Counseling the Gifted: Current Status and Future Prospects

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Abstract

This chapter provides a critical review on the topic of counseling the gifted. The chapter takes the position that a scientifically defensible approach starts from the perspective that the counselor or therapist follows a model of evidence-based clinical practice. Evidence-based clinical practice, according to the authors, is defined as the integration of the best available research with clinical expertise in the context of understanding the world of the gifted youngster. A clinical case is presented to help illustrate evidence-based practice in working with a troubled gifted adolescent.

Introduction

As many contributors to this Second Edition have already pointed out that gifted children and youth are an often misunderstood, special-needs population. Part of the challenge is that they are different, in many ways, from their non-gifted peers. Another factor contributing to the confusion is the fact that there is not one universally accepted way to define giftedness (Pfeiffer, 2009, 2015).

Perhaps not surprising, gifted students encounter the full range of psychosocial and socio-emotional challenges that any child or adolescent might encounter or struggle with in today's society. Gifted students, however gifted is defined, can experience troubling and even debilitating depression, anxiety, loneliness, suicidal ideation, physical and sexual abuse, and illegal drug use. They can experience teasing and peer relation problems, conduct, impulse control, and anger management problems, post-traumatic stress disorder, thought disorder, ADHD, mood disorders, sleep disorders, eating disorders, parent and family conflict, and learning disabilities (Pfeiffer, 2013; Pfeiffer & Foley-Nicpon, 2018). The point of this chapter is that the gifted student is not impervious to any of the mental health problems or stressors which today's youth face, both here in the USA and globally. We also know that today the incidence of mental health problems is significant. Growing up has never been an easy process, and today's children and youth face new and more challenging pressures that previous generations could not have imagined. Experts estimate that one in five students in school today have significant mental health problems (Pfeiffer, 2003).

In addition to the full range of mental health problems that any student, including gifted

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S. I. Pfeiffer (ed.), *Handbook of Giftedness in Children*,
https://doi.org/10.1007/978-3-319-77004-8_17

students might encounter during childhood and adolescence, there are certain developmental challenges and problems that, if not unique, are certainly more frequently encountered among gifted students because of their gift or because of how society views gifted individuals.

The following is a list of some common challenges that the gifted may experience that can set the stage for a need for counseling. It is important not to forget, however, that most gifted individuals are well adjusted and do not present with clinical or subclinical psychological problems that warrant counseling or psychotherapy (Neihart, Pfeiffer, & Cross, 2016; Robinson, 2002). But some gifted youngsters do, and for this reason we need to be mindful of these developmental challenges.

Unique Developmental Challenges

- A substantial number of intellectually gifted students experience a significant mismatch with their educational environment. This mismatch can create boredom, inattentiveness, academic underachievement, and even conduct problems in the classroom. Many bright students are out of sync with their classmates and peer group, creating feelings of alienation, loneliness and not being understood. The more gifted the student, the more out of sync they can be expected to be.
- A number of chapters in this Second Edition and many authorities in the gifted field talk about how our society is marked by an anti-intellectual culture (Gallagher, 2008; Robinson, 2002; Subotnik, Olszewski-Kubilius, & Worrel, 2011). The gifted child's social environment can feel unsupportive and even be experienced as emotionally toxic.
- Although there are only a few empirical studies supporting this position, some authorities contend—based primarily on case study and anecdotal evidence, that many gifted suffer from negative or neurotic perfectionism. The first author has seen this very issue in his private practice. This would lead the gifted to be more vulnerable to self-criticism, anxiety, and emotional withdrawal.
- Another, as yet unconfirmed by hard research, set of beliefs are that many gifted suffer from maladaptive motivational characteristics and heightened sensitivities/over-excitabilities. The first author has also seen these issues in his private practice. However, at the present time, we do not have any community-based epidemiological evidence corroborating or, for that matter, refuting these hypotheses. Whatever the actual incidence of these characteristics among the gifted, counseling certainly is one possible intervention for students with below optimal motivation or heightened intensities/over-excitabilities.
- The highly gifted (145 IQ and above) and the twice exceptional are two subgroups that present with asynchronous development across domains (Peterson & Moon, 2008; Pfeiffer & Foley-Nicpon, 2018). These asynchronies create challenges to normal socialization and peer relations.
- As pointed out by Kerr in this Second Edition, gifted females can struggle with achievement—affiliation conflicts in adolescence and career development choices in young adulthood (Reis, 1998, 2006). Gifted African American males face unique developmental challenges, as well. Their peer group culture is not supportive of academic excellence, which can exert pressure to underachieve and even act dumb (Steinberg, 1996).
- Bullying and teasing is a serious peer issue for all students, and one that, unfortunately, is more prevalent among the gifted. One study reported that 67% of gifted eighth graders experienced bullying and 11% experienced repeated bullying (Peterson & Ray, 2006). A study that our research lab completed indicated that 72% of our sample of gifted high school students reported having experienced negative name calling, compared to 40% among a non-gifted comparison group. We also found that gifted students were teased more frequently than non-gifted students (2.3 vs 1.9 incidents, on average), yielding a significant *t*-test

(0.05 level) and medium effect (d = 0.38). We also found that name calling negatively correlated with self-esteem and feelings of belongingness (Saintil & Pfeiffer, 2017).
- Gifted students can experience considerable anxiety over early career planning. Because of their precocious intellectual and academic development, and often wide variety of interests, aptitudes and abilities (Kerr, 1990), some gifted students can experience anxiety over career planning because of their broad range of choices or because they are not ready to select a career path (Sampson & Chason, 2008).

Do the Gifted Require a Unique Type of Counseling?

A chapter on counseling the gifted would be remiss if it did not raise the provocative and even inconvenient question of whether a unique approach is required in psychotherapeutic work with gifted children and adolescents. Many in the gifted field who write about counseling the gifted feel that this is a basic maxim. That gifted students warrant a different and unique approach if counseling is to be effective. There are only a handful of publications specifically written on counseling gifted students. Four books that come to mind are Ziv (1977), Colangelo and Zaffrann (1979), Silverman (1993), and most recently, the volume edited by Mendaglio and Peterson (2007). By and large, these authors emphasize the importance of the therapist recognizing the uniqueness of the client's giftedness as a starting point in therapeutic work with individuals of high ability. These books offer many valuable insights and clinical vignettes. We think that it is fair to state that these authors as a group emphasize the uniqueness of the gifted child. And as a result, perhaps inadvertently neglect to give equal weight to the evidence-based approaches to treating the various problems that bring gifted youngsters to treatment, as a central tenet of their approach to counseling.

The approach which we advocate, and which undergirds this chapter, supports a somewhat different position. We contend, based on the first author's experience as a therapist and a clinical supervisor, and on our shared careful reading of the clinically relevant literature, that a scientifically defensible approach starts from the perspective that the therapist follows a *model of evidence based practice* (Pfeiffer, 2014). Evidence-based practice is defined as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA Task Force on Evidence-Based Practice, 2006, p. 273).

Our position in working therapeutically with gifted children and youth embraces the following points. A more detailed presentation is found in Pfeiffer (2013, 2014):

- No one theory explains all of what can go awry when a gifted child develops psychological problems, and no one theory can hope to explain all of counseling. However, there are specifiable and useful theories that help guide the design, implementation, and evaluation of treatment programs for specific problems exhibited by the gifted (Kendall, 2006). In our opinion, the most useful counseling theories are those that explain the *processes of change*. Understanding the processes of change helps gain a focus, specific treatment targets and objectives, and insights into why a given client might or might not be responding favorably to the planned intervention. In any clinical work with gifted clients, it is important to know which therapeutic processes are helping to create the change you are working towards.
- Work with the gifted should almost always address the parents, parenting, and families. In our experience, and this axiom is supported by considerable clinical research, the inclusion of parents in the treatment of children with behavioral, social, or emotional problems increases the likelihood of a favorable therapeutic outcome. Of course, the nature and extent of the parent or family involvement will vary by the unique circumstances of each case. But it is clinically imprudent to ignore the gifted child's parents. This does not mean

that the parents or family necessarily need to be counseling clients. What it does means, however, is that the therapist must consider and respect the role of the parents and family in the etiology, maintenance and/or treatment of the index client's problems.

- There now exists considerable clinically relevant research on almost every type of psychological problem that one might encounter in work with a gifted client. There are published articles in peer-review journals on the prevalence, expression, associated symptoms, developmental trajectory if left untreated, and response to treatment for almost every developmental, neuro-medical, psychiatric, and educational disorder that exists. With the advent of the Internet, it is easy for even the busiest practitioner to access targeted literature searches. The *e*Medicine Clinical Knowledge Database is a continually updated evidence-based resource with extensive psychiatric information and specific modules on addictions. *e*Medicine is a product of WebMD and is available free of charge at www.emedicine.com/. Many professional and government organizations have created evidence-based practice websites. For example, the Substance Abuse and Mental Health Services Association (SAMHSA) website at www.samhsa.gov includes extensive data and reports, including the surgeon general reports. SAMHSA also features the National Registry of Evidence-Based Programs and Practices NREPP), a database of mental health and substance abuse treatments freely available at www.nrepp.samhsa.gov/find.asp. Information on the effectiveness of alternative treatments is available at this site. The Society of Clinical Child and Adolescent Psychology, Division 53 of the American Psychological Association, supports a web site on Evidence-Based Mental Health Treatment for Children and Adolescents. The Division of School Psychology (16) of the American Psychological Association sponsored a Task Force on Evidence-Based Interventions in School Psychology. The Task Force was endorsed by the National Association of School Psychologists and produced a 136-page procedural and coding manual in support of promoting and disseminating evidence-based interventions in schools (Kratochwill & Stoiber, 2002). What we are saying is that there is easily available clinically relevant research on best practices and evidence-based interventions which should guide counseling. Norcross, Hogan, and Koocher (2008) published a paperback entitled, *Clinician's Guide to Evidence-Based Practices* which includes a chapter on how to easily search for and locate the best available research and information on almost any clinical question.
- The final point is the recognition that the quality of the therapeutic relationship, often called *the therapeutic alliance*, is essential in all effective counseling and psychotherapy (Bachelor & Horvath, 1999; Bordin, 1979; Falkenbach, Poythress, & Heide, 2003; Gelso & Hayes, 1998; Horvath, Del Re, Flückiger, & Symonds, 2011; Kazdin & Durbin, 2012; Zilcha-Mano, 2017) including counseling the gifted. This may sound like an obvious, almost no-brainer counseling axiom. But it has remained a cornerstone in our understanding of what makes counseling special and what helps gifted children and adolescents take the risk to change. In the first author's experience, it is impossible to encourage, nudge, or even inspire a gifted child or adolescent who is struggling with a personally painful or distressing or embarrassing problem to change what they are doing, thinking, or feeling if they do not trust the therapist and do not feel that the therapist is sincerely concerned about their well-being. All clients in counseling, but particularly children and adolescents, need to feel that the therapist understands and even feels, to a degree, what they are personally experiencing (Kazdin & Durbin, 2012; Norcross, 2002). In essence, there needs to be a palpable bond that the practitioner must work to create between herself and the client if counseling is going to be effective. The therapeutic alliance is defined by the quality of the client–therapist relationship, their collaborative interaction, and the attachment

between the two that develops over the course of counseling (Pfeiffer, 2013). Research consistently supports the fact that therapeutic alliance, measured by adolescent self-report, is a reliable predictor of treatment outcome for children and adolescents (Florsheim, Shotorbani, Guest-Warnick, Barratt, & Hwang, 2000).

In terms of establishing a therapeutic alliance with the gifted client, the two concepts of empathy and unconditional positive regard are as relevant today as when Carl Rogers first wrote about them (Corey, 2005). Establishing and maintaining a therapeutic alliance with the gifted child or adolescent is part of what we consider the *clinical expertise* of the therapist. Clinical expertise includes making wise and prudent clinical decisions, timing interventions well, understanding sociocultural and ethnic nuances, being comfortable with kids and familiar with their world and what interests them, being knowledgeable about developmental psychopathology and normal development—including what is normal for gifted kids, and knowledgeable about psychologically healthy environments. Clinical expertise also includes being kind and considerate, being patient, and respecting that change often is difficult and scary for the client, and takes time. Lazarus (1993) wisely advised that therapists tailor their relational approach to the client's expectations, and in effect, customize counseling so as not to treat every client in the same manner. Lazarus humorously called this elegant therapeutic relationship accommodation "being an authentic chameleon" (Lazarus, 1993, p. 404). We wholeheartedly agree with this clinical axiom and have found it beneficial in our clinical work with gifted clients.

Earlier in the chapter we stated that we advocate an approach which starts from the perspective that the therapist follows a model of evidence based practice. Evidence-based practice is defined as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA Task Force on Evidence-Based Practice, 2006, p. 273). In workshops, the first author often uses the metaphor of a 3-legged stool in explaining what constitutes evidence-based practice. The first leg of the stool is being knowledgeable about the population that you are working with—in this instance, the gifted. It could just as likely be working with children from migrant families, adolescents who gay, lesbian or transgender, young children with physically disabilities, first generation youth from Kuwait, Iraq, Iran, Somalia, or Afghanistan, or youngsters with multiple foster care placements. Although all children and youth worldwide are similar in many ways, distinct groups of children—including the gifted, are distinctive in many important ways, including sharing unique concerns, issues, preferences, characteristics and experiences.

Therapists working with any distinct group of children, including the gifted, need to be knowledgeable about the group. The first author, many years ago, was invited by the Bureau of Indian Affairs to provide psychological services to the Havasupai Native American Indian tribe. He quickly learned through a series of unintended missteps how ignorant he was about the culture, values and beliefs of this tribe. It served as an important lesson that one must become quite familiar with the population that one intends to work with. The gifted are no exception. Fortunately there are many excellent references on the social and emotional world of the gifted and their family, including many chapters in this Second Edition. Another excellent resource is the Second Edition of *The social and emotional development of gifted children: What do we know?* coedited by Neihart et al. (2016).

The second leg of the metaphorical stool is familiarity with the best available and most up-to-date clinically relevant research literature. We have already indicated that it is relatively easy to access online clinically relevant research on almost any type of psychological problem that one might encounter in their counseling practice. WedMD, PubMed, PsycINFO, MEDLINE, SAMHSA, the National Guideline Clearinghouse (www.guideline.gov), and Google Scholar (www.scholar.google.com) offer free search

access to literally thousands of reports, book chapters, articles, conference proceedings, and citations. An increasing number of professional organizations, including the American Psychological Association and American Psychiatric Association, are creating "evidence-based practice" (EBP) sites and posting updated evidence-based information. When counseling gifted students, the therapist must be current with the best available clinically relevant research literature on the problem. For example, a graduate student who the first author supervised began seeing a gifted first grader presenting with general symptoms of anxiety and school refusal behaviors. He directed the student to check the available current research literature on these specific clinical problems. The graduate student found that individual and parent cognitive-behavior therapy (CBT), family CBT, and CBT for school refusal with parent/teacher training were considered efficacious treatments. She decided that this would be a clinically wise starting point in her work with this young gifted child.

The third leg of the metaphorical stool is developing clinical expertise. As mentioned above, clinical expertise includes a variety of elements that converge to promote positive therapeutic outcomes (Martin, Garske, & Davis, 2000; Norcross et al., 2008). Clinical expertise takes time to develop, in fact, many years of clinical practice under supervision. The development of clinical expertise requires ongoing professional training and exposure to different ideas, techniques, and ways of viewing how one operates as a therapist. Clinical expertise as a therapist also requires a willingness to shift or change what is not facilitative of therapeutic change, and an openness to grow, learn anew, and adjust one's therapeutic posture or style (Lazarus, 1993). The first author wrote about the importance of these therapeutic elements more almost 30 years ago, and still finds them highly relevant (Pfeiffer, 1986).

These three legs of the evidence-based counseling stool, taken together, create a powerful and almost magical context for therapeutic change to occur. These three components of evidence-based counseling, a deep knowledge about gifted kids, relying on the best available clinical research, and developing clinical expertise, together create, we believe, the therapeutic context and leverage required to bring about beneficial change.

What follows is an example of applying evidence-based counseling with a gifted adolescent who the first author treated in his private practice, first reported in Pfeiffer (2013). The example illustrates the components of evidence-based practice when working with a gifted adolescent who was referred because of substance abuse, recurring suicidal threats, and pervasive feelings of loneliness, despair, and desolation. Although we use an actual case with a specific set of clinical issues, the point that we intend to make about evidence-based counseling gifted clients can be applied to almost any case.

Treating a Gifted Adolescent with Borderline Pathology

Borderline personality disorder (BPD) is a serious psychiatric disorder that affects approximately 2% of the adult population (Lenzenweger, Lane, Loranger, & Kessler, 2007; Sharp & Kim, 2015). Persons suffering from BPD display multiple symptoms including intensive efforts to prevent real or imagined abandonment, a pattern of personal relationships characterized by instability and intensity that fluctuates between extremes of idealization and devaluation, impulsivity including high-risk behaviors such as substance abuse, binge eating, high-risk sex, recurring suicidal ideation, gestures or threats, pronounced emotional instability, and inappropriate, impulsive, and/or intensive anger (American Psychiatric Association, 2000). For a variety of reasons, BPD is difficult to diagnose and, some argue, of questionable diagnostic validity in adolescence. This has led many clinicians to describe borderline adolescent symptomatology rather than make a formal diagnosis and use the term "borderline pathology" when referring to adolescents presenting with BPD symptomatology (Crowell et al., 2008). It is estimated that the prevalence of borderline pathology in adolescents is as high as

3–14% (Crowell et al., 2008). Because of the very real associated risk of suicide (Anderson, 2002), effective treatment of adolescent borderline pathology is a critical mental health issue. Although there is exists no epidemiological data, it is reasonable to assume that the incidence of borderline pathology among intellectually and academically gifted adolescents is equivalent as the reported rates among adolescents in general.

Jonathan (his name has been changed to protect the client's privacy and anonymity) was referred by his parents at the encouragement of his school psychologist because of recurring suicidal ideation and behaviors, reported substance abuse, and depression and pervasive feelings of loneliness and despair. He had been seen by a psychiatrist who suspected that Jonathan was "borderline" BPD—the psychiatrist was diagnostically conservative in respecting the fact that Jonathan's impulsivity, emotional instability, and existential angst might more reflect developmental issues and not a true Axis II psychiatric disorder. The initial impression after interviewing Jonathan and his parents and reviewing his case file was that he qualified for the diagnosis of borderline pathology. Jonathan was obviously gifted, whichever definition one might choose to apply—he had an outstanding academic record attending an elite, competitive private school, an IQ of 135, and combined SAT scores of 1160 taken when in the seventh grade as part of a regional talent search, and the previous year had been the only freshman on his school's debate team). He was also a painfully unhappy young man who was engaging in high-risk, unsafe, and potentially self-injurious behaviors. It was apparent that this gifted adolescent desperately needed treatment.

Dialectical Behavior Therapy (DBT) (Kliem, Kröger, & Kosfelder, 2010; Miller, Glinski, Woodberry, Mitchell, & Indik, 2002; Neacsiu, Rizvi, & Linehan, 2010) is an empirically validated therapeutic intervention for adults with BPD. DBT was developed by Linehan to apply cognitive behavioral treatment (CBT) to borderline personality patients exhibiting suicidal and para-suicidal behaviors (Katz & Cox, 2002; Linehan, 1993). We will not go into a detailed description of DBT in this chapter; the reader interested in learning more about this evidence-based intervention is referred to Linehan (1993), Linehan and Dexter-Mazza (2008), and Katz, Fotti, and Postl (2009). DBT is based on a transactional model in which the borderline pathology is viewed as the result of cyclical interactions between an individual's biological predispositions for emotional dysregulation and an invalidating environment (Katz & Cox, 2002). Interestingly, some gifted are described as overly intense and highly overexcited, based on a theory of "overexcitabilities" first proposed by the Polish psychiatrist Kasimierz Dabrowski (Kitano, 1990). In fact, some authorities posit that intensity is "an almost universal characteristic of gifted children and adults" (Webb et al., 2005; p. 10). Although we are not convinced that this temperamental characteristic is shared by all or even the majority of intellectually gifted, the first author has seen gifted youngsters marked by emotional and/or psychomotor over-excitability in his clinical practice.

In work with Jonathan, which lasted over the course of almost 2 years, the first author employed a DBT approach. He modified the standard protocol somewhat since the model was developed for and empirically validated with adults, not adolescents. For example, one significant modification that he incorporated was involving Jonathan's family in the treatment, particularly in the phase where we worked on behavioral skills training. This modification follows the recommendations of DBT experts (Katz et al., 2009; Miller, Rathus, Linehan, Wetzler, & Leigh, 1997). Early in counseling, the therapist emphasized playing devil's advocate in challenging Jonathan's dangerous and life-threatening behaviors (substance abuse, suicidal behaviors) and working to enlist his interest and commitment to the therapeutic process. The therapist's experience working with many gifted adolescent clients helped him understand Jonathan's style of thinking, resistance to confronting his self-defeating behaviors, and world view. Jonathan did not feel accepted or liked at his school; he was hypersensitive to teasing and sarcastic comments from peers.

Without the experience of working with many similar adolescents and without the understanding and appreciation for what was unique about Jonathan as a gifted youngster, the therapist would not have been able to enlist his participation in the treatment. And without his active commitment to therapy—and the establishment of a working therapeutic alliance, even the most powerful therapeutic techniques that DBT has to offer would have proven useless (Wampold, 2015). In other words, in work with gifted clients, "common factors" are important and make a difference.

After successfully engaging Jonathan in his treatment—which required about six or seven sessions and considerable effort and patience, much of counseling was skills-based, consistent with the DBT model. The therapist's posture was clearly as a consultant and adviser to Jonathan. Many sessions focused on decreasing his substance use and high risk sex and increasing his repertoire of behavioral skills. Mindfulness, emotional regulation, distress tolerance, and social and interpersonal skills training were introduced, consistent with Linehan and Dexter-Mazza (2008). During skills training, the first author and Jonathan frequently enacted and then processed role plays. Jonathan was often assigned homework tasks. Because Jonathan held rather rigid, polarizing points of views—not uncommon among bright adolescents with borderline pathology, one therapeutic strategy which was employed was helping him accept a "middle path" and adopting a less harsh, judgmental perspective (Miller et al., 2002). Many sessions were spent working on this specific goal.

Finally, a considerable amount of counseling focused on encouraging Jonathan to search for positive emotional experiences in his daily life. The therapist's familiarity with gifted adolescents made this phase of the treatment less challenging. Working with adolescents in general can be tricky (Pfeiffer, 2013; Verhaagen, 2010). Working with gifted adolescents or, for that matter, any group of children or adolescents who are different in a substantive way from mainstream youngsters is uniquely challenging.

This case illustrates four key points. First, evidence-based practice requires more than simply being aware of the best available clinically relevant research. However, the second point is that relying on clinically relevant research is certainly a critically important first step in work with any client, including a client who happens to be gifted. It would have been clinically imprudent, and even perhaps unethical, to not consider DBT given Jonathan's presenting constellation of problems (Norcross et al., 2008).

The third point is that evidence-based practice also requires clinical expertise. There is considerable evidence that the therapist's training, skill, and experience promote positive therapeutic outcomes (Norcross et al., 2008). As we have already stated, clinical expertise takes time to develop and consists of sound clinical judgment and decision-making, monitoring client progress (or lack thereof), knowing when to nudge or challenge the client and when to back off, and the timing of interventions. Clinical expertise also includes awareness of one's competence and limitations, and willingness to seek consultation and available resources as needed (Norcross, Beutler, & Levant, 2006). Finally, the fourth point of this case vignette is that evidence-based practice recognizes that patient characteristics matter. Competent clinical practice necessitates a deep understanding and appreciation for the unique characteristics, preferences, culture, and world view of each patient that you are working with. This is as true for the gifted client as it is for the client who is LGBT, elderly, from a different culture or racial/ethnic group, or gender than your own. Keen awareness of the cognitive, social, and emotional characteristics, unique concerns, preferences, and challenges facing gifted students is critically important if one hopes to be effective in counseling the gifted student with problems.

Zilcha-Mano (2017), an Israeli psychotherapist, points out that establishing and maintaining a working therapeutic alliance can be tricky with some clients. She distinguishes between trait-like and state-like components of alliance. Essentially, Zilcha-Mano contends that trait-like components of the alliance include the client's ability to form

satisfactory relationships with others, their internal representation of self and others, and their expectations from interpersonal relationships. These trait-like abilities can and often affects the client's capacity to form satisfactory relationships with the therapist, and the client's capacity to benefit from counseling (Zilcha-Mano, 2017). In other words, the therapist's well-intended efforts at establishing trust, conveying unconditional positive regard and warmth, and creating a therapeutic alliance with the client can be limited by the existing traits of the gifted client. Wampold and Budge (2012) offer the sage reminder that no client comes to therapy *tabula rasa.*

Concluding Comments

In emphasizing an evidence-based practice model applied to counseling the gifted, we have omitted a few important topics that bear at least brief mention. In the following pages, we discuss four such topics: preventive counseling, career counseling, incorporating strength-based/positive psychology into treatment, and measuring success.

Preventive Counseling and the Gifted

Not all gifted students who would benefit from individual or group counseling present with a clinical or even subclinical problem. Most gifted students, in fact, do quite well socially and emotionally, are well-adjusted and effectively navigate the challenges encountered in their homes, schools and neighborhoods (Neihart et al., 2016). Even so, preventive counseling is cost-effective and shown to be efficacious (Capuzzi & Gross, 2014; Conyne, 2015; Hage et al., 2007; Pfeiffer & Reddy, 1999, 2001). A growing number of gifted programs include an affective curriculum implemented by the teacher (Betts, 1986; Betts & Neihart, 1986; Moon, 2002). The first author is piloting a school-wide social-emotional learning curriculum that incorporates encouraging mindfulness and character strengths (Niemiec, 2014); preliminary findings suggest an overall reduction in teasing and bullying, and increases in levels of empathy, compassion, gratitude, and subjective well-being.

Preventive groups for gifted students in schools are another powerful intervention. As well as running preventive and support groups for parents of gifted students. Groups can be open-ended or closed. Closed groups have a specific start and end date and group members are recruited with the expectation that they will attend all of the scheduled group meetings. They typically are short-term, and meet for 1–6 sessions, depending upon the focus of the group or curriculum adopted. Open-ended groups, on the other hand, can continue over the course of a semester or even a school year with gifted students or parents able to "drop in" whenever they find a topic of interest. The interested reader can find more details on groups in Pfeiffer (2013). Parents of high ability students have unique concerns and questions, and SENG (Supporting the Emotional Needs of the Gifted; www.sengifted.org), an international organization dedicated to the emotional concerns of the gifted, developed an excellent guide for facilitators of parental support groups (Web & DeVries, 1993). Although there is no published research on its efficacy, attendee feedback is uniformly favorable, and anecdotal evidence indicates that these groups are well received by parents.

Bibliotherapy is another viable preventive counseling strategy for gifted students and their parents. There is no shortage of self-help books and guides to parenting gifted children. Prufrock Press (www.prufrock.com) and Great Potential Press (www.giftedbooks.com) have published the majority of self-help and parenting books in the gifted field. The first author coedited one such book for Prufrock Press written for parents of young gifted children, *Early Gifts: Recognizing and Nurturing Children's Talents* (Olszewski-Kubilius, Limburg-Weber, & Pfeiffer, 2003). Biographies of famous people and select Hollywood films can serve as valuable resources of high appeal with the potential to convey important personal lessons and facilitate the character strengths of gifted

students in meaningful and lasting ways. The movie *Good Will Hunting* is one example of a film that many adolescent clients find profoundly insightful and love to discuss. There are numerous well-written biographies on and books written by famous individuals who gifted kids can relate to. For example, Stephen Hawking's book, *A Brief History of Time* (Hawking, 1988) a popular read and inspirational for twice exceptional gifted students with SLD, ADHD, and physical disabilities. Professor Hawking has Lou Gehrig's disease, but has not let this debilitating condition slow down his brilliant accomplishments.

Career Counseling

Therapists can use counseling to help gifted adolescents make informed pre-career and career choices. Career counseling includes knowledge about career development, career problem solving, and career decision-making. As the chapter on career counseling in this volume argues, career counseling is a specialization with a long history and extensive research. However, it is a unique type of counseling that requires specialized training and supervision. One evidence-based approach to career exploration and decision-making is the Cognitive-Information Processing (CIP) model (Peterson, Sampson Jr., Lenz, & Reardon, 2002; Reardon, Lenz, Peterson, & Sampson Jr., 2017; Reardon, Lenz, Sampson Jr., & Peterson, 2011). The CIP approach specifies that the gifted adolescent will make prudent career-choice decisions if she can effectively process information in the self-knowledge and occupational knowledge domains and if she possesses good decision-making and executive processing skills. The CIP model addresses an adolescent's readiness to make informed and careful career choices while considering multiple factors that can influence career development (Sampson & Chason, 2008).

Authorities in the career development field remind us that career success has as much to do with interpersonal relationships as intelligence. Mulitpotentiality has been defined as "the ability to select and develop any number of career options because of a wide variety of interests, aptitudes, and abilities" (Kerr, 1990, p. 1). The concept of multipotentiality is similar to low differentiation of interests and ability in Holland's (1997) theory of vocational choice (Rysview, Shore, & Leeb, 1999). Multipotentiality can complicate career planning for the high ability student because they have more choices and options than their non-gifted peers. There have been challenges to the widely held concept of multipotentiality, notably by Achter, Benbow, and Lubinski (1997), who found low differentiation of ability profiles among a large cohort of intellectually gifted students. Despite Achter et al.'s (1997) reproach of the validity of the multipotentiality construct, it is indisputable that gifted students, by nature of their heightened abilities, have greater career options. And this can create the mixed blessing of more options generating more anxiety and confusion, thus emphasizing the real value of counseling.

A Strength-Based Focus

There has been a growing paradigm shift in psychology, with heightened interest in focusing on the positive aspects of human nature. Historically, our field emphasized pathology, risk factors, and impediments to human development. More recently, the mental health field has shifted to focusing on assets and strengths of the individual, and assets within the environments in which they live (Bronfenbrenner, 1977; Csikszentmihalyi, 1990; Fredrickson, 2001; Seligman & Csikszentmihalyi, 2000). Theorists now recognize that the impact of counseling increases when therapists focus on identifying and reinforcing traits, skills, competencies, and protective factors that promote mental health and well-being (Pfeiffer, 2013; Suldo & Shaffer, 2008). Scholars correctly argue that indicators such as resilience, hope, optimism, and gratitude provide powerful leverage in optimizing human functioning (Luthar, 2006; Park & Peterson,

2008; Sapienza & Masten, 2011). We contend that this positive focus can and should be incorporated into counseling, including work with gifted clients (Pfeiffer, 2015).

The scientific study of optimal human functioning, known as "positive psychology," has contributed to our understanding of how character strengths and virtues, such as curiosity, love of learning, honesty, enthusiasm, generosity, compassion, and social and emotional intelligence help individuals and communities to thrive and flourish. These very character strengths and virtues can be woven into counseling to facilitate positive change (Lyons, Huebner, Hills, & Shinkareva, 2012; Pfeiffer, 2015; Seligman & Csikszentmihalyi, 2000; Suldo & Shaffer, 2008).

One example of therapists relying on building resilience and incorporating a strength-based perspective with gifted clients is reported by Renati, Bonfiglio, and Pfeiffer (2016). Another example using coping strategies to achieve positive adaptation within adversity among vulnerable clients is reported by Lee, Cheung, and Kwong (2012).

A resilience-focused, strength-based approach can be tailored to impact any of three levels: the individual gifted child, the family, and the social environment. Overall, the focus should include: (a) developing and practicing personal coping skills using training and role plays, including new resources to learn assertiveness, decision-making, relaxation, optimism, and self-control; (b) enhancing parental and family resources, since the family is the primary social support for the gifted child. These can include teaching positive parent–child communication and interactions skills, effective monitoring of child behavior, and effective discipline, rules, and limit setting; (c) promoting experiences and opportunities for developing supportive friendships, positive teacher interactions, academic success, and emotional well-being within the school environment (Cutuli et al., 2013; Niemiec, 2014; Zolkoski & Bullock, 2012).

Measuring Success

Finally, we conclude with an intentionally brief discussion on the value of measuring change and improvement—or lack thereof, in counseling the gifted child. We believe that it is extremely helpful—and ethical, for therapists to incorporate a practical and reliable data system for measuring change in treatment. We emphasize "practical" because we recognize that most child and adolescent therapists, whether they practice in schools, in an agency, or in private, are very busy and do not have the time to implement a complex assessment protocol for their clients. The system needs to be simple and easy to administer, score, and interpret.

In work with children and adolescent clients, self-report and parent and teacher report scales are particularly useful and readily available. Of course, the scales (or subscales) that the therapist selects to use to measure progress should directly reflect and reliably measure the goals and objectives of the individual treatment plan. No one test or scale will work best for all clients. The therapist will want to remember two points in establishing a system to measure change and success in counseling. First, client progress waxes and wanes, even in the best of circumstances. And not all clients improve, for many reasons (Lambert, 2013). Second, what may seem like improvement, or for that matter, lack-of-progress or even deterioration, may simply reflect the vagaries of the psychometric qualities of the test, and not any real changes in the status of the client. The therapist needs to be cautious when collecting data on the client to not over-interpret slight and nonsignificant increases or decreases in test scores. Strupp and Hadley (1977), in a now-classic article on psychotherapy, recommend that therapists should use a "tripartite model" to evaluate client improvement. Applied to the gifted client, the therapist would routinely collect outcome data directly from the client (child/adolescent self-report data), from the parent and teacher (rating scales), and finally, from the perspective of the therapist herself. These three independent sources of information

provide, Strupp and Hadley persuasively argue, a comprehensive picture of how the client is functioning, and affords more reliable estimates of the positive impact of counseling on the client's functioning. The tripartite model, elegant in design, unfortunately may stretch the notion of simplicity in everyday counseling practice. The important point here is that it behooves the therapist to routinely collect outcome data on the gifted client to determine whether, for each client, the planned interventions are helpful or not. Robertson and Pfeiffer (2016) provide suggestions on how to measure gifted student improvement within a response-to-intervention (RTI) model in schools.

Concluding Comments

This chapter provides a brief, critical review on counseling the gifted. We argue that a scientifically defensible approach to counseling the gifted begins from the perspective of following a model of evidence-based clinical practice. Evidence-based clinical practice consists of the integration of the best available research, with clinical expertise, in the context of understanding the world of the gifted youngster. We provide a clinical vignette to help illustrate evidence-based practice in working with a troubled gifted adolescent.

Because of space limitations, there is much that we neglected to cover. As one example, we do not discuss evidence-based treatment applied to a multicultural population. The interested reader is directed to a recent article on this important topic published in *Gifted Education International* (Yeo & Pfeiffer, 2016). We hope that the chapter will provide a clear and compelling rationale for counselors and therapists who counsel gifted clients and their families to follow a model of evidence-based clinical practice.

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