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Steven I. Pfeiffer
Florida State University
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Optimizing favorable outcomes when counseling the gifted: A best practices approach

Steven I Pfeiffer
Florida State University, USA

Abstract
This article provides an integration of the empirical research literature on child psychotherapy and what the author has gleaned, first hand, in counseling work with gifted children and youth, and their families, over his 40-year career as a clinical psychologist. The article focuses on best practices in counseling gifted students in a way that optimizes favorable outcomes. The article has application for preventive and early intervention work, as well as for individual and group counseling efforts. Four principles of evidence-based counseling are emphasized, including the pre-eminence of a common factors' perspective in work with gifted clients. The article highlights the value of progress monitoring and incorporating a strength-based focus, and provides a clinical case to illustrate counseling work with a troubled gifted adolescent guided by evidence-based practice.

Keywords
Counseling the gifted, best practices counseling, evidence-based counseling

Introduction

There is a growing interest in the gifted field on the topic of counseling students who are gifted. The student might be a high-ability client who presents with a coexisting psychiatric or mental disorder, or special education disability—termed the "twice exceptional" or 2e student (Peterson, 2018; Pfeiffer and Foley-Nicpon, 2018). Or the

Corresponding author:
Steven I Pfeiffer, Florida State University, 937 Chanticleer, Cherry Hill, NJ 08003, USA.
Email: spfeiffer@fsu.edu

client might be a high-ability student just beginning to experience social-emotional difficulties, what the psychiatric field calls "sub-clinical" problems (Pfeiffer, 2013; Pfeiffer and Burko, 2016). Finally, the client might be a high ability student in no apparent psychological distress, but who would be a candidate for universal, selective, or indicated preventive interventions to support their mental health and well-being (Darling-Hammond, 2015; Mendaglio and Peterson, 2007).

This article provides an intentionally brief synthesis of the child therapy research literature and the author's own experiences as a therapist counseling gifted children and youth. The article emphasizes four important principles of evidence-based counseling, highlighting the pre-eminence of a common factors' perspective in work with all clients, including the gifted. An actual clinical case is presented to illustrate counseling work with a troubled gifted adolescent guided by four principles of evidence-based practice that optimize favorable outcomes.

Gifted children and youth remain a misunderstood population (Robinson and Reis, 2016). Part of the problem is definitional. In the USA, the federal definition states that the gifted demonstrate outstanding ability or potential and require differentiated educational programs, and includes exceptional intellectual, academic, and leadership ability, creativity, and artistic talent (Stephens, 2018). In clinical practice, however, high IQ remains the predominant definitional criterion. Most psychologists and schools across the globe use the criterion of an IQ cut score of 120, 125, or 130 (Pfeiffer, 2015; Renzulli et al., 2002; Silverman, 2018).

A second definitional issue that has contributed to misunderstanding is whether we should narrowly define giftedness as persons of high IQ or more broadly define giftedness as any person with exceptional ability or uncommon talent. A third issue is whether we should restrict our conceptualization to those children with already demonstrated high ability or also consider children with outstanding promise—"diamonds in the rough" (Pfeiffer, 2015, 2020).

Most would agree that the child who is reading at age 3, playing competitive chess at age 5, or performing violin in an orchestra at age 10 is gifted. These exemplars reflect children who are developmentally advanced, a hallmark of giftedness. Characteristics commonly associated with giftedness include advanced language and reasoning, interests more aligned with older children and adults, impressive memory, intuitive understanding of concepts, insatiable curiosity, uncanny ability to connect disparate ideas and appreciate relationships, rapid learning, heightened sensitivity of feelings and emotions, perfectionism, and asynchrony across developmental domains (Piechowski, 2013; Sternberg and Kaufman, 2018). However, no gifted child exhibits all of these characteristics and gifted children vary tremendously in core characteristics (Neihart et al., 2016a). Giftedness does not always make an early appearance. For every Mozart, who created masterpieces at an early age, there is the Cézanne, whose great art was completed later in life.

Of course, the gifted, like their nongifted peers, experience typical developmental and psychosocial challenges. Sometimes, developmental milestones occur quite early, which can create unique problems (Piechowski, 2013; Robinson and Reis, 2016). Some gifted are vulnerable to emotional problems because of the very characteristics that are the hallmark of giftedness. For example, asynchronous development can generate

feelings of being out of sync with their peers (Rinn and Majority, 2018; Wiley, 2016). Some gifted feel uncomfortably different and have difficulty finding a friend; others experience bullying (Peterson, 2016, 2018; Peterson and Ray, 2006). Some gifted view their gift as a burden. Difficulty with affect regulation or negative perfectionism increases their vulnerability to psychological problems (Neumeister, 2016; Rice and Taber, 2018; Silverman, 2012). An appreciable number of gifted experience a mismatch with their educational environment, which can create boredom, inattentiveness, underachievement, and even conduct problems (Plucker and Dilley, 2016; Siegel, 2018).

In addition, the gifted are not immune to the social and emotional challenges that all children face. Some gifted underperform to mask their abilities. A number of gifted struggle with depression, suicide ideation, anxiety, social isolation and feelings of alienation, anger management, neurotic perfectionism, traumatic events, and sexual identity issues (Neihart, 2016; Peterson, 2018; Pfeiffer and Burko, 2016). Finally, some gifted are twice exceptional and have sensory, orthopedic, or communication disabilities or psychiatric disorders coexisting with their giftedness, including ADHD, Asperger's disorder, eating disorders, and mood disorders (Peterson, 2009; Pfeiffer and Foley-Nicpon, 2018). Some experts hypothesize that the majority of twice exceptional gifted/disabled have specific learning disabilities (Brody and Mills, 1997). Twice exceptionality creates a conundrum for the teacher, parents, counselor, as well as the child.

Most authorities agree that the gifted are those in the upper 3% to 5% compared to their peers in general intelligence, academics, the arts, and leadership (Gagné, 2004; Renzulli et al., 2002; Silverman, 2018). Although some experts argue for a more liberal inclusionary threshold, as high as 10% to 15% (Pfeiffer, 2015, 2020; Worrell and Dixson, 2018). Not surprisingly, there is evidence for genetic and neurobiological influences (Goriounova and Mansvelder, 2019). The fields of music and mathematics are rich with child prodigies. Evidence also comes from the unfolding of extraordinary accomplishments among kids from impoverished environments (Ackerman and Lakin, 2018). Most authorities agree that the unfolding of extraordinary talent requires a supportive environment and a number of influential, moderating and mediating factors over time (Subotnik et al., 2016; Tannenbaum, 1983).

Some authorities, myself included, actually view giftedness as a social construction, not something real like juvenile diabetes, Fragile X Syndrome, or bipolar disorder (Borland, 2003). Prevalence rates, therefore, are always going to be somewhat arbitrary and inexact. The number of gifted students reflects how different countries and local school districts define giftedness and what criteria and cutscores they set. As mentioned above, estimates range from a conservative 3% to as high as 10%–15%. There is no true cut-off between giftedness and non-giftedness, although many would like to believe otherwise (Pfeiffer, 2015).

Research indicates that most intellectually gifted children are socially well adjusted. Contrary to common stereotype, most gifted are popular, make friends, get along with peers, and do not experience loneliness or depression. Experts estimate that the great majority of the gifted are well adjusted, and perhaps no more than 10–20% experience some of the difficulties noted above (Neihart et al., 2016b). In a report by the Institute of

Medicine, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, it was estimated that each year between 14–20% of children and adolescents experience a mental, emotional, or behavioral disorder (National Academy of Sciences, 2009). It was also estimated that 70% of children with a diagnosable mental illness do *not* receive treatment (Centers for Disease Control and Prevention, 2013; Greenberg et al., 2003).

Authorities in the gifted field estimate that the prevalence of child/adolescent psychiatric problems, such as suicide ideation, gesture, attempts, and successful completions is *not* markedly different for the gifted and general population (Cross and Andersen, 2016; Hébert, 2011; Mueller and Winsor, 2018; Peterson, 2018). If we assume that roughly 6% of students across the globe could be considered academically gifted, then there are about 60 million children worldwide of the 1 billion who attend school who are gifted (Stoeger et al., 2018; UNSECO, 2014). This translates into 6-to-12 million gifted students globally likely presenting with some type of psychological difficulty. Finally, it is reasonable to assume that many gifted students with a diagnosable mental illness or emerging psychological problems neither seek nor receive mental health services in the schools. There is evidence that many gifted are reluctant to seek counseling (Peterson, 2018).

Prevalence rates for mental health disorders vary, of course, along racial/ethnic and socioeconomic lines. It is likely that there is a higher prevalence of mental health disorders and higher risk living situations among gifted students of color, recent immigrants, and gifted students living within less advantaged homes (Centers for Disease Control and Prevention, 2013). Clearly, there is a substantial number of gifted either at greater risk for, or already presenting with mental health concerns and not receiving counseling in their schools.

Principles to optimize favorable outcomes

A provocative question is whether a unique approach is required in counseling the gifted. Some who write about counseling the gifted feel that this is a basic maxim, that the gifted warrant a unique therapeutic approach (e.g., Mendaglio and Peterson, 2007; Peterson, 2018; Silverman, 2012; Wood, 2010). This article advocates a slightly different position. The author contends, based on a careful review of the psychotherapy research literature and extensive first-hand clinical experience, that to optimize favorable outcomes, the counselor should follow a psychotherapeutic model of *evidence-based clinical practice*. This approach *integrates the application of: (1) the best available empirically-supported treatment protocol on the presenting disorder or disorders, (2) in conjunction with establishing and maintaining a strong therapeutic relationship with the client, and, finally, (3) clinical expertise* in the context of considerable supervised experience and *a deep understanding working with this unique population*. All three elements are synergistic and critical if treatment is to be effective (Norcross and Lambert, 2018). Let me explain what this means.

Today, there exists clinically relevant treatment research on almost every type of psychological problem that a counselor might encounter in the schools in work with a gifted child or adolescent. Later in the article, I describe a case of successfully treating a

gifted adolescent with borderline pathology employing dialectical behavior therapy, guided by a model of evidence-based clinical practice that incorporates selecting empirically-supported interventions specific to the disorder. If the gifted student had presented with a different set of presenting problems—such as depression, school phobia, anger management issues or trauma—then the counselor would select different interventions guided by "what works" for that particular set of problems. The four principles underlying evidence-based practice that optimize favorable outcomes are:

The first principle is that no one theory explains all of what can go awry when any child—including a gifted youngster—develops psychological problems, and no one theory can hope to explain all of counseling. However, there are useful counseling theories that help guide the design, implementation, and evaluation of treatment interventions for specific problems exhibited by the gifted (Kendall, 2006; Pfeiffer, 2013). The most useful counseling theories are those that explain the *processes of change*. Understanding the processes of change helps the counselor gain a focus, specific treatment targets and objectives, and insights into why a given youngster might or might not be responding favorably to the planned intervention. In clinical work with gifted clients, it is important to know which therapeutic processes are helping to create the change you are working toward.

The second principle is that work with the gifted should almost always *address and consider the parents, parenting, and families*. This principle 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 (Kazdin and Durloin, 2012; Kratochwill and Stoiber, 2002). Of course, the nature and extent of the parent or family involvement will vary by the unique circumstances of each case, the age of the gifted youth, the child's relationship with her family, and other relevant considerations. That said, it is clinically imprudent to ignore the gifted child's parents. This does not mean that a counselor always embarks upon family therapy as a primary or adjunctive intervention. Rather, it means that a counselor always considers in what ways the parents and family might be contributing to the client's presenting problems—even unwittingly, and also in what ways might the parents and family serve as allies and resources in ameliorating the problem and helping to instill better coping skills and greater resilience (Pfeiffer, 2013).

The third principle is that counselors should rely upon the considerable clinically relevant empirical treatment research that exists on almost every type of psychological problem that one might encounter in work with a gifted child. There are published articles in peer-review journals on, empirically-supported interventions for almost every disorder that exists. With the advent of the Internet, it is easy for counselors 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. Many professional and government organizations have created evidence-based practice websites. For example, the Substance Abuse and Mental Health Services Association (SAMHSA) website 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. The Division of School Psychology of the APA sponsored a Task Force on Evidence-Based Interventions in School Psychology. The Task Force produced a 136-page manual in support of promoting and disseminating evidence-based interventions in schools (Kratochwill and Stoiber, 2002). There is easily available clinically relevant information and mauals on empirically-supported interventions which should guide planned interventions for all clients, including gifted kids.

The fourth and final principle is that the quality of the therapeutic relationship, often called *the therapeutic alliance*, is essential in all effective counseling (Bachelor and Horvath, 1999; Gelso and Hayes, 1998; Kazdin and Durbin, 2012) including counseling the gifted. This may sound like an obvious counseling axiom. It has remained a cornerstone principle in our understanding of what makes counseling special and what helps gifted children and adolescents take the risk to change.

It is almost impossible to encourage, nudge, or inspire a gifted child or adolescent who is struggling with a personally painful, 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 nonjudgmental, empathic, and sincerely concerned about their well-being (Peterson, 2009; Wood, 2010; Wood and Peterson, 2018). All clients in counseling, particularly children and adolescents, need to feel that the therapist understands and even feels, to a degree, what they are personally experiencing (Kazdin and Durbin, 2012; Norcross, 2002). In essence, there needs to be a profound, even palpable bond that the counselor must work to create between herself and the client if counseling is going to be effective. This fourth principle leads directly into a brief discussion on common factors in counseling.

A common factors perspective on evidence-based counseling

The fourth principle, recognition of the primacy of the therapeutic relationship, speaks to what has come to be termed, "a common factors perspective" on effective counseling. Siegel (2010) has written a brilliant book on the synthesis of psychotherapy and neuroscience; what it means to do psychotherapy from the perspective of the brain. His compelling ideas capture the concept of optimizing therapeutic work; bringing ourselves as counselors fully into connection with those for whom we care—how we respond positively to our therapeutic efforts. In other words, we need to pay attention to what it is about effective counselors that supports the growth in counseling of the gifted client. Siegel (2010) talks about *presence, attunement, mindsight, trust, resonance*, and *mindfulness* and links these constructs to the neurology of our brain. These constructs are fully in harmony with what this author has written about in "cultivating our healing presence" in psychotherapy (Pfeiffer, 1986).

Counseling the gifted is a *collaborative enterprise* in which gifted students and counselors negotiate ways of working together on mutually agreed-upon therapeutic goals to foster *positive, mutually agreed upon outcomes* (American Psychological Association Presidential Task Force on Evidence-Based Practice, 2006). Counseling is viewed as a prescriptive, creative, and personal—even intimate—way of working with gifted clients to assist them in *modifying, changing, reducing or eliminating factors that interfere with their otherwise effective living and quality of life*. Counseling is *an*

intimate and creative process that provides what is called "*corrective emotional experiences*," allowing gifted clients to think, feel and act in ways that they may have avoided in the past. It is a means of enhancing a client's functioning with *the goal of optimizing mental health, well-being, and existential meaning in life* (Frank and Frank, 1993; Frankl, 1959).

The therapeutic alliance is defined by the quality of the gifted client-counselor relationship, their collaborative interaction, and the attachment and attunement between the two that develops over the course of counseling. Research supports the fact that therapeutic alliance is a reliable predictor of treatment outcome for kids and adolescents (Florsheim et al., 2000). The concepts of empathy and unconditional positive regard are as relevant today as when Carl Rogers first wrote about them in establishing therapeutic alliance (Corey, 2005; Peterson, 2009). Establishing and maintaining a therapeutic alliance with the gifted client is part of what we consider the *clinical expertise* of the counselor.

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 "common factors" therapeutic relationship accommodation "being an authentic chameleon" (Lazarus, 1993: 404).

What follows is an example of applying evidence-based counseling with a gifted adolescent who the author treated in his private practice. The example illustrates evidence-based practice when working with a gifted adolescent referred because of substance use, recurring suicidal threats, and pervasive feelings of loneliness. This was a very challenging client—why the case was selected for illustrative purposes. The case is intended to highlight how evidence-based counseling applied to almost any gifted client optimizes favorable outcomes.

Example of optimizing favorable outcomes in clinical practice

Borderline personality disorder (BPD) is a serious psychiatric disorder that affects approximately 2% of the adult population (Sharp and Kim, 2015). Persons suffering from BPD, including gifted adolescents in crisis, display multiple symptoms including intensive efforts to prevent real or imagined abandonment, a pattern of personal relationships characterized by instability intensity of emotions, impulsivity including high-risk behaviors such as substance abuse, binge eating, high-risk sex, recurring suicidal ideation, pronounced emotional instability, and inappropriate, impulsive, and/or intensive anger (American Psychiatric Association, 2000). 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 associated risk of suicide, effective treatment of adolescent borderline pathology is a critical mental health issue, including work with gifted students. It is likely that the incidence of borderline pathology among gifted adolescents is similar to the reported rates among adolescents in general.

Zack (the client's name has been changed to protect his anonymity) was referred by his parents at the encouragement of his school counselor because of recurring suicidal ideation and behaviors, reported substance use, depression, and pervasive feelings of despair. He had been seen by a psychiatrist who suspected that Zach was "borderline" BPD. Zach was intellectually gifted, whichever definition of giftedness one might apply—he had a strong academic record at an elite private school, a tested IQ of 135, and combined SAT scores of 1160 taken when in the seventh grade as part of the Duke TIP regional talent search. Zach was a painfully unhappy young man who was engaging in high-risk, unsafe, and potentially self-injurious behaviors.

Dialectical Behavior Therapy (DBT; Neacsiu et al., 2010) is an empirically-validated intervention for BPD. DBT was developed by Linehan to apply cognitive behavioral treatment (CBT) to borderline personality patients exhibiting suicidal and para-suicidal behaviors (Katz and Cox, 2002). 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 and Cox, 2002). Interestingly, many gifted are described as overly intense and highly overexcited, based on a theory of "overexcitabilities" proposed by the Polish psychiatrist Kasimierz Dabrowski (Kitano, 1990; Piechowski, 2013). In fact, some authorities posit that intensity is "an almost universal characteristic of gifted children and adults" (Webb et al., 2005: 10).

In the author's work with Zach, which lasted for 36 sessions, a DBT approach was employed, consistent with a best-practices model of counseling. The author modified the standard protocol since DBT was designed for adults, not adolescents. For example, one significant modification was involving Zach's family in the treatment, particularly in the behavioral skills training phase. Early in counseling, the author took on the role of a "gentle devil's advocate," challenging Zach's dangerous and life-threatening behaviors (substance use, suicidal behaviors) and working to enlist his commitment to the therapeutic process. The author's experience working with many gifted clients helped him understand Zach's style of thinking, resistance to confronting his self-defeating behaviors, need to feel understood, and world view. Zach did not feel accepted or liked by peers; he was hypersensitive to teasing and sarcastic comments. This is not an atypical experience for many highly gifted youth (Peterson, 2009; Wood and Peterson, 2018)

Without the experience of working with many similar adolescents and without the understanding and appreciation for what was unique about Zach as a gifted youngster, a counselor would not have been able to enlist and hold Zach's participation in the treatment. And without Zach's active commitment to counseling, and the establishment of a working therapeutic alliance, even the most powerful therapeutic techniques that DBT has to offer would have proven ineffective (Wampold, 2015). In other words, in

work with gifted clients, having a deep understanding of the gifted student and establishing trust and rapport are critical to success. After successfully engaging Zach in his treatment, which required about six or seven sessions and considerable patience, much of counseling shifted to a skills-based mentoring relationship, consistent with the DBT model. The author's therapeutic posture became an attentive and compassionate consultant/adviser to Zach. 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, Zach and the author frequently enacted and then processed role plays. Zach was often assigned homework tasks, a powerful evidence-based technique. Because Zach held rather rigid, polarizing points of views, not uncommon among bright adolescents with borderline pathology, one therapeutic strategy was helping Zach accept a "middle path" and adopting a less harsh, judgmental perspective (Miller et al., 2002). Monthly parent sessions helped his parents to better understand their son and enlist their collaboration in his treatment, and for Zach to raise concerns and issues that came up within the home.

Finally, a considerable amount of counseling focused on encouraging Zach to search for positive emotional experiences in his daily life. A counselor's familiarity with gifted adolescents makes this phase of the treatment less challenging. Working with adolescents in general can be tricky (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 points. First, evidence-based practice requires more than simply being aware of the best available clinically relevant research. The second point is that relying on clinically relevant research in selecting which techniques and specific interventions to use for which problems is critically important in work with any client, including a client who happens to be gifted. It would have been clinically imprudent to *not* consider DBT given Zach's presenting constellation of problems (Norcross et al., 2008). If Zach had presented with a different set of clinical problems, syndrome or disorder—for example, a specific phobia, major depressive disorder, somatic symptom disorder, bipolar disorder, posttraumatic stress disorder, panic disorder—the list goes on, then the author would have been obligated to consider a different therapeutic interventions guided by the body of published treatment research evidence in support of "what works" (clinical efficacy) for that particular set of problems. In other words, we must move beyond "one size fits all" when counseling gifted kids.

The third point is that evidence-based practice also requires clinical expertise. There is considerable evidence that the counselor's training, skill, and experience optimize positive therapeutic outcomes (Norcross et al., 2008). Clinical expertise takes time to develop and consists of sound clinical judgment and decision-making, monitoring client progress, knowing when to nudge or challenge the gifted 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 and Lambert, 2018).

The fourth and final point is that evidence-based practice appreciates that client characteristics matter. Competent clinical practice necessitates a deep understanding for

the unique characteristics, preferences, culture, and world view of each client that you work with. This is as true for the client who is gifted as it is for the client who is lesbian, gay, bisexual, or transgender (LGBTQ), disabled, elderly, from a different culture or racial/ethnic group, or gender than your own. 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 (Wood and Peterson, 2018).

Zilcha-Mano (2017), a leading Israeli psychotherapist, reminds us that establishing and maintaining a working therapeutic alliance can be difficult with some clients. Her cautionary note can be applied to work with the gifted. She distinguishes between trait-like and state-like components of alliance. 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 counselor, and the client's capacity to benefit from counseling (Zilcha-Mano, 2017). In other words, the counselor'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 counseling *tabula rasa*.

Progress monitoring and ongoing feedback optimizes outcomes

Monitoring and measuring planned counseling interventions is important and reflects best practices in therapeutic work with the gifted. It is therapeutically helpful to collect practical, reliable, real-time data on how the client is doing, so that the counselor can make adjustments, if required, to the treatment protocol. It is also ethical to incorporate a system for measuring change in treatment. This is as true in counseling as in the medical profession. The progress monitoring system should be simple and easy to administer, score, and interpret. And inexpensive. Otherwise, counselors won't use one.

In work with gifted clients, such as Zach, self-report, parent and teacher report scales are particularly useful and readily available. Of course, the rating scales the counselor selects to measure progress should reflect and reliably measure the goals and objectives of the individual treatment plan. No one test or scale will work best for all gifted clients. In the author's work with Zach, for example, targets for monitoring his improvement changed over the course of his almost 2-year counseling, and included scales that measured his level of suicidal ideation, substance use, and depression and loneliness. Indices of Zach's progress during treatment also included measures of hope, optimism, resilience, and subjective well-being, reflective of incorporating a strength-based focus in work with Zach, a point that will be further highlighted shortly.

Three points are worth mentioning when establishing a system to measure change 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, it is helpful to share data from the ongoing monitoring system with the client and, when appropriate, their parents. This was incorporated in the author's work with Zach. Third, what may

seem like improvement, or for that matter, lack-of-progress or even deterioration, may reflect the vagaries of the psychometric qualities of the scale, and not any real change in client status. The counselor needs to be cautious when reviewing outcome data not to over-interpret slight and nonsignificant increases or decreases in ratings and test scores.

Concluding comments

This paper provides a fresh look at evidence-based counseling, and its application for work with gifted clients. 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 optimizes favorable outcomes; it consists of the integration of the best available treatment research on specific interventions for specific disorders, in concert with clinical expertise and a deep understanding of, and appreciation for, the world of the gifted. The importance of the therapeutic alliance and "common factors" is critical to optimize successful outcomes. Ongoing measurement of progress, or lack thereof, should be an integral part of evidence-based counseling.

There has been a growing paradigm shift in counseling, with heightened interest in focusing on the positive aspects of human nature. Historically, counseling has emphasized pathology and impediments to human development. More recently, the mental health field has shifted to focusing on assets and strengths of the client, and assets within the environments in which they live (Csikszentmihalyi, 1990; Fredrickson, 2001; Seligman and Csikszentmihalyi, 2000). Theorists and practitioners alike recognize the impact of counseling increases when counselors focus on identifying and reinforcing skills, competencies, and protective factors that promote well-being (Suldo and Shaffer, 2008). Indicators such as resilience, hope, and optimism provide powerful leverage in enhancing human functioning (Luthar, 2006; Park and Peterson, 2008; Sapienza and Masten, 2011). This positive focus can and should be incorporated into all 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 the gifted to facilitate positive change (Lyons et al., 2012; Pfeiffer, 2015; Seligman and Csikszentmihalyi, 2000; Suldo and Shaffer, 2008). A strength-based, resiliency-focused counseling approach offers exciting opportunities for the counselor to expand her "therapeutic toolbox" and focus on *both* reducing or eliminating the symptoms that brought the gifted client to counseling while simultaneously expanding the gifted client's personal resources, social and interpersonal skills, and emotional well-being.

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ORCID iD


Steven I Pfeiffer https://orcid.org/0000-0001-5169-9665

References

Ackerman PL and Lakin JM (2018) Expertise and individual differences. In: Pfeiffer SI (ed), *Handbook of Giftedness in Children*, 2nd ed. New York, NY: Springer, pp. 65–80.

American Psychiatric Association (2000) *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., text rev. ed. Washington, DC: American Psychiatric Association.

American Psychological Association Presidential Task Force on Evidence-Based Practice (2006) Evidence-based practice in psychology. *American Psychologist* 61(4): 271–285.

Bachelor A and Horvath A (1999) The therapeutic relationship. In: Hubble MA, Duncan BL and Miller SD (eds) *The Heart and Soul of Change: What Works in Therapy*. Washington, DC: American Psychological Association, pp. 133–178.

Borland JH (2003) The death of giftedness. In: Borland JH (ed), *Rethinking Gifted Education*. New York, NY: Teachers College Press, pp. 105–124.

Brody LE and Mills CJ (1997) Gifted children with learning disabilities: a review of the issues. *Journal of Learning Disabilities* 30: 282–296.

Center for Disease Control and Prevention (2013) News from the centers for disease control and prevention. *Journal of the American Medical Association* 310(1): 23.

Corey G (2005) *Theory and Practice of Counselling and Psychotherapy*. Belmont, CA: Brooks/Cole.

Cross TL and Andresen L (2016) Depression and suicide among gifted children. In: Neihart M, Pfeiffer SI and Cross TL (eds) *The Social and Emotional Development of Gifted Children. What Do We Know?* 2nd ed. Waco, TX: Prufrock Press, pp. 79–90.

Crowell SE, Beauchaine TP, McCauley E, et al. (2008) Parent–child interactions, peripheral serotonin, and intentional self-injury in adolescents. *Journal of Consulting and Clinical Psychology* 76: 15–21.

Csikszentmihalyi M (1990) *Flow: The Psychology of Optimal Experience*. New York, NY: Harper and Row.

Darling-Hammond L (2015) Social and emotional learning: critical skills for building healthy schools. In: Durlak JA, Domitrovich CE, Weisberg RP and Gullotta TP (eds) *Handbook of Social and Emotional Learning*. New York, NY: Guilford Press, pp. xi–xiii.

Florsheim P, Shotorbani S, Guest-Warnick G, et al. (2000) Role of the working alliance in the treatment of delinquent boys in community-based programs. *Journal of Clinical Child Psychology* 29: 94–107.

Frank JD and Frank JB (1993) *Persuasion and Healing: A Comprehensive Study of Psychotherapy*. Baltimore, MD: Johns Hopkins University Press.

Frankl VE (1959) *Man's Search for Meaning*. Boston, MA: Boston Press.
Fredrickson BL (2001) The role of positive emotions in positive psychology. The broaden-and-build theory of positive emotions. *American Psychologist* 56: 218–226.
Gagné F (2004) Transforming gifts into talents: The DMGT as a developmental theory. *High Ability Studies* 15: 119–147.
Gelso CJ and Hayes JA (1998) *The Psychotherapy Relationship: Theory, Research, and Practice*. Hoboken, NJ: John Wiley.
Goriounova NA and Mansvelder HD (2019) Genes, cells and brain areas of intelligence. *Frontiers of Human Neuroscience* 13(Article 44): 1–14.
Greenberg MT, Weissberg RP, O'Brien MU, et al. (2003) Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist* 58: 466–474.
Hébert TP (2011) *Understanding the Social and Emotional Lives of Gifted Students*. Waco, TX: Prufrock Press.
Katz LY and Cox BJ (2002) Dialectical behavior therapy for suicidal adolescent inpatients. *Clinical Case Studies* 1: 81–92.
Kazdin AE and Durbin KA (2012) Predictors of child–therapist alliance in cognitive-behavioral treatment of children referred for oppositional and antisocial behavior. *Psychotherapy* 49: 202–217.
Kendall PC (2006) Guiding theory for therapy with children and adolescents. In: Kendall PC (ed), *Child and Adolescent Therapy: Cognitive-Behavioral Procedures*. New York, NY: Guilford Press, pp. 3–30.
Kitano MK (1990) Intellectual abilities and psychological intensities in young children: implications for the gifted. *Roeper Review* 13: 5–10.
Kratochwill TR and Stoiber KC (2002) Evidence-based interventions in school psychology: conceptual foundations of the Procedural and Coding Manual of Division 16 and the Society for the Study of School Psychology Task Force. *School Psychology Quarterly* 17: 341–389.
Lambert MJ (ed) (2013) *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change*. New York, NY: Wiley.
Lazarus AA (1993) Tailoring the therapeutic relationship or being an authentic chameleon. *Psychotherapy* 30: 404–407.
Linehan MM and Dexter-Mazza ET (2008) Dialectical behavior therapy for borderline personality disorder. In: Barlow DH (ed), *Clinical Handbook of Psychological Disorders*. New York, NY: Guilford Press, pp. 365–420.
Luthar SS (2006) Resilience in development: a synthesis of research across five decades. In: Cicchetti D and Cohen DJ (eds) *Developmental Psychopathology: Risk, Disorder, and Adaptation*. New York, NY: Wiley, pp. 740–795.
Lyons MD, Huebner ES, Hills KJ, et al. (2012) The dual-factor model of mental health: further study of the determinants of group differences. *Canadian Journal of School Psychology* 27: 183–196.
Mendaglio S and Peterson JS (eds) (2007) *Models of Counseling Gifted Children, Adolescents, and Young Adults*. Waco, TX: Prufrock Press.
Miller AL, Glinski J, Woodberry K, et al. (2002) Family therapy and dialectical behavior therapy with adolescents: part 1. Proposing a clinical synthesis. *American Journal of Psychotherapy* 56: 568–584.

Mueller CE and Winsor DL (2018) Depression, suicide, and giftedness: disentangling risk factors, protective factors, and implications for optimal growth. In: Pfeiffer SI (ed), *Handbook of Giftedness in Children*, 2nd ed. New York, NY: Springer, pp. 255–284.

National Academy of Sciences (2009) *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: National Academies Press.

Neacsiu AD, Rizvi SL and Linehan MM (2010) Dialectical behavior therapy skills use as a mediator and outcome of treatment for borderline personality disorder. *Behaviour Research and Therapy* 48: 832–839.

Neihart M (2016) Psychosocial factors in talent development. In: Neihart M, Pfeiffer SI and Cross TL (eds) *The Social and Emotional Development of Gifted Children. What Do We Know?* 2nd ed. Waco, TX: Prufrock Press, pp. 159–172.

Neihart M, Pfeiffer SI and Cross TL (eds) (2016a) *The Social and Emotional Development of Gifted Children: What Do We Know?* 2nd ed. Waco, TX: Prufrock Press.

Neihart M, Pfeiffer SI and Cross TL (2016b) What have we learned and what should we do next? In: Neihart M, Pfeiffer SI and Cross TL (eds) *The Social and Emotional Development of Gifted Children. What Do We Know?* 2nd ed. Waco, TX: Prufrock Press, pp. 283–298.

Neumeister KS (2016) Perfectionism in gifted students. In: Neihart M, Pfeiffer SI and Cross TL (eds) *The Social and Emotional Development of Gifted Children. What Do We Know?* 2nd ed. Waco, TX: Prufrock Press, pp. 29–40.

Norcross JC (2002) *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients*. New York, NY: Oxford University Press.

Norcross JC and Lambert MJ (2018) Psychotherapy relationships that work III. *Psychotherapy* 55: 303–315.

Norcross JC, Hogan TP and Koocher GP (2008) *Clinician's Guide to Evidence-Based Practices*. New York, NY: Oxford University Press.

Park N and Peterson C (2008) Positive psychology and character strengths: application to strengths-based school counseling. *Professional School Counseling* 12: 85–92.

Peterson JS (2009) Focusing on where they are: a clinical perspective. In: VanTasselBaska J, Cross TL and Olenchak R (eds) *Social-Emotional Curriculum with Gifted and Talented Students*. Waco, TX: Prufrock Press, pp. 193–226.

Peterson JS (2016) Gifted children and bullying. In: Neihart M, Pfeiffer SI and Cross TL (eds) *The Social and Emotional Development of Gifted Children. What Do We Know?* 2nd ed. Waco, TX: Prufrock Press, pp. 131–144.

Peterson JS (2018) Characteristics and concerns of gifted students. In: Wood SM and Peterson JS (eds) *Counseling Gifted Students: A Guide for School Counselors*. New York, NY: Springer, pp. 31–46.

Peterson JS and Ray KE (2006) Bullying and the gifted: victims, perpetrators, prevalence, and effects. *Gifted Child Quarterly* 50: 148–168.

Pfeiffer SI (1986) Brief office counseling and the primary care physician. *Southern Medical Journal* 79: 721–722.

Pfeiffer SI (2013) *Serving the Gifted*. New York, NY: Routledge.

Pfeiffer SI (2015) *Essentials of Gifted Assessment*. Hoboken, NJ: Wiley.

Pfeiffer SI (2017) Success in the classroom and in life: focusing on strengths of the head and strengths of the heart. *Gifted Education International* 33(2): 95–101.

Pfeiffer SI (2020) Giftedness and talent development in children and youth. In: Ward P, Schraagen JM, Gore J and Roth EM (eds) *The Oxford Handbook of Expertise*. England: Oxford University Press, pp. 103–127.

Pfeiffer SI and Burko J (2016) Counseling the gifted. In: Neihart M, Pfeiffer SI and Cross TL (eds) *The Social and Emotional Development of Gifted Children. What Do We Know?* 2nd ed. Waco, TX: Prufrock Press, pp. 243–258.

Pfeiffer SI and Foley-Nicpon M (2018) Knowns and unknowns about students with disabilities who also happen to be intellectually gifted. In: Kaufman SB (ed), *Twice Exceptional*. New York, NY: Oxford University Press, pp. 104–122.

Piechowski MM (2013) A bird who can soar: overexcitabilities in the gifted. In: Neville CS, Piechowski M and Tolan SS (eds) *Off the Charts: Asynchrony and the Gifted*. Unionville, NY: Royal Fireworks Press, pp. 99–122.

Plucker JA and Dilley A (2016) Ability grouping and the socioemotional development of gifted students. In: Neihart M, Pfeiffer SI and Cross TL (eds) *The Social and Emotional Development of Gifted Children. What Do We Know?* 2nd ed. Waco, TX: Prufrock Press, pp. 231–242.

Renzulli JS, Smith LH, White AJ, et al. (2002) *Scales for Rating the Behavioral Characteristics of Superior Students—Revised ed*. Mansfield Center, CT: Creative Learning Press.

Rice KG and Taber ZB (2018) Perfectionism. In: Pfeiffer SI (ed), *Handbook of Giftedness in Children*, 2nd ed. New York, NY: Springer, pp. 227–254.

Rinn AN and Majority KL (2018) The social and emotional world of the gifted. In: Pfeiffer SI (ed), *Handbook of Giftedness in Children*, 2nd ed. New York, NY: Springer, pp. 49–64.

Robinson NM and Reis S (2016) Forward. In: Neihart M, Pfeiffer SI and Cross TL (eds) *The Social and Emotional Development of Gifted Children: What Do We Know?* Waco, TX: Prufrock Press, pp. xiii–xvi.

Sapienza JK and Masten AS (2011) Understanding and promoting resilience in children and youth. *Current Opinion in Psychiatry* 24: 267–273.

Seligman MEP and Csikszentmihalyi M (2000) Positive psychology: an introduction. *American Psychologist* 55: 5–14.

Sharp C and Kim S (2015) Recent advances in the developmental aspects of borderline personality disorder. *Current Psychiatry Reports* 17: 21–30.

Siegel D (2018) Understanding underachievement. In: Pfeiffer SI (ed), *Handbook of Giftedness in Children*, 2nd ed. New York, NY: Springer, pp. 285–298.

Siegel DJ (2010) *The Mindful Therapist*. New York, NY: Norton.

Silverman LK (2012) Asynchronous development: a key to counseling the gifted. In: Cross TL and Cross JR (eds) *Handbook for Counselors Serving Students with Gifts and Talents*. Waco, TX: Prufrock Press, pp. 261–280.

Silverman LK (2018) Assessment of giftedness. In: Pfeiffer SI (ed), *Handbook of Giftedness in Children*, 2nd ed. New York, NY: Springer, pp. 183–208.

Stephens KR (2018) Applicable federal and state policy, law, and legal considerations in gifted education. In: Pfeiffer SI (ed), *Handbook of Giftedness in Children*, 2nd ed. New York, NY: Springer, pp. 163–182.

Sternberg RJ and Kaufman SB (2018) Theories and conceptions of giftedness. In: Pfeiffer SI (ed), *Handbook of Giftedness in Children*, 2nd ed. New York, NY: Springer, pp. 29–48.

Stoeger H, Balestrini DP and Ziegler A (2018) International perspectives and trends in research on giftedness and talent development. In: Pfeiffer SI (ed), *APA Handbook of Giftedness and Talent*. Washington, DC: American Psychological Association, pp. 25–37.

Subotnik RF, Worrell FC and Olszewski-Kubilius P (2016) The psychological science of talent development. In: Neihart M, Pfeiffer SI and Cross TL (eds) *The Social and Emotional Development of Gifted Children: What Do We Know?* 2nd ed. Waco, TX: Prufrock Press, pp. 145–158.

Suldo SM and Shaffer EJ (2008) Looking beyond psychopathology: the dual-factor model of mental health in youth. *School Psychology Review* 37: 52–68.

Tannenbaum AJ (1983) *Gifted Children: Psychological and Educational Perspectives*. New York, NY: Macmillan.

UNESCO (2014) *Education for All Global Monitoring Report 2013/2014: Teaching and Learning—Achieving Quality for All*. Paris: UNESCO.

Verhaagen D (2010) *Therapy with Young Men*. New York, NY: Routledge.

Wampold BE (2015) How important are the common factors in psychotherapy? An update. *World Psychiatry: Official Journal of the World Psychiatric Association* 14: 270–277.

Wampold BE and Budge SL (2012) The 2011 Leona Tyler Award address: the relationship and its relationship to the common and specific factors of psychotherapy. *The Counseling Psychologist* 40: 601–623.

Webb JT, Amend ER, Webb NE, et al. (2005) *Misdiagnosis and Dual Diagnosis of Gifted Children and Adults: ADHD, Bipolar, OCD, Asperger's, Depression and Other Disorders*. Scottsdale, AZ: Great Potential Press.

Wiley K (2016) The social and emotional impact of acceleration. In: Neihart M, Pfeiffer SI and Cross TL (eds) *The Social and Emotional Development of Gifted Children: What Do We Know?* 2nd ed. Waco, TX: Prufrock Press, pp. 219–230.

Wood SM (2010) Best practices in counseling the gifted in schools. What's really happening? *Gifted Child Quarterly* 54: 42–58.

Wood SM and Peterson JS (eds) (2018) *Counseling Gifted Students: A Guide for School Counselors*. New York, NY: Springer.

Worrell FC and Dixson DD (2018) Recruiting and retaining underrepresented gifted students. In: Pfeiffer SI (ed), *Handbook of Giftedness in Children*, 2nd ed. New York, NY: Springer, pp. 209–226.

Zilcha-Mano S (2017) Is the alliance really therapeutic? Revisiting this question in light of recent methodological advances. *American Psychologist* 72: 311–325.

Author biography

Steven I Pfeiffer is a popular speaker on how to raise successful and well-adjusted gifted students. An authority on emotional intelligence and the social-emotional needs of high ability kids, he was Professor at Duke University, where he served as Executive Director of the Duke TIP gifted program. He is author of over 200 articles and book chapters, and first author of the widely-used Gifted Rating Scales (GRS).