

CHAPTER 8

Gifted Children

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CLINICAL PROBLEM

As far back as Confucius in China and Plato in Greece, philosophers wrote about “heavenly” children. Early East Asian and classical European traditions both embraced similar views that giftedness constituted a set of special attributes which we today would view as components of intellectual ability. In the United States, we trace early attention to the gifted to the research conducted by Lewis Terman, whose longitudinal study followed high IQ students (higher than 140). Terman collected data on these students over the course of 50 years and concluded that high IQ kids are healthier, better-adjusted, and higher achievers.

Gifted children and youth remain a misunderstood population. Part of the problem is definitional. 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. In clinical practice, however, high IQ remains the predominant definitional criterion. Most psychologists and schools use the criterion of an IQ score of 120, 125, or 130.

A second definitional issue that has contributed to misunderstanding is whether we should narrowly define giftedness as persons of high 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.

Most would agree that the child who is reading at age 3, playing competitive chess at age 6, or performing cello in an orchestra at age 10 is gifted. These examples 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. However, no gifted child exhibits all of these characteristics and gifted children vary tremendously in core characteristics. 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 challenges. Sometimes, developmental milestones occur quite early, which can create unique problems. 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. Some gifted feel uncomfortably different and have difficulty finding a friend; others experience bullying. Some gifted view their gift as a burden. Difficulty with affect regulation or negative perfectionism increases their vulnerability to psychological problems. An appreciable number of gifted experience a mismatch with their educational environment, which can create boredom, inattentiveness, underachievement, and conduct problems.

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,¹ anxiety, social isolation and feelings of alienation, anger management, neurotic perfectionism, and sexual identity issues. 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. Experts hypothesize that the majority of twice exceptional gifted/disabled have specific learning disabilities (SLD). There are three types of gifted/SLD. The first type is the gifted with subtle, subclinical learning problems. The second type is diagnosed as learning disabled but rarely identified as gifted. Their learning disability is more pervasive and severe and moderates their academic success. The third type remains unrecognized as either learning disabled or gifted. Their learning disability masks their gift and their gift obscures their learning disability.

Authorities agree that the gifted are those in the upper 2% to 10% compared to their peers in general intelligence, academics, the arts, and leadership. Not surprisingly, there is evidence for a genetic influence. 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. Most authorities agree that the unfolding of extraordinary talent requires a supportive environment.

PREVALENCE

Giftedness is a social construction, not something real. Prevalence rates, therefore, are always going to be arbitrary and inexact. The number of gifted students reflects how states and schools define giftedness and what criteria they set. Nationwide estimates range from a conservative 3% to as high as 15%. There is no true cut-off between giftedness and nongiftedness, although many would like to believe otherwise.

Research indicates that most gifted 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 90% of the gifted are well adjusted and 10% experience some of the difficulties noted above. If we assume that roughly 6% of students are classified as gifted, then there are about 3 million gifted students in the United States. In 2000–2001, there were nearly 6 million students served under the IDEA, equating to approximately 360,000 or 6% of the students served by IDEA as gifted/disabled.

¹Authorities assume 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. The gifted engage in suicidal behaviors, just like their nongifted peers.

CULTURAL DIVERSITY ISSUES

Prevalence varies along racial/ethnic and socioeconomic lines. This should come as no surprise to the reader as there is a long history of children of color and economically disadvantaged children scoring appreciably lower, on average, on IQ tests. Asian children, however, are disproportionately overrepresented in gifted programs in the United States, likely owing to the high value placed on academics and hard work in the family. The Chinese have a wonderful term for encouraging their children's intellectual development, in fact, "chi ku," translated as "eating bitterness."

EVIDENCE-BASED TREATMENTS

A provocative and even inconvenient question is whether a unique approach is required in psychotherapeutic work with the gifted. Many who write about counseling the gifted feel that this is a basic maxim, that the gifted warrant a unique therapeutic approach. I advocate a slightly different tactic. The approach that I advocate is scientifically defensible and starts from the perspective that the therapist follows a model of evidence-based practice. My approach integrates (a) *the best available research* on the presenting disorder with (b) *clinical expertise* in the context of (c) *a deep understanding of the gifted*. All three components are critical if treatment is to be effective. There exists clinically relevant research on almost every type of psychological problem that a clinician might encounter in work with a gifted child. For example, I report on a case of successfully treating a gifted adolescent with borderline pathology employing dialectical behavior therapy.² Cognitive behavior therapy has proven to be an effective intervention for anxiety disorders among gifted children.

Therapeutic work with the gifted should always address the *parents and family* and consider *academics and the school situation*. The quality of the *therapeutic relationship* with the gifted client is essential. Clinical expertise in work with the gifted requires compassion, patience, making prudent and well-timed interventions, respecting that change can be difficult and take time, being sensitive to sociocultural nuances and comfortable working with high ability kids. The therapist must be comfortable verbally sparring with the client, because many gifted adolescents relish and are quite adept at debating a point!

FUTURE RESEARCH

The great majority of information on the twice exceptional gifted/disabled and on treating the gifted is based on case study and anecdotal clinical reports. There are few empirical studies where practitioners can turn. There is not even one prospective, epidemiological study that has looked at a large community sample of nonreferred gifted to determine the etiology, pathogenesis, course, or incidence for those who present with psychological disorders. The few treatment studies that exist consist of small clinical samples. Research is needed to determine how widespread misdiagnoses and missed diagnoses are for the gifted. It would be helpful for research to examine the potential value of prevention models, career counseling, and a positive psychology framework in work with the gifted.

²Pfeiffer, S. I. (2012). *Serving the gifted: Evidence-based clinical and psychoeducational practice* (see Chapter 8: "Counseling Gifted Students"). NY: Routledge.

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Clinician Application

Gifted Children

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COMMENT ON THE EVIDENCE-BASED RECOMMENDATIONS

To a great extent, I find myself in agreement with Dr. Pfeiffer's argument that there does not need to be specifically "gifted therapy" per se, so much as there needs to be skilled psychotherapy that takes into account a deep understanding of giftedness. The clinician needs to consider how all aspects of the context, content, and course of treatment may be affected by the client's high intelligence. Many gifted clients report that issues common within the gifted population—including mismatches with the family, school, occupational, and social environments; developmental asynchronies and interests unusual for age and gender; and the often intense and reactive temperament common in highly intelligent individuals—are either not understood well by psychotherapists, or may even be misconstrued as being "what's wrong with you."

A psychotherapist working with gifted clients needs to be flexible and comfortable with challenge. Techniques often must be adapted to take into account the specific developmental needs of the client. It is easy to be misled, either by a client's young age or by their high verbal skills, into oversimplifying or overshooting what the client is really ready for in treatment. Many gifted individuals explore their internal and external world through questioning and debate, and work best in egalitarian relationships. Psychotherapists must be able to manage the variety of countertransference issues often raised by this population, such as envy, dismissiveness, resentment, competitiveness, and narcissism.

CASE EXAMPLE

Subject Information and Brief History

Zachary was a 10-year-old White male, the only child of warm and supportive suburban middle-class parents. He had been previously assessed, at age 10 years and

5 months, as cognitively gifted, with a somewhat uneven cognitive profile, but no frank learning disabilities. He was evaluated with the Weschler Intelligence Scale for Children, fourth edition (WISC-IV), on which he received a Full Scale IQ score of 132. His Verbal Comprehension factor score was 144, Perceptual Reasoning 117, Working Memory 120, and Processing Speed 115. He demonstrated a relative strength on the tests that tapped into his abilities in problem solving and knowledge of social convention. At the same time, on the Weschler Individual Achievement Test (WIAT-II), he had a Reading Composite of 141, Written Language Composite of 152, and a Mathematics Composite of 114. His mathematical reasoning was in the superior range, but his ability to perform routine calculations was in the average range. He had also qualified for programs run by the Johns Hopkins University's Center for Talented Youth. He attended a private school, which was not specifically focused on gifted children, but had a solid general curriculum. He generally did very well academically, except as noted below. He had strong social skills but reported finding it difficult to find access to people with whom he could be close friends.

Presenting Problem

Zachary's parents referred him for treatment for a variety of concerns related to his cognitive and academic profile. Academically, he had specific problems with handwriting and the memorization of mathematics facts and procedures. However, he was chronically frustrated by what was for him an insufficiently challenging curriculum. In particular, he was a tremendously skilled writer and an avid musician, putting a great deal of effort into improving his craft in both domains. He demonstrated high levels of maladaptively perfectionist expectations for himself, despite constant reassurance from parents and teachers that his work was good enough. Although he had strong levels of social interest and skills, he had difficulty in finding peers with whom he could connect. Zachary also manifested substantial anxiety on a range of topics. For example, in addition to math anxiety, he had never slept away from home, and he worried frequently about existential issues and his own place in the world.

Treatment Intervention and Course

Treatment consisted of weekly individual psychotherapy sessions, with occasional parent guidance sessions for his mother, as well as joint problem-solving sessions with the middle school teaching staff. This continued over the course of several years, with the focus and intensity shifting as Zachary's needs changed. The initial focus was on the remediation of specific problems in mathematics, handwriting, and perfectionist anxiety. Over time, our relationship focused more on meeting Zachary's needs for adult mentoring and helping him connect with resources outside the family.

Zachary found materials designed for children his age to teach simplified penmanship to be demeaning and to interfere with his desire to have his handwriting express his personality. Instead, we took a collaborative approach in which Zachary was guided in designing and practicing his own handwriting, adapting materials designed for adults. He accepted my criteria that it be simple, legible, and consistent, and he was then quite willing to engage in the regular practice necessary to make the handwriting automatic.

Issues around mathematics were handled in a similar fashion. Math anxiety was addressed through direct exposure: he did math work during the sessions. The

work combined small but consistent amounts of remedial practice with study in a challenging, conceptually oriented, and structured curriculum designed for students capable of formal operational reasoning. Zachary was included in the process of choosing materials, and we focused on building self-efficacy.

Not surprisingly, Zachary's anxiety, perfectionism, and vulnerability to existential depression were handled through methods informed by typical cognitive behavioral therapy (CBT): for example, building awareness of dysfunctional thoughts and learning to dispute cognitive distortions. However, the traditional approach was constraining in its structure and too similar to the insultingly simple worksheets at school. Materials designed for children his age were rejected out of hand. Furthermore, he recognized that simply knowing that a thought was distorted was not sufficient to make it stop bothering him, and chafed at the idea of having adults essentially dictate that his thoughts were "wrong" and needed to be "fixed." A more relaxed and exploratory approach was important in working with him. Neither CBT, mathematics, nor handwriting was approached through a strict, worksheet-based approach. Curricula were combined, adapted, changed, and created on the fly, in order to provide an appropriate pace and level of academic and emotional challenge. Often, the discussion moved toward a critical examination of the materials themselves and how they did or did not capture the particular nature of his own struggles.

Zachary's existential concerns, in particular, bore thoughtful consideration in psychotherapy. Despite his impressive accomplishments, including numerous awards for his writing, and despite the absence of parental pressure to do more, Zachary still felt that he wasn't "living up to his potential." It was hard for him to avoid holding himself to adult standards. Like many gifted children, it was difficult for him to find valid external reference points and thus to distinguish between "improving his craft" and "setting his sights too high." Within the context of the mentoring relationship, we engaged with the broader philosophical questions these problems evoked. In particular, we deconstructed the idea of "potential" and recognized it as a constantly moving set of goalposts which could never actually be met.

Research findings and clinical lore show that gifted children often struggle to find adults outside the family whom they can see as valid judges, both of their work and of their personal worth. Zachary felt that he could not receive valid judgments from his parents as, after all, unconditional love and validation is what parents do. With his teachers, Zachary believed, rightly or wrongly, that they lacked the intellectual capacity to be valid judges. Based on joint meetings with the middle school staff, Zachary's perceptions seemed accurate: although very well intentioned, the teachers were largely not themselves capable of being valid role models for what it means to be a gifted adult. In part to establish eligibility to serve this role, and in part to offer models of various ways in which developmental challenges could be met, I engaged in substantially more self-disclosure than is common, particularly with a child this age. The role was less of "instructor" or "doctor," and more of "mentor" or "fellow-traveler." Thus, the therapy contained elements both of traditional psychotherapy and of humanistic mentoring.

Outcome

Zachary found the work extremely helpful. He was able to improve his academic skills, manage his anxiety, choose appropriate goals for himself, and seek out

social contacts outside the school who were as thoughtful and as engaged as he was, regardless of age. When it came time for Zachary and his family to choose a high school, he had a variety of options, each offering both academic and personal challenge. Despite having never been on a sleep-over until middle school age, Zachary surprised the adults in his life by choosing an elite boarding school, which offered a very high academic level as well as a comparable peer group. Narrative reports from the school consistently indicated that he was an outstanding and joyful student. He and his parents returned for brief consultations periodically, as new developmental stages brought new questions (e.g., adolescent relationships, college choice). At the time of this writing, he is doing very well in his studies at a top-tier college. He reported that when high school and college life became problematic for him, reflecting on the work that he and this therapist had done together helped him to effectively manage the stress and anxiety.

CHALLENGES IN APPLYING THE EVIDENCE-BASED APPROACH

To adapt evidence-based treatments to the gifted population, it is crucial to accept that these individuals often have great needs for autonomy and collaboration within the relationship, even at very young ages. Developmental needs may be sharply different from what the clinician might expect. Some, like Zachary, may need a highly intellectual approach, while others may use overintellectualization to avoid facing their problems, leading psychotherapists to mistakenly treat them as if they were “little adults.”

In determining what the nature of the problem is, clinicians must remember that the goal is not for the child to have “a normal childhood” or to force them into a standard model, but rather for them to have their *own* childhood in which their personal developmental needs are met. Because many of the problems arising from giftedness are not seen as problems by the educational system or insurance companies, parents are often confused or frustrated and need thoughtful guidance and advocacy. Clinicians must inform themselves of the myths, hype, and political agendas associated with this population, in order to help the families navigate the complexities of the system.

Research on the experiences of gifted clients in psychotherapy strongly suggests that clinicians must maintain an awareness of their own countertransference regarding the client’s high ability. Otherwise, iatrogenic harm can ensue. Examples include such events as a therapist telling a young client that the reason he had no friends was because his being smart was making the other kids feel bad, leading to the client learning to hate himself and to attempt suicide; a play therapist who insisted upon playing chess with a child in every session and beating him in every game they played in order to “put him in his place”; and a series of substance abuse therapists who told a young woman that her intense emotions (a common finding in the gifted population) and non-gender-normative interests were the problem, leading her to increase her substance abuse in an attempt to reduce that intensity.

Training is also an important concern: giftedness is not regarded as a legitimate area about which clinicians must educate themselves in order to provide competent treatment. Because of the common misconceptions that gifted clients suffer only from minor adjustment issues and that their superior cognitive resources will enable them to handle any problem, they are often viewed as easy cases. Thus, more serious issues can be overlooked or casually dismissed.

CULTURAL DIVERSITY ISSUES

The most serious problem with the research on giftedness in psychotherapy is that much of it is based on the erroneous assumption that all gifted clients look like Zachary. The overwhelming majority of the research literature is focused on White middle-class children or adolescents, with no major sociocultural risk factors beyond giftedness itself, dealing with relatively minor adjustment issues related to achievement and social isolation. Although scores on IQ tests may be differentially distributed across sociocultural boundaries, giftedness is found in individuals at all ages, from all ethnic and racial boundaries, and from all economic strata. In fact, those who do not come from such supportive environments as Zachary may be at considerably greater risk for psychological distress. For example, I worked extensively with a 40-year-old gifted low-income male who was in treatment for substance abuse, anger management issues, mood disorder, a history of complex trauma, and existential issues regarding his having been born as a result of his mother's having been raped. This client was constantly being kicked out of court-mandated anger management classes and Alcoholics Anonymous meetings for the same reasons that gifted children often get in trouble in school: he did not accept the pat, simple answers given in group, and the difficult questions that were important to him could not easily be answered within that therapeutic context. The manualized group therapy was like an oversimplified curriculum, and the emphasis within the system on client compliance with therapist and court demands created a strong desire to prove them wrong. As with Zachary, this client benefited from an egalitarian and humanistic approach, in which he could honestly explore what he needed to face in order to make real change.

FUTURE RESEARCH

As Dr. Pfeiffer notes in his summary, most of the research on gifted clients who struggle with serious mental health issues is limited to case reports. Most large-scale studies which suggest that gifted clients are not at risk for psychological disorders are flawed in that the samples were chosen from populations already selected for positive adjustment (e.g., adolescents about to enter governors' schools). All of the arguments about prevalence, however, become moot when gifted clients present in the office: by definition, if they are seeking psychotherapy, they must feel that they have a problem. The research base must be expanded to test the validity of the clinical lore and to provide more concrete guidance for clinicians about how to adapt evidence-based treatments for this population. Furthermore, as noted above, the research base must be expanded to include gifted clients from a broad range of sociocultural backgrounds and those with a wider variety of psychological disorders.

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