

DIAGNOSIS: Gifted

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What do the following clients have in common:

- **Bobby, age 9:** Referred by the parent because his teacher says he is too immature to move up a grade. He bursts into tears over things that other kids take in stride, and is irritable in the classroom.
- **Esperanza, age 12:** Referred by a school psychologist who is concerned about her self-esteem and suspects that Esperanza has been engaged in self-harm. Her grades have dropped significantly due to lack of effort and her appearance has changed dramatically.
- **Greg, age 21:** Referred by parents for anger issues. He cuts college classes often and spends his time in the park playing his guitar. Possibly uses illegal substances.
- **Jameel, age 32:** Has been successful in four different career areas since college. Referred self because of malaise and a feeling of never being settled about his work life.
- **Kateryna, age 43:** Self-referred. She says she is a workaholic, and would like to learn to call her projects “good enough” so she has more time to spend with her family.
- **Charles, age 54:** Self-referred for help with long-standing multiple substance abuse, including alcohol and cocaine. He

is a professional piano player, who has successfully supported his family in spite of his difficulties.

- **Maude, age 73:** Referred by retirement center because she is depressed. The staff has observed that she has difficulty making friends among the other residents.

Stumped? The answer is that all of these clients are gifted and are struggling with some aspect of their giftedness. They may also be dealing with other issues—*anxiety, depression, substance abuse, learning disabilities, difficulty in their interpersonal relationships*—but the fact that these individuals are gifted weaves throughout their experience and should inform the clinician who is setting out to help them. It is all too common for a gifted person to seek counseling and receive treatment from a well-intentioned but unaware practitioner. Many practitioners do not realize, for example, that a person can be both gifted and have diagnosable learning difficulties or other neurological or mental health issues (this is known as “twice-exceptional” or “2e”)! Further, the same or similar symptoms can be assigned to various diagnoses, yet the treatment for each is radically different. This may result in clients having a symptom treated improperly while the root cause goes unaddressed. Additionally, misdiagnosis can even create new problems? Differential diagnosis becomes increasingly important, and more difficult, with the added complication of gifted traits and behaviors.

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Any person, including a clinician, can get caught in the common misperception that giftedness is defined as a child who gets good grades in school, or perhaps will achieve early eminence by curing cancer before he/she reaches puberty. Given this misunderstanding, it is entirely reasonable that the clinician would wonder why he/she should care whether an adult client got good grades back in elementary school. It's nice to know that somewhere along the line, somebody told our clients they are very smart and good at school. But how does giftedness relate to the situations above? Does it matter in identifying or solving today's problems or in moving ahead?

Actually, it matters a lot. The neuro-psychological diagnosis of giftedness does not always correlate with good grades in school. In fact, it relates to brain structure, and it does not magically go away once a child turns 18 years old.³ The implications giftedness holds for cognitive potential are but one piece of the bigger puzzle. A client's giftedness is an important factor in formulating an understanding of the clinical picture of that

client. Mental health practitioners need to develop the skills for understanding how giftedness impacts the life experience of the client and his/her perspective on the world. Giftedness also impacts the therapeutic alliance. Current research into the therapeutic experience of gifted people suggest that poor empathy is implicated as a major cause of "miscarriages of the therapeutic working alliance... and that clients may avoid or leave therapy as a result."⁴

Definitions of giftedness abound, each one emphasizing certain aspects, and de-emphasizing others. The one quoted below is a good general guideline for therapists when working with a gifted client:

"Giftedness is [neurological] asynchronous development in which advanced cognitive abilities and heightened intensity combine to create inner experiences and awareness that are qualitatively different from the norm. This asynchrony increases with higher intellectual capacity. The uniqueness of the gifted renders them particularly vulnerable and

requires modifications in parenting, teaching and counseling in order for them to develop optimally."—The Columbus Group, 1991.⁵

While this particular definition focuses on children, giftedness carries with it inherent sensitivities and asynchronies which must be considered at all ages and stages of life.⁶ Adults are also impacted by the wiring in their brain.⁷ There is a significant body of research in this area. One of the pre-eminent writers on the topic, Polish psychologist and psychiatrist Kazimierz Dabrowski, proposed the Theory of Positive Disintegration, and coined the term "overexcitability" to refer to the higher than average responsiveness of the nervous system frequently observed in the gifted population.⁸ Dabrowski's five categories of overexcitabilities *may* manifest to greater or lesser extent as inattentiveness, physical hyper- or hypo-sensitivity, existential depression, emotional lability, addictions, or any number of other problematic behaviors. They may also underlie exceptional creativity, intellectual curiosity and problem solving, athletic prowess, artistic excellence and profound empathy. Overexcitabilities are essentially another way of describing the key characteristic of most gifted people: intensity.⁹

Giftedness is not generally addressed in graduate school or other training programs for mental health professionals. Even when clinicians treat children with exceptional academic ability, they may not recognize other facets of giftedness, in children or adults.

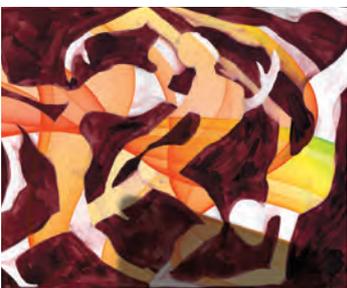
So—what's a clinician to do?

First, do the research. There is an increasing wealth of information about mental health issues and the gifted and twice-exceptional populations available in a variety of media, as well as organizations that are devoted to this issue. (See resource list at end of the article.)

Second, choose sources carefully. Much of the research on giftedness has been approached from an educational perspective which may not be an appropriate model for mental health clinicians who are focused on the whole individual rather than the academic career of their client. Further, some older models of giftedness are still widely used despite being overtaken by neuroscientific

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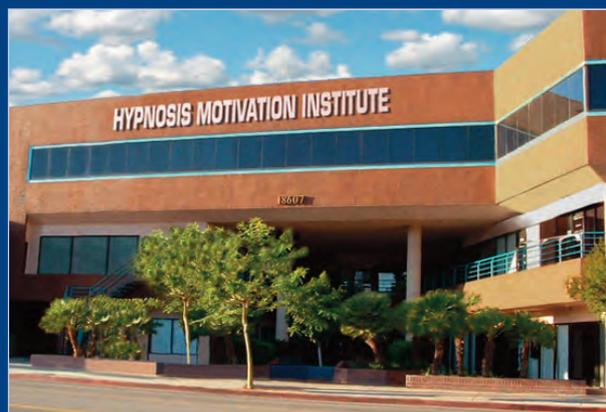
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data that calls them into question. There is no longer a need to rely on piecemeal studies that divide human cognition into artificial categories. The rapid advance in technology has allowed researchers to access brain imaging that supports more accurate holistic understanding of what is happening in the gifted brain.

Third, avoid the most common mistakes that clinicians make with the gifted population. One frequently cited concern of people seeking treatment or support is that the professionals they have consulted have minimized or refused to acknowledge the relevance of their giftedness. It's critical to recognize that giftedness does not exist in a vacuum. It is part and parcel of the human experience. One of the most important pieces of the therapeutic alliance is the ability for the therapist to see the client for who they are instead of making them into something they are not. Otherwise, there is a real risk of pathologizing a normal gifted behavior or inadvertently approaching real issues from an uninformed or unhelpful angle.

Following is a list of some of the most important information needed in order to successfully treat a gifted client or to recognize giftedness when it is hidden behind the presenting problem:

- Emotional sensitivity itself shouldn't be a target of therapy. Emotional sensitivity is not a pathology nor is it a lack of maturity. Emotionally sensitive people will always be that way—the clinician's job is to help them learn to live with that aspect of themselves.
- Giftedness permeates the individual's experience and perspective. It is another way of seeing, thinking, and feeling.
- Not every gifted person believes he/she is smart. Many gifted people have low self-esteem or have imposter syndrome and believe they will eventually be "caught." Conversely, many gifted people try to hide or camouflage their intelligence for a variety of reasons.
- Multipotentiality can be as much of a curse as it is a blessing.
- Gifted people face the same exhaustion from trying to fit into society as do any other group of people who are different or "other." The more highly gifted, the more this is true.^{10,11}
- Gifted children often do not respond to the types of parenting techniques that neurotypical children do.
- Sometimes the problems a gifted person experiences result from a poor fit—relationship, environment, academic, or expectations.

Given the profound needs this population has for understanding and support among clinical professionals, it is disappointing that giftedness is not a specialty in which formal training is offered. Fortunately, with the great wealth of information and ease of interpersonal connectivity that is available today, clinicians have every possibility of developing the knowledge and skills that can help to transform the experiences of their clients.

It's vital to understand giftedness as a holistic descriptor rather than an academic one; given this awareness, clinicians have an opportunity to better serve clients. 



Mika Gustavson, LMFT, owner of Gifted Matters, specializes in helping the gifted and twice-exceptional to thrive. As a psychotherapist, speaker and published author, she supports parents, gifted

teens and gifted adults in figuring out what to do with what they've got. She's particularly proud of her recently published book, Making the Choice: When Typical School Doesn't Work for Your Atypical Child, co-authored with Corin Barsily Goodwin. She lives in Silicon Valley, with her husband, son, and menagerie.



Corin Barsily Goodwin is Executive Director of Gifted Homeschoolers Forum. She has been presenting workshops on giftedness, learning differences and homeschool related issues for many years.

Her articles have been seen in NAGC (US) Parenting for High Potential, 2e Newsletter,

California Association for the Gifted's Gifted Ed Communicator, the NAGC (UK) magazine, California HomeSchooler, SENG Update, Thinking Person's Guide to Autism, and many other publications. Ms. Goodwin also serves on the SENG Editorial Board and the Advisory Board of the Asynchronous Scholars' Fund, and is excited about her newly released book, Making the Choice: When Typical School Doesn't Work for Your Atypical Child, with co-author Mika Gustavson.

For further reading, see the following websites:

SENG - Supporting the Emotional Needs of the Gifted
<http://sengifted.org>

Hoagies Gifted Education Page
<http://hoagiesgifted.org>

Gifted Homeschoolers Forum
<http://giftedhomeschoolers.org/articles.html> or
<http://giftedhomeschoolers.org/giftedresources.html>

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