U.S. dominant-culture teachers' language as they discussed giftedness included behavior; verbal ability, articulateness, and assertiveness; family status; work ethic; and social skills. These findings suggest that classroom teachers, when asked to refer highly capable children who might have been missed

during screening, are not likely to name those who lack strengths in those areas. In addition, Peterson's (1999) parallel study of five nondominant cultures showed that children of a minority culture may not be inclined to be assertive with knowledge (e.g., related to classroom curriculum). For example, humility was highly valued by Latino interviewees, and "not standing out" was valued by American Indians.

Not much is known about how often mental health providers work with gifted children. For example, school counselor preparation typically includes little or no emphasis on giftedness when considering exceptionality (Peterson & Wachter, 2010). Webb (2014) and Pfeiffer (2013a) noted a similar gap for psychologists. Peterson (1990) found that gifted students viewed school counselors as being for "problem kids," not "people like me" (p. 20).

School-based mental health providers may see more gifted underachievers than high achievers, but not necessarily because of low achievement. Underachievers may fly entirely under the giftedness radar, not recognizing their own potential or not demonstrating ability on assessments. These professionals may not be aware of the discrepancy between assessed ability and performance. They also may see high achievers for more than just letters of recommendation: Gifted students may be referred for anxiety (Gaesser, 2014), depression and suicidal ideation (Cassady & Cross, 2006; Jackson & Peterson, 2003), behavior (Herzog, 2012), suspected substance abuse (Wilmoth, 2012), eating disorders or other self-injurious behavior (Wood & Craigen, 2011), stress (Peterson, Duncan, & Canady, 2009), response to trauma (Peterson, 2012, 2014), perfectionism (Greenspon, 2000), isolation (Gross, 2004), or being a target or perpetrator of bullying (Peterson & Ray, 2006b), for example.

RESEARCH REVIEW

Gifted students may have no more and less vulnerability to unsettling life experiences and social and emotional concerns than their same-age peers (see Chapter 32, this handbook), but even "equal" represents a large number. If an aura of giftedness prevents classmates, family, and educators from

recognizing and acknowledging needs, concerns may be missed until a tragedy occurs or an unfulfilling life trajectory is well established. During a summer program, Wood (2010) conducted a quantitative study of gifted adolescents' experiences with school counselors in their schools. Perceptions included that the counseling contact was valuable and that counselors were empathic listeners. However, approximately half of the participants felt misunderstood by the counselor, and half felt that their concerns were dismissed.

Descriptions of models and approaches have been relatively few over nearly 3 decades (e.g., Betts & Kercher, 1999; Buescher, 1987; Mandel & Marcus, 1995; Mendaglio & Peterson, 2007; VanTassel-Baska, McIntosh, & Kearney, 2015). Studies of them have also not been plentiful (e.g., Gaesser, 2014; Hébert, 1997; Hébert & Neumeister, 2001; Jen, 2015; Kerr & Kurpius, 2004; Peterson, 2013; Peterson & Lorimer, 2011). However, evidence-based online resources and studies in other fields can guide counseling practice (Pfeiffer & Burko, 2015).

Clinical Literature

Clinical and conceptual literature over many years (e.g., Hollingworth, 1926; Piechowski, 1999; Rimm, 2008; Webb, 2013; Webb, Meckstroth, & Tolan, 1982; Whitmore, 1980) has informed clinicians and helped to raise awareness of areas needing research attention. In the past 15 years, increasing scholarly activity has included descriptions of, and insights drawn from, practitioners' work with gifted individuals and families (e.g., Grobman, 2006, 2009), and clinical and conceptual perspectives related to possible misdiagnosis of behaviors reflecting giftedness (Webb et al., 2005) and the relationship of giftedness (e.g., critical thinking) to high-risk behaviors (e.g., eating disorders, Leroux & Cuffaro, 2001; self-injury, Wood & Craigen, 2011).

Studies of Substance Use

Recent studies have broken new ground regarding drug use. A U.K. study found that high intelligence at age 10 was positively correlated with alcohol consumption at age 30 (Batty et al., 2008). In a comparative U.S. study (Wilmoth, 2012) of 12,686

individuals (ages 14–22 at the start of the study), intelligence was positively related to past use of recreational drugs. The researcher speculated that substance use might reflect intelligent people's valuing of novelty. However, other factors may be involved, including less concern about addiction because of confidence in self-control (e.g., Schmeichel, Vohs, & Baumeister, 2003). At the highest levels of intelligence, substance use is less positively correlated, perhaps because recreational use is social, and extreme intelligence may be isolating (Winner, 2000).

Studies of Approaches

A search for empirical studies since 2000 related to counseling gifted children and adolescents yielded 10 studies. Eight of these are presented next. Four used only qualitative methods.

In a multiple case study, Bourdeau and Thomas (2003) interviewed three family therapists and three gifted families who had recently experienced a postmodern (i.e., systemic and resource-based, not individual- and pathology-based) counseling approach. Of interest were their perceptions of roles and goals. The researchers concluded that clinicians should be overt about their theoretical orientation and aware of whether they are meeting clients' expectations. In other research involving adults, Peterson (2013) studied seven funded school counselors facilitating small-group discussion with young high-ability children from low-income families on scholarship in a summer program. The counselors also assisted in the classrooms. They had not expected that gifted children's needs would be so different, that counselors could be so important for them, and that economic strata could mix so comfortably in classrooms.

With qualitative methods, Hébert and Olenchak (2000) examined the mentorship experiences of three students and found that an open-minded, non-judgmental, strengths-focused mentor could help underachievers regardless of their age or circumstances. Persson's (2005) qualitative case study in Sweden was focused on "received mentorship" to provide counseling support for gifted individuals in an egalitarian setting that did not emphasize individual differences.

Mofield and Chakraborti-Ghosh (2010) studied the effects of a 6-week perfectionism-focused

affective curriculum on gifted middle school students ($N = 153$). Those with moderate to high levels of unhealthy perfectionism showed decreases in self-critical evaluation, but no greater healthy perfectionism. Kerr and Kurpius (2004) studied an intervention with talented at-risk young women that emphasized career exploration, self-efficacy, self-esteem, identity, values, personality, vision of the future, and avoidance of risky behaviors and found more independent career-development activity and less suicidal ideation 4 months later.

Peterson and Lorimer (2011) used mixed methods in a 5-year study of 155 students (grades 5–8, varying in number from year to year) during implementation of a small-group affective curriculum by teachers in a school for gifted students. The teachers had brief training in small-group discussion and characteristics associated with giftedness. The students showed change in a positive direction regarding being able to talk comfortably about social and emotional concerns, perceiving a positive effect on the school and a need to talk with peers about concerns, and believing that affect and academics are equally important.

Gaesser (2014), in a randomized-controlled study, examined the anxiety levels of gifted adolescents as well as the effectiveness of two interventions for treating anxiety: cognitive-behavioral therapy and emotional freedom technique. Emotional freedom technique (cf. Rowe, 2005) showed promise for treating anxiety more effectively and with relatively fewer sessions.

Qualitative Studies With Implications for Counseling

Qualitative researchers have increasingly explored how gifted children and adolescents experience "growing up." Feelings of differentness (T. L. Cross, Coleman, & Stewart, 1995) can affect sense of self and well-being. Grobman (2009) found in psychiatric practice that individuals with extreme talent were uncomfortably aware of the effect their abilities had on others. Mental health providers who are aware of stressors associated with high ability can ascertain whether these are contributing to presenting issues.

Helping professionals should keep in mind that their (or other adults') undivided attention might

be crucial to gifted adolescents' survival. Peterson's (1998) case presentations of six well-behaved gifted girls, struggling silently in extreme circumstances, revealed high risk for suicide. Factors of resilience (Rak & Patterson, 1996) that helped them survive were alert intelligence and problem-solving ability, structure at school, ability to engage others, a special person or a support network, ability to be proactive and reframe struggles, and early nurturing.

Kurpius, Kerr, and Harkins (2005) focused on talented American Indian girls in a 10-year intervention that included considerable interaction with participants. One finding was that acculturation into White culture increased their risk for sexual behavior and alcohol use, perhaps because of loss of identity within the traditional culture. The researchers concluded that narrow programming may miss what these girls can offer uniquely. Clinical professionals can help local gifted education leaders recognize struggles with discrimination, poverty, substance use, suicide, and stress; incorporate cultural heritage into discussions of strengths and resilience; and involve the community in identifying and nurturing talented individuals like these.

With ethnographic case studies of culturally diverse gifted boys in an urban high school, Hébert (1996, 2000) found that gifted boys with a strong positive relationship with a school counselor remained high achievers, excelled academically, and were successful in higher education. In that school, Hébert (1995) discovered a swim coach who created a culture of achievement, social and emotional well-being, and belonging. Hébert (2002) also found that strong mentoring relationships (e.g., faculty, administrators, clergy) shaped gifted Black boys who excelled in a predominantly White university. Hébert (2013) likewise found that mentoring enabled gifted Latino students to overcome adversity. These findings reflect those (e.g., A. L. Dixon & Tucker, 2008) related to the importance of "mattering."

Hutcheson and Tieso (2014) applied critical ethnography in a retrospective study of gifted lesbian, gay, bisexual, transgender, or queer (LGBTQ) university students' middle and high school experiences, with the focus on social coping. The participants used cognitive strengths to find supportive social groups, develop talents, confide in supportive

teachers, and use research to learn about themselves. These findings remind mental health providers in any setting of the role of cognition in gifted individuals' coping.

In Peterson and Rischar's (2000) retrospective qualitative study of 18 LGB adolescents, 83% experienced depression and 72% were suicidal at some time during adolescence, and 61% felt unsafe (39% at school). Regarding support, 78% experienced counseling, and 79% of those believed they benefited from it. Half had thought seriously about their sexual orientation before leaving elementary school. Of those who experienced depression, 80% discussed it with someone, but only 33% discussed it with parents, and none with teachers.

A study of gifted high school seniors' retrospective perceptions of negative life events (Peterson et al., 2009) revealed stress from high expectations, overcommitment, and social struggles. When they were asked what they wished teachers understood about them, the gifted seniors referred to social hostility, ridicule, and isolation; stress and "silent sensitivity"; not necessarily being more "mature"; not wanting to be singled out; and a need for "gentle feedback." Several did not want adults to focus on achievement only. Helping professionals can keep in mind that gifted students not only have concerns, but also want holistic attention from adults.

In a study of the affective component of a summer program for gifted students (grades 5–12) based on Peterson's (2008) curriculum, Jen (2015) conducted observations and interviews of campers; young-adult staff members, who facilitated small-group discussion; and the curriculum leader, who trained the staff members and led debriefing sessions during the program. Findings led to formalizing the Peterson Proactive Developmental Attention model (Peterson & Jen, in review). Campers from nine countries and three American Indian tribes made meaningful connections with intellectual peers, developed expressive language, and gained skills and new awareness through cross-cultural communication. Although only four of the 30 staff members were school counselors-in-training, and despite varying levels of English proficiency in the groups, they had positive experiences. The campers, 93% of whom made positive reports, referred to deep discussion, bonding, social contact

outside of sessions, insights about values and coping, and the realization that they all had the same developmental tasks, regardless of culture.

Hidden Concerns

Gifted students can hide concerns and may not approach counselors at school for assistance (Peterson, 1990). Parents, unaware of distress (Peterson, 2002; Peterson & Rischar, 2000), also may not ask for help. Even if they do, they may not know the seriousness of a concern. Therapists, psychologists, psychiatrists, social workers, and community counselors all need to be alert to problems beyond what parents or guardians note as concerns.

In some studies, not focused specifically on reporting concerns, many participants said they did not tell an adult even when they were in great distress. Jackson and Peterson (2003) found that gifted adolescents and young adults were concerned that revelations about complex concerns would have a toxic impact on their parents. In Peterson and Rischar's (2000) study of gifted LGB young adults, only 31% told a parent about their suicidal thoughts, and none told a teacher. However, troubled gifted middle-school students with difficult home circumstances (Peterson, 1997) named teachers and grandparents most often as "the nicest people," and teachers as someone who "understands me."

In a 4-year study of four gifted high school graduates with severe underachievement, suicidal ideation, or severe conflict with parents (Peterson, 2001a), none communicated their internal turmoil to parents. None of six gifted girls (Peterson, 1998) had told anyone about dangerous distress until interviewed. Silence was also common for targets of bullying (Peterson & Ray, 2006b). Gifted students may believe they should be able to resolve concerns alone (Peterson & Ray, 2006a) or may diligently protect a positive public image (Peterson & Rischar, 2000).

Summary

Because relatively little empirical literature supports specific therapeutic approaches with gifted students, clinical professionals can look to outcome studies of approaches used with other populations for guidance. However, studies of gifted individuals do describe effective clinical work related to

perfectionism, anxiety, work with low-income and culturally diverse children, mentoring, and small-group affective curriculum. Qualitative or mixed-methods studies have explored potential presenting issues, such as sense of differentness, stress, response to life events, social coping, and impact of extreme talent on self and others. Empirical literature also underscores a desire for social connection, a sense of mattering, and respect for cognitive strengths. Because gifted children and adolescents may hide serious concerns, mental health providers need to be alert to what may not be offered as a presenting issue.

THERAPIST POSTURES AND BIASES

A counselor's positive or negative attitudes about gifted clients may not only affect the therapeutic relationship, but also preclude recognizing serious presenting issues. Openness to learning from them about how they experience giftedness is an important counseling posture.

Learning From Them

The counseling alliance is crucial to effective therapeutic work, no less so with gifted clients (Peterson, 2011; Pfeiffer, 2013a, 2013b). Yermish (2010) found that "therapeutic rupture" (cf. Safran, Muran, & Shaker, 2014) occurred when therapists did not show curiosity about, or interest in, how exceptional capability is experienced. In her study of highly gifted individuals, the working alliance was also affected negatively when therapists tried to prove equal ability in self or family, seemed overly invested in having "special" clients, or did not acknowledge countertransference. Yet, compliant gifted students continued to attend sessions, with providers unaware that the relationship had been affected.

When professionals assume a one-down posture and invite gifted clients to become "teachers" in sessions (e.g., "What should I understand about being 12 years old and gifted?"), a window may open to a world otherwise unarticulated. Gifted individuals may be unaccustomed to being asked about their internal experience. In qualitative studies of gifted bullies and targets of bullying (Peterson & Ray, 2006a), gifted underachievers (Peterson, 1997, 2001b, 2002),

a gifted survivor of trauma (Peterson, 2012, 2014), and LGB gifted students (Peterson & Rischar, 2000), participants were eager to talk or write about complex personal situations and painful experiences. Some in each study remarked that they appreciated having someone interested in their experiences. Respectful helping professionals can expect the same.

Therapist Biases

Some scholars have credibly moved beyond high IQ when considering special services, underscoring the personal impact of measurement error, false negatives, and false positives, among several concerns (e.g., Peters, Matthews, McBee, & McCoach, 2014). Nevertheless, referring to measured ability helps to emphasize idiosyncratic aspects of giftedness. Roughly 95.46% of a bell curve of intellectual ability on commonly used assessments (e.g., IQ 70–130, or 60 points) represents all but 2.27% at the lower end and 2.27% at the upper end (two standard deviations below and above the mean). The upper portion, often deemed to reflect giftedness and eligibility for advanced curriculum (e.g., at or above IQ 130), could be equal to it (i.e., 60 points). Professionals' assumptions on the basis of common stereotypes may therefore be inappropriate. Webb et al. (2005) noted the great difference between gifted and profoundly gifted, including in needs, interests, and the availability of intellectual peers. Yermish (2010) noted that gifted clients need compassionate understanding about their experiences, which may be quite unlike those of the clinical professionals or anyone else in the school and community.

Consumers of services might safely assume that mental health professionals are quite able. However, when beginning their work, wise service providers self-reflect about potential countertransference, in the form of dismissiveness, resentment, envy, competitiveness, or narcissism (Pfeiffer & Yermish, 2014), and about biases (Peterson, 2011), asking themselves questions like the following: “How do I feel about people with high ability?” “Can I be fully present with them, not intimidated, insecure, uncomfortable, or judgmental?” “How do I feel about underachievers, extreme achievers, their parents, perfectionism, intensity, and hypersensitive

responses to environmental stimuli?” “What are my attitudes about special programs?” “What might be some unique needs?” “How do I usually relate socially to exceptionally bright individuals?” “Do I feel sorry for them?” “Do I need to ‘take them down a notch’?” If preoccupied with themselves in the presence of extreme ability, helping professionals may be unable to see gifted individuals holistically. Even being in awe, and commenting accordingly, may preclude a working relationship, because the client may then be concerned about disappointing the therapist, unwilling to be vulnerable.

On the basis of her unpublished qualitative study of the therapeutic alliance with gifted clients ($N = 30$), Yermish (2010) made several assertions, including the following:

1. Intelligence is a dimension of individual difference worthy of therapeutic dialogue.
2. High intelligence affects all aspects of the lived experience.
3. Highly intelligent individuals are a “culture,” warranting multicultural knowledge and awareness in those who work with them; openness to learning demonstrates cultural sensitivity.
4. Manifestations of giftedness may be misdiagnosed as psychopathology; high intelligence can also mask pathology.
5. Therapy can support development of an identity that includes giftedness.
6. Giftedness is likely to be intertwined with the problems with which clients struggle.
7. A therapist's ability to mirror empathy and maintain a potentially rapid and intense course of therapy is important.
8. A poor fit with ecological systems may affect normative developmental progress.
9. A gifted client's wish to be challenged may reflect perfectionism.
10. A therapist should pay attention to balance between intellect and affect, aware that over-intellectualization and emotional flooding are potential risks.

Presenting Issues

Gifted children and adolescents may present with social, emotional, and academic counseling

concerns that fit or do not fit categories common across all populations. J. R. Cross and Cross (2015), discussing mental health concerns of gifted individuals, focused on unhealthy perfectionism, anxiety, depression, and suicidality. Herzog's (2012) summary of concerns of parents of young gifted children included the impact of the gifted label on the family, managing or changing challenging behavior, and developing positive relationships. In Mendaglio and Peterson's (2007) edited book, eight mental health practitioners who focused on giftedness were asked about common presenting issues. Widely varying responses included some associated with giftedness in clinical, conceptual, and research literature: anxiety, extreme sensitivities to environmental stimuli, perfectionism, and underachievement. Some were related to the impact of exceptional ability on identity, direction, and social development. Others might not be expected with this population: truancy, depression, drug dependency, troubling life events, abuse, sexual promiscuity, sexual identity, stealing, and thought disorders.

Gifted children and adolescents, including those with economic advantages and a positive public image, may present with concerns that may or may not readily appear to be serious. In Peterson et al.'s (2009) study, gifted graduates, looking back at their school years, were asked an open-ended question about "most challenging hurdles or situations." In the three spaces provided for responses, participants often named the death of someone close, a serious illness in self or someone else, a serious accident, a romantic rejection, loss of a close friend because of family relocation, or not being selected for a team or ensemble after great investment. In additional space for the impact of each, they described lasting effects. Peterson and Ray (2006a) found that ostracism and bullying could dominate school life. These concerns are probably not unusual in any population. However, characteristics associated with giftedness might exacerbate the impact (Tsui & Mazzocco, 2006), although no research has yet supported this plausible hypothesis. Regardless, findings in the studies cited here are reminders that high-ability children and teens can indeed have troubling, unsettling experiences.

In the spirit of considering the potential clinical usefulness of pertinent studies of other populations

(Pfeiffer & Burko, 2015), Wood and Craigen (2011) ventured into new territory in the gifted education field with a thorough presentation of research related to self-injurious behavior. They speculated about why gifted individuals might be susceptible, suggesting an inability to express emotions verbally (Levenkron, 1998) and feeling detached from body (Favazza & Conterio, 1988). In addition, Conterio, Lader, and Bloom (1998) associated self-injurious behavior with high sensitivity to emotions and sensory stimuli, reflecting a characteristic associated with giftedness. Some empirical attention to specific concerns of gifted populations is also relevant: gifted students having relatively more negative reactions to perceived failure (Roberts & Lovett, 1994) and F. A. Dixon, Lapsley, and Hanchon's (2004) empirical typology of maladaptive perfectionism.

In a retrospective study of 432 gifted eighth graders in 11 states, which focused on bullying during kindergarten through grade 8, Peterson and Ray (2006b) asked two closed questions about violence. The percent of students reporting violent thoughts steadily increased from 5% in kindergarten to 29% in grade 8. Violent deeds (nonspecific) increased from 3% in kindergarten to 12% in grade 6. In a summary based on media reports, Delisle (2014) noted that bullying, high ability, anxiety, and social awkwardness were common reported factors among shooters in Littleton, CO, in 1999, Tucson, AZ, and Virginia Tech in 2011, and Aurora, CO, in 2012.

CASE CONCEPTUALIZATION: CONCEPTS TO CONSIDER

Before considering counseling approaches, four concepts are discussed next. Two are related to the work of Polish psychologist and psychiatrist Kazimierz Dabrowski, whose theories, based on clinical work with gifted clients, have had considerable impact on scholars and clinicians interested in the social and emotional development of gifted children and adolescents.

Dabrowski

Positive disintegration. The theory of positive disintegration (Dabrowski, 1967; see also Mendaglio,

2008) asserts that suffering represents potential for advanced development, with distress leading to emotional growth. *Primary integration*, rather than reflecting emotional health, is conforming. Conflict and situations beyond one's control trigger psychological disintegration. Intense emotions (e.g., shame, self-dissatisfaction) generate uncertainty. Prior learning is not useful. A return to a previous "integrated" state may ensue, but *secondary integration* is also possible, a new level that includes autonomy, empathy, altruism, and authenticity. Peterson's (2012, 2014) 15-year study of a gifted survivor of multiple traumas revealed that process: intense suffering, intense introspection, intense therapy, and emotional development. Her discovering the theory at 19 helped her find meaning in her struggle.

Overexcitability. The concept of overexcitability (OE) is part of the theory of positive disintegration (Probst & Piechowski, 2012). Pertinent literature includes research (Ackerman, 1998; Gallagher, 1985; Piechowski & Cunningham, 1985; Stevens, 2012; Tieso, 2007b; Treat, 2006) about intellectual, sensual, emotional, psychomotor, and imaginal OEs. Tieso (2007a) found that gifted elementary students scored higher on all five types of OE than typical students; however, a troubling decline in sensual and imaginal OEs occurred for gifted students during middle school. On the basis of a study of factors contributing to OEs, Tieso (2007b) concluded that adults should help gifted students understand and celebrate OEs. Piechowski (1999) noted that gifted students may respond intensely to intellectual, emotional, sexual, aesthetic, and other stimuli, contributing to perfectionism and unrealistic expectations. However, clinical providers should recognize that overexcitabilities also "amplify talent" (p. 325).

Stevens (2012), in a study focused on body dissatisfaction and social coping ($N = 489$; 55% girls, 44% boys), found that gender, overall OE, and social coping explained body dissatisfaction, but giftedness did not significantly contribute to the regression model. Nevertheless, because overall OE was predictive, and because gifted clients may, like others, present with body dissatisfaction, mental health professionals should keep the findings in mind when these clients have pertinent concerns.

Intensity. Intensity, which has been associated with giftedness (Daniels & Piechowski, 2009) in clinical and conceptual literature, is inherent in passionate interests, sensitive responses to environmental stimuli, strong emotional connections, constant movement, and creativity—each of which reflects an OE. Each OE may exacerbate difficulties during developmental transitions, related to, for example, unsettling life events or relationships with teachers, peers, and family (Peterson, 2012, 2014). Probst and Piechowski (2012) explained, "Intensity creates a distinctly different quality of experience" (p. 55). Qualitative research methods would be appropriate for examining this assertion.

Anxiety

Extreme anxiety can impede concentration, affect behavior, and interfere with perception by disrupting cognitive flow (Eysenck, Derakshan, Santos, & Calvo, 2007). Potential contributors to anxiety in gifted students, according to empirical literature, are being bullied (Peterson & Ray, 2006a), fears related to sexual orientation (Peterson & Rischar, 2000), and overinvolvement in school activities (Peterson et al., 2009). Tong and Yewchuk (1996) found relatively more anxiety in gifted students; however, Martin, Burns, and Schonlau (2010), in a meta-analysis of comparative studies, found no greater anxiety in gifted boys, and only slightly higher anxiety in gifted girls (see also Gaesser, 2014). Clinical professionals who work primarily with gifted individuals have argued that heightened awareness (Mendaglio, 2007), performance concerns (Greenston, 2000), asynchronous development, rapid advancement of talent, divergent thinking, and an ability to see many aspects of situations simultaneously (Silverman & Conarton, 2005) can contribute to anxiety.

Potential Misdiagnosis

Overexcitabilities might contribute to misdiagnosis. On the basis of collective clinical experiences, Webb et al. (2005) raised concerns about behaviors viewed as pathology and medicated accordingly (e.g., attention-deficit/hyperactivity disorder [ADHD]) that might be better explained by giftedness (e.g., high activity level, overexcitabilities). That is,

misdiagnosis may occur when giftedness is not considered. Then, clients may not receive information that supports self-acceptance and development. In addition, a diagnostic label may dominate a gifted child's sense of self, with remarkable strengths not integrated into it. The family, too, may emphasize the disorder, not the ability, with the child not assuming responsibility for needed change. Because diagnostic literature lacks information about giftedness, diagnostic criteria are imprecise, and little, if any, training prepares professionals to work with gifted individuals, mental health providers should assume latitude to consider contexts of behaviors, characteristics associated with giftedness, and the wide range of ability and behaviors of children and teens with exceptional ability.

On the other hand, diagnosis-worthy symptoms may be missed, viewed simply as "odd gifted behavior." For example, depression might result when a precocious reader is in a general-population kindergarten or when a gifted child experiences an unchallenging curriculum. Changing the context might be adequate as treatment. Pfeiffer (2013a) noted that intellect or talent may mask an actual disability, just as a disability may overshadow advanced abilities, with special services provided for neither because one or both are missed or not acknowledged.

Webb et al. (2005), on the basis of clinical observations, viewed intensity as a key element in misdiagnoses. Symptoms of disorders may be present, but diagnoses may not be warranted. They observed that characteristics typical of gifted visual-spatial learners, for example, may be misinterpreted (e.g., divergent thinking, preference for unstructured activities, resistance to drill and memorization, inductive logic, ability to synthesize scattered experiences, tolerance of uncompleted tasks and "mess"). According to Webb et al. (2005), ADHD, oppositional defiant disorder, narcissistic personality disorder, bipolar disorder, autism spectrum disorder, obsessive-compulsive disorder, and mood disorder are among diagnoses that may be inappropriate. Behaviors that may be misdiagnosed include high activity level and daydreaming; arguing, homework refusal, and power struggles with parents; being self-absorbed and showing off knowledge; sleeping little; having extremely narrow interests

and cautious, anxious behavior; adaptive perfectionism; and explosive anger. Stubbornness, overreactions, social difficulties, intense sibling rivalries, and perfectionism may also be misdiagnosed. Though misdiagnosis and missed diagnoses have not had research attention (Pfeiffer, 2013a), they are discussed here because of their potential salience during case conceptualization.

To address whether characteristics associated with giftedness are misdiagnosed as ADHD, Hartnett, Nelson, and Rinn (2004) asked school counselors-in-training how they would conceptualize behaviors described in a scenario. After they recognized ADHD symptoms, they were asked about giftedness as a possibility. Mika (2006), arguing that the findings reflected only the power of suggestion, further noted the lack of empirical data to support the assumption of overlap between ADHD and giftedness and distinguished between the two regarding hyperactive behavior. Such behavior results in problems with task completion for children with ADHD, but not for gifted children without ADHD. She argued that symptoms of ADHD should be addressed early, not dismissed as giftedness; that psychomotor OE should be viewed as ADHD; and that glamorizing pathology with suggestions regarding giftedness is unwise.

Asynchronous Development

Asynchronous development, inherent in the gifted label and a concept now familiar in the gifted education field, is more than just uneven development (e.g., cognitive development outpacing physical, social, and emotional development). Silverman (2013) emphasized a qualitative difference in awareness and intensity of experience. Increasing in proportion to intellectual ability, asynchrony has implications for family, classroom, peer relationships, and well-being. Helping professionals might observe gaps between advanced vocabulary and rudimentary coping skills, between impressive critical-thinking skills and inability to articulate emotions, and between stellar academic performance and nonnuanced understanding of social interactions, for example.

In Bourque's (2006) study of internalizing (i.e., anxiety, depression, comorbid anxiety and

depression) in underachieving adolescent girls, asynchrony took the form of a poor fit with developmental expectations for self-management, interpersonal skills, identity development, and emotional maturity. She speculated that underachievement might reflect a reluctance to develop goals and move ahead into adult roles and the future. Parents' monitoring and supervision were minimal, leaving the girls without crucial guidance. Bravado belied negative social comparisons and feelings of inferiority. In contrast to achieving girls' introspective self-development, underachievers' peer and sibling relationships tended to be relatively toxic, competitive, caustic, distrustful, fluid, self-defensive, and tenuous, with insecure intimacy. The underachievers also tended to use ostracism, shaming, and humiliation of peers more vulnerable than they were.

COUNSELING APPROACHES

Rather than arguing for a specific approach to clinical work with gifted students, Pfeiffer (2013a, 2013b) advocated for a three-component model of evidence-based practice for counseling gifted students: being knowledgeable about this population, being familiar with pertinent current research literature, and developing clinical expertise. Continual training, exposure to differing perspectives and techniques, openness to learning, and willingness to make adjustments when an approach is not facilitative are all aspects of clinical expertise. Pfeiffer and Yermish (2014) emphasized that skilled psychotherapy considers "how all aspects of the context, content, and course of treatment may be affected by the client's high intelligence" (p. 60).

Several broad frameworks, discussed next, might help to develop a respectful and productive relationship with high-ability clients. Helping them understand the gifted label and consider the implications of characteristics of giftedness for themselves may be important for developmental progress. Respecting and appealing to cognitive strengths are also important for prevention, intervention, and the therapeutic relationship (Peterson, 2015), while also exploring emotions, developing expressive language, considering strategies for coping with high expectations, and nurturing interpersonal connection.

A Developmental Lens

Using a developmental framework when assessing concerns and considering interventions can be effective regardless of presenting issue or identified pathology. An opportunity to talk about development may be rare for gifted children and adolescents. What distinguishes them is not tasks related to identity, direction, autonomy, relationships, and sexuality, but how they experience these qualitatively, according to common clinical understandings in the field (Silverman, 2013).

The Peterson Proactive Developmental Attention model (Peterson & Jen, in review), mentioned earlier, is a framework for affective curriculum, including for small groups, a proactive opportunity to interact about development-oriented topics. It encourages self-reflection, expressive language, and social connection.

A developmental lens is appropriate in individual counseling as well. High achievers and gifted underachievers may feel stuck in one or more areas of development. Ascertaining where a child or teen feels impasse might lead to exploring challenges, normalizing developmental struggles, and addressing barriers. Hébert and Kelly (2006), on the basis of four case studies, speculated that identity development might be relatively more intense or accelerated for gifted persons. Those scholars also associated diffused identity with lack of career direction.

Achievers. High achievers may have a narrow sense of self, with achievement dominating self-definition. Perhaps they foreclose prematurely on career direction (Marcia, 1993), following adult guidance and values (Hébert & Kelly, 2006) or feeling no permission to explore other options. According to Peterson (2002), autonomy, at a culturally appropriate level, may be long delayed—for extended education, for example. Some achievers may have strong social skills, trust appropriately, and be comfortable with intimacy; others may not. Conflict with parents or siblings may be intense. Bourque (2006) speculated that, for some, achievement might be a refuge during family chaos while growing up.

Achievers and underachievers continue to develop, and educators and mental health professionals should not assume that current performance predicts the future. Grobman (2006) found that

stellar performers, with great attention from invested adults' early and consequent power, struggled emotionally in early adulthood. In Peterson and Colangelo's (1996) study, achievement mode was stable for 52% of achievers (high school GPA ≥ 3.35 , with 4.0 highest) and 44% of underachievers (GPA < 3.35) during high school and college. However, in a follow-up study (Peterson, 2000), 20% of high school achievers (GPA ≥ 3.35), including 9% of high achievers (GPA ≥ 3.75), became underachievers in college (GPA < 3.0), and 41% of high school moderate achievers (GPA 3.35–3.74) became moderate underachievers in college (GPA 2.0–2.99).

Underachievers. On the other hand, in that follow-up study (Peterson, 2000), almost as many underachievers improved (41%) as stayed the same (44%). Findings in four of Peterson's several studies of underachievers (2000, 2001a, 2001b, 2002) suggest that underachievement is developmental. Clinical professionals should therefore consider conceptualizing presenting issues in developmental terms, including the impact of experiences. "Stuckness" may take the form of intense internal or external conflict with family, difficulty with authority, lack of direction, attempting a new identity, dangerous behavior, or paralysis of will. In Peterson's (2002) study of 14 high-risk gifted graduates, when some developmental task accomplishments converged, ability to focus on academics improved.

McCoach and Siegle (2003) found that low self-motivation, goal valuation, and academic effort, but not necessarily a poor academic self-concept, were associated with underachievement. Psychologists, therapists, and counselors might communicate and design interventions accordingly, open to the possibility that underachievers might be confident in their academic ability. Other findings might offer hope to discouraged students and their parents: 20% of underachievers improved academically before leaving high school (Peterson & Colangelo, 1996), and 55% of these continued to improve. Of all underachievers, 82% attended college; 41% had admissions assessments above the 90th percentile; 41% improved academically; 26% became achievers; and 45% of extreme underachievers had four years of college (Peterson, 2000).

An unusual, pertinent comparative

study. Development was illuminated in Bourque's unpublished dissertation study (2006) of achievers and underachievers. In the quantitative portion, using the achievement and motivation profile (AMP; Mandel, Friedland, & Marcus, 1996), achievers scored higher than underachievers in perceptions of personal achievement, sense of purpose, satisfaction with achievement, and the value of planning and organization. However, less differentiation occurred when internalizing (i.e., anxiety, depression, comorbid anxiety and depression) was included, suggesting that traditional quantitative measures may not be helpful for understanding latent or subtle differences. In the general population, 31% of adolescent females ($n = 336$) reported internalizing problems. Of the 336, 84% were classified as achieving and 16% as underachieving.

Four internalizing female underachievers were then matched with four internalizing achievers on age, nonverbal IQ, anxiety and depression levels, and mean AMP scores, and were diagnostically interviewed. A two-stage developmental lag was related to self-definition, self-values, identity, and introspection. Relationships were central: Underachievers were characterized by pervasive problematic interpersonal coping. Underachievement, within a developmental framework, was viewed as one symptom of developmental fixation (Mandel & Marcus, 1995). Resolving core issues might allow resolution of underachievement. Focusing on academics, not on developmental asynchrony, might be unproductive in counseling.

Bourque (2006) encouraged future researchers, especially for longitudinal projects, to consider whether the developmental asynchrony reflects a fixated or deteriorating developmental path, how malleable are the personality structures and operating styles, whether critical periods for alteration exist, where interventions should target specific developmental gaps, whether development in one area (e.g., intimacy, less self-protection, more openness to future options) affects other areas, whether executive function and metacognitive strategies should be taught explicitly, and whether specific interventions might lead to healthy development (e.g., a therapeutic relationship that might meet core developmental

needs). In Yermish's (2010) study, therapists who assumed this role were viewed as effective.

The Asset–Burden Paradox

The asset–burden paradox of giftedness is another clinical framework. Giftedness can be both support and vulnerability when facing developmental challenges, and characteristics associated with giftedness can be explored as strength and vulnerability. Burdens of giftedness might bring gifted individuals to counseling, but assets may be helpful in addressing them (cf. Peterson, 2012). Explicitly acknowledging the paradox appeals to cognitive strengths and may help a gifted client to make sense of emotions and behaviors.

In Peterson's (2012, 2014) qualitative study of a gifted woman (from age 15 to 30) who struggled with the complex aftermath of multiple traumas, subthreshold and clinical levels of trauma generated symptoms of posttraumatic stress disorder, and challenges related to developmental tasks (e.g., identity, direction, relationships, autonomy). The positives and negatives of giftedness were essentially equal. Assets included positive relationships with teachers; insights about resources; ability to self-monitor, self-protect, and self-advocate; expressive language; and ability to pursue and apply self-help literature. Burdens included adult-like roles at home, parental discomfort with giftedness, having her needs discounted, extreme involvement in activities to feel control, intense emotional pain, being considered "too successful" in the workplace, and being emotionally drained by others' needs.

Making Sense of Self

Psychoeducation. With psychoeducational information, mental health providers can acknowledge gifted clients' cognitive strengths and help them make sense of themselves—as related, for example, to developmental tasks and developmental stuckness (Peterson, 2015). Accurate information about other areas, ideally from the giftedness literature (e.g., characteristics associated with giftedness, the theory of positive disintegration, asynchronous development, perfectionism, existential concerns), but not necessarily from that literature (e.g., depression, anxiety, addictions, disordered eating, self-injury,

stress, posttraumatic stress disorder, resilience, bullying), also can be beneficial. Local counselors, psychologists, and physicians might speak about these to small or whole-classroom school groups of gifted students (Peterson, 2003).

Reframing. Dabrowski's theory of positive disintegration offers an opportunity to reframe struggle as essential for emotional growth. Reframing may appeal to cognitively advanced students, especially when clinician and client need to change perspective and tone. Underachievement might be reframed as courage or investment in identity development; lack of organization as opportunity to be creative; school phobia as concern about the parent at home; depression as letting the brain rest for a while; being bullied as a test of resilience; manipulation as "something no longer needed"; sadness as ability to feel emotions; shyness as excellent observation skills; arranging to see the school counselor as being smart enough to ask for help.

Change, loss, and grief. A change-loss framework might help a gifted child make sense of sad feelings related to something that is different from how it was before (e.g., a new developmental stage, an alteration in family structure or roles, an injury or illness that affects the future, family relocation, loss of a friendship, parental unemployment or deployment, a sibling leaving for higher education, sexual assault). Any change means that something is left behind, and a sense of loss is likely. Mental health providers can even consider that someone with multiple interests and strengths might feel sadness about leaving options behind. In Peterson et al.'s (2009) study of negative life events, these kinds of situations were often the "most challenging." In Jen's (2015) study of the small-group affective summer curriculum, campers noted that the discussion about change was especially memorable.

Affective Curriculum

School counseling can take the form of affective (i.e., not academic) curriculum, helping gifted students communicate about life beyond academics. Without this curriculum, neither high- nor low-achieving gifted students may have opportunities to talk about development.

School counselors can organize small-group discussion for gifted students, mixing achievers and underachievers, if possible, to foster connection among intellectual peers, normalize developmental challenges, nurture expressive language, decrease preoccupation with achievement or underachievement, and lessen anxiety about the future. When the focus is on emotional development, group members become more whole and complex to each other, and social hierarchies and competition often disappear. The small-group approach can be effective across venues (Jen, 2015; Peterson, 2013; Peterson & Lorimer, 2011). Grouping gifted students together by age is optimal, because developmental needs are likely to be somewhat similar (Peterson, 2008). Betts and Kercher's (1999) model and Peterson's (2008) topic-based sessions and guidance for prevention-oriented group work are useful for this counseling approach.

Affective curriculum for gifted students can also be creatively and collaboratively developed as part of the core curriculum—in connection with character development in literature or the human experience of historical events, for example. Bibliotherapy (Hébert, 2000), biography (Hébert, 1995), and film (Hébert & Neumeister, 2001) might also be included.

SUMMARY AND CONCLUSIONS

Regardless of professional venue, being aware of characteristics associated with giftedness, paying attention to positive and negative biases, demonstrating respect for cognitive and affective complexity, showing interest in how giftedness is experienced, and considering giftedness when exploring presenting concerns are all likely to help to establish a productive therapeutic relationship with gifted children and teens. Empirical, conceptual, and clinical literature can guide clinical professionals, researchers, educators, and other invested adults as they support gifted children and adolescents.

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