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Counseling Exceptional Individuals and Their Families: A Systems Perspective

This article presents three models of counseling exceptional students from a systems perspective. The authors present their definition of counseling, the goals of counseling, and the counseling relationship from a systems perspective. Each model is described, including assessment and intervention techniques appropriate for working with children, adolescents, and their families when giftedness and learning disabilities and other disabilities are part of the context. The authors discuss implications for school counselors and provide several cases as examples.

Systems perspectives are not traditionally employed in school counseling, but they can indeed be part of effective counseling responses to mental health concerns of students and their families. Certainly, that would include operating a school counseling program from a systems perspective, as suggested by the American School Counselor Association in its ASCA National Model® (2005). However, a family counselor who uses a systems model also can engage school personnel in the counseling process at appropriate times, to the benefit of client, family, and school. This article will present our clinical perspectives regarding the work of family counselors with students and their families, especially in relation to school issues. The content here will focus on counseling with exceptional students and their families, with *exceptional* meaning students who are gifted, have a learning disability, or have some other disability that requires extra support at school.

When school counselors recognize that working with the family of a child with exceptionality in the school setting might be productive, the theoretical background and applications suggested here can offer guidance for more effective collaboration with families. Additionally, systems perspectives can offer school counselors tools for understanding concerns that siblings of exceptional students might possess. Finally, school counselors who understand family systems work might be better able to facilitate school involvement with family counselors.

When using a systems perspective, it is important to match theoretical models to clients and their needs (Moon & Hall, 1998). A variety of models within the systems perspective are available (Moon, 2002; Moon & Thomas, 2003). When exceptional students are counseled from a systems perspective, one of three models (Thomas & Moon, 2004) might be useful: (a) the Belin-Blank Center Model (Colangelo & Davis, 1997); (b) a combined structural-strategic approach (Haley, 1976; Minuchin, 1974); or (c) an imaginative-postmodern approach (Freeman, Epston, & Lobovits, 1997; White & Epston, 1990), which relies on changing the narrative and focusing on solution.

The Belin-Blank Center Model was developed specifically for use with gifted students and their families, and the other two approaches were adapted by Moon and Thomas (2003) for work with gifted students and their families. However, because of the flexibility of these models, they can be used with individuals who are not gifted as well. The structural-strategic approach combines two influential movements from family-systems work. The imaginative-postmodern approach can take advantage of the verbal and imaginal strengths of gifted students, and it also can bypass deficits related to disabilities. All three approaches view family systems of children and their families from a developmental perspective (Moon, Jurich, & Feldhusen, 1998; Silverman, 1997).

Another important aspect of systems approaches is their users' emphasis on understanding the function of roles in the family and in society. We suggest that giftedness, disability, and special needs in general serve particular functions within the family and within the larger systems that the family interacts with. For instance, a child's behavior may serve to regulate distance and intimacy within the family (Alexander & Parsons, 1982), take the focus off of parental problems, or serve to organize a family's efforts. The giftedness of one child may create tensions within the family (Silverman, 2000). Understanding this function is important to the

work of the systems counselor. It is helpful to distinguish function from purpose. Function refers to the role of the issue in question: What does it help the family or larger system do? As such, it is often unconscious. On the other hand, purpose is often conscious and explicit. The purpose of special education is to provide free and appropriate public education to students who have certain categories of impairment (Osborne, 1992). However, a function of those services may be to inadvertently isolate the children receiving the services from other school-children. One of the frequently cited purposes of gifted education is to provide differentiated programming that allows gifted children to reach their full potential (Marland, 1971). An unintended function may be that such services are relegated to an hour or two of pull-out programming per week.

DEFINITION OF COUNSELING FROM A SYSTEMS PERSPECTIVE

From a systems perspective, counseling is a dynamic process between people who are experts about their life, strengths, and problems and a counselor who has expertise in system processes and dynamics (e.g., self, family, school, or society), human development, wellness, pathology, diversity, and therapeutic techniques. Through this process, counselors and clients identify goals, as well as strategies and resources to achieve those goals. The first task in family-systems work is often convincing the family that it has certain expertise that is needed in sessions. This leads to a corollary position, that of avoiding giving advice or providing guidance. It is more important to promote the family's ability to discover solutions within and around themselves than to seek out a counselor each time there are recalcitrant problems. Many counselors realize when first working with exceptional children and their families that both have many resources, but these individuals cannot see the resources because of pressures at the intrafamilial (e.g., family of origin) and extrafamilial (e.g., school, peers) levels. Helping families to tap into these resources and reflect on their context is frequently all that is needed for these families to become "unstuck" (Thomas, 1995). The rationale behind this definition is that it is respectful to all parties concerned, it is effective, the synergy of this approach makes interventions powerful and long-lasting, and responsibility for the success of sessions is shared.

GOALS OF COUNSELING

The primary goal of systems-oriented counseling is to improve relationships among family members and between the family and other systems with which the family interacts (Robbins & Szapocznik, 2000).

The intent is not to change the problem that is presented, but to change the *context* of the problem. This difference is subtle, but critical. In other therapeutic frameworks, the goal may relate to an accomplishment or the resolution of an issue. Systems counselors focus on the processes that occur within the family system and between the family and its context, confident that, as those processes change, the family will become more and more able to solve problems itself. This consciousness of extrafamilial contexts occasionally leads to situations requiring a deft touch by the counselor. For example, representatives from the school may be included in the counseling process, but they are not the ones who receive the counseling. Nonetheless, the counselor may see the school system as contributing to the family's situation in some way. In the intensity of a meeting that includes family and school representatives, the family-systems-oriented counselor may need to pay attention to issues involving the school in much the same way that he or she does with the family—that is, noticing patterns of interaction. As other stakeholders in education begin to use a systems perspective (Davis & Lambie, 2005), there may be allies in the process who are aware of and value a systems perspective.

Terminology associated with the three models of counseling differs from time to time. Reducing enmeshment, meaning that the members are overly close and lacking in individuation (Minuchin, 1978), is a potential focus within the Belin-Blank model. In the structural-strategic model, the counselor may suggest that patterns of interaction need to be changed and relationships within the family and between the family and other systems improved (Robbins & Szapocznik, 2000). Within a postmodern counseling approach, counselors might talk about externalizing the problem or reauthoring the story the family tells. A critical, common component is that the counselor thinks in terms of changing the entire system.

RELATIONSHIP IN COUNSELING

The counselor-client relationship is the crucial component of family treatment, providing the bedrock that makes interventions safe and available to the family. The counselor builds relationships with each individual in the family, enters the family system temporarily, and sometimes engages systems outside of the family that affect family functioning. The counselor's entry into individual and multiple relationships with family members is, in itself, apt to trigger some changes.

Family-systems experts (Hoffman, 2001) have noted that change may provoke anxiety for some family members. Because change is the goal, it is

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important for counselors to be alert to individual or family anxiety about and during the process of change so as to defuse the anxiety. It is also important to maintain awareness that the forces that maintain equilibrium in a family are powerful and may have a tendency to draw the counselor into the melee, thereby maintaining existing dysfunctional interactional patterns.

The counselor's sincere interest in each member of the family and about each system affecting family interactions continues to build the relationship during meetings with the family. This alliance is founded on a practice of identifying strengths and processes that are going well (Lopez, Snyder, & Rasmussen, 2003), although counselors are candid in speaking about difficult processes, interactions, and issues, demonstrating that it is safe to address the painful side of family life. The counselor pays attention to how processes happen within the family and between the family and its various contexts.

INTERVENTION MODELS FOR WORKING WITH EXCEPTIONAL INDIVIDUALS AND THEIR FAMILIES

Belin-Blank Center Model

Phase 1: Assessment. The Belin-Blank Center Model (Colangelo & Davis, 1997) is brief, usually five to six sessions, and strength based, focusing on the family's emotional and relational dynamics, especially those related to inclusion, control, and intimacy (Doherty, Colangelo, & Hovander, 1991). Of the three approaches, this model relies the most on the counselor's expertise and direction. Families who work well in this model have a specific problem and are in need of specific information to solve the problem. This brief-counseling model capitalizes on the conceptual and problem-solving strengths of gifted families (Thomas & Moon, 2004); however, it is also an excellent approach to counseling with families who have a child with a disability. Although the interventions may include providing information and problem-solving, this approach avoids intellectualizing about the therapeutic goal by focusing on the process among family members and between the family and other systems. In many situations, providing information, even about a severe disability, can be extremely helpful (Bloch, Szmukler, Herrman, Benson, & Colussa, 1995).

Phase 1 begins with an assessment based on the Family Adaptability and Cohesion Scales III (FACES III; Olson, Portner, & Lavee, 1985) and the Family Environment Scale (FES; Moos & Moos, 1986). The FACES III is used to assess the adaptation and cohesion of the family (Olson et al.), while the FES measures 10 dimensions of a family's social environment to ascertain the type of family environ-

ment present: expression oriented, structure oriented, independence oriented, achievement oriented, moral/religious oriented, or conflict oriented. These two instruments used together provide rich information about the family. When using this model, the counselor also might observe these same dimensions in the school and ponder the implications of the observations. For example, does the school provide sufficient adaptation (e.g., for giftedness, disability, or dual exceptionality) and cohesiveness (e.g., collaboration among teachers, administration, and parents) for the well-being of the client and parents? Is the overall ethos of the school oriented toward structure or expression or conflict?

Counselors may or may not discuss these concepts, per se, with the family, and the concepts may or may not be integrated into the family goals. However, the counselor keeps family and school adaptation and cohesiveness in mind throughout the counseling process, including considering the possibility of involving school personnel in the process of change. Once the counselor and family have come to an agreement on the therapeutic goal, Phase 2 begins.

Phase 2: Techniques. Any of a number of techniques may be used, depending on the issue being addressed. If the family appears to be enmeshed, the counselor provides support for the development of appropriate levels of distance. If the issue is related to school, information for the family to use in contacts with the school may be helpful. For example, the first author once worked with a family of a 7-year-old girl who underachieved in a gifted elementary program and was afraid to go to school. During the assessment phase, the results on the FACES III and FES indicated an enmeshed relationship between the mother and the daughter, with the father disengaged from both. At the same time, the family was highly achievement oriented and conflict avoidant. Based on these findings, the counselor suggested as goals for counseling that the father become a team with his wife to develop strategies for confronting and working through potential conflicts with a teacher at school who was highly critical of their daughter. The counselor did role-plays with the parents and then attended a meeting with the teacher and parents, during which the issues with the daughter were addressed constructively. Subsequently, the parents interacted better, the girl's fear of going to school decreased, the teacher became more supportive, and the girl's achievement improved.

Structural-Strategic Model

Phase 1: Assessment. The structural-strategic model both capitalizes on the family's thinking by teaching members how to see relational issues sys-

tematically (Thomas & Moon, 2004) and circumvents intellectualizing through enactments and paradoxical interventions (Minuchin, 1974). When this approach is used, Phase 1 consists of gathering information about achievement in school and family dynamics. School testing and grade reports provide significant information about achievement. The family provides direct input about systems, and family members' interaction in sessions amplifies that information.

Based on this assessment, the counselor classifies families into either problem or clinical categories for treatment. The problem-category families need guidance and information, often related to home and school interaction. Because of this likelihood, it is important for the counselor to have a good working knowledge of school systems and education. Families in the clinical category have issues that are most suitable for structural-strategic interventions. At both levels of intervention, the counselor focuses on mitigating risk factors that contribute to the problem, enhancing protective factors that ameliorate the problem, and creating interventions that are practical and attainable, problem focused, and well planned (Robbins & Szapocznik, 2000). Once the dysfunctional interactional patterns have been identified, during Phase 2 the counselor works with the family to make patterns more functional.

Phase 2: Techniques. Minuchin and Fishman (1981) suggested a number of techniques for Phase 2. Joining is the first technique used and remains an important technique throughout treatment. When engaging the family, the counselor should attempt to maintain the existing family structure and rules whenever possible, tracking how the family talks about issues and how members interact around those issues, and using mimesis—that is, matching the family's style, pace, and mood (Robbins & Szapocznik, 2000). This matching is especially important in terms of cultural diversity. For example, with an Asian family the counselor may be more restrained about gathering information and more directive in the methods used, and with an African-American family the counselor may respond with more self-disclosure to establish an egalitarian relationship based on commonalities (Sue & Sue, 1999).

Beyond that, interventions change, depending on whether the family is in the problem or the clinical category. Problem-category families benefit from information and coaching about interaction with the systems in which the family is involved. Specific techniques (Minuchin & Fishman, 1981) used with clinical families to help the family change its interactional patterns include working in the present, reframing (i.e., changing the viewpoint about a situation in a way that changes its meaning; Watzlawick,

Weakland, & Fisch, 1974), and working with boundaries and alliances. When working in the present, the counselor encourages the family to behave in its typical manner in sessions. Because people usually do not report their interactions as accurately as an observer would, and family members often behave differently with a counselor than they do normally, this invitation can be frightening. When they reach the point where they are less guarded, this enactment (Minuchin & Fishman) allows family members to *show* their interaction, thus making it available for interventions and suggestions for change. This enactment also prevents the family from talking *about* the content of their interaction, which leads to stagnation rather than change.

Reframing (Haley, 1976; Minuchin & Fishman, 1981) is a useful technique that allows family members to experiment with different perspectives related to issues that have been troubling them. Reframing helps the family members see actions and events in a more complex manner, noting their positive as well as their troublesome aspects. For instance, a learning disability might be reframed as a challenge that allows the student to demonstrate a capacity for perseverance and the family to demonstrate its ability to provide support in difficult circumstances.

Imaginative-Postmodern Model

The imaginative-postmodern model (de Shazer, 1985; Freeman et al., 1997; White & Epston, 1990) incorporates concepts from narrative and solution-focused therapies. A key element of narrative therapies is their reliance on changing the stories people tell in order to promote change. Solution-focused therapists prize identifying how solutions already exist in the current behavior and situations of clients. These therapies mesh well with imagination, and the resulting creativity can be life changing. Families of exceptional children sometimes have impressive creative and verbal strengths as well as areas of their lives that are going well; in these cases, potential solutions are already in place in the family unit. Combining imagination, verbal strengths, and existing solutions, family and counselor have ample tools to use.

Families often respond to an imaginative approach because it uses stories and concepts that are easily accessible. For instance, the second author saw an eighth-grade girl for counseling who had a learning disability and problems with impulse control. Counseling had become mired in the minutiae of trying to help her gain control over her behavior in spite of her difficulty understanding common, everyday situations. The counselor changed approaches and invited the girl to design a story about her situation as it would be when things were going well. The girl was able to describe her usual

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behavior as a “tangle-tangle,” complete with a scribbled line drawing to show what she meant. Then she drew a point outside of the scribble and said that she needed to step outside of her usual “tangle-tangle” when she was upset so that she could observe the situation and make better decisions. She then was able to apply this insight to her life in a smooth and fluid manner that allowed her to gain control of difficult situations rapidly.

Phase 1: Assessment. Phase 1 in this model involves the most informal assessment of the three approaches. The counselor uses information from clinical interviews and pays attention to the stories each family member brings to session. There is no need for corroborating evidence when working with this model because the change agent already exists within the family or system or situation, and the specific problem becomes irrelevant, as some of the cases presented later describe.

Phase 2: Techniques. From a narrative point of view, the counselor seeks to help people restructure their stories because changing the stories people tell about themselves and others changes their situation. Another tool is helping people move from “thin descriptions” of their lives, which prevent movement and change, to complex “thick descriptions,” which allow for movement (Geertz, 1973/2000; White & Epston, 1990). Stories described in thin terms are rigid and stereotypical, whereas those with thick descriptions embrace multiple perspectives. It is like the change of perspective that comes with standing on a ladder or taking a different route to work or tying shoes differently. A typical thin description of giftedness primarily presents the benefits of being gifted. A thick description also would talk about the drawbacks of being gifted. Questions that the counselor keeps in mind may include these: How does the giftedness of one person affect the family and the school? Who has a vested interest in the giftedness of this person? What does giftedness do for the family? On the other hand, learning and other disabilities are often seen in negative terms. Of course, the counselor wants to understand whatever discouragement, fear, or struggle a diagnosis of learning disability, for example, brings. It is also important to consider and describe the positives related to having such a learning disability. Telling a fairy tale that is similar to the family’s story, but with an ending that promotes courage, energy, and connection, may be helpful (Thomas, 1995). Or the family can create its own fairy tale with an ending it wants.

Working with a solution-focused framework (de Shazer, 1985), the counselor listens to the story of the problem and then asks the family members what they each want to happen. Together, counselor and family look for times when that solution already existed—that is, the exceptions to the rule of the

problem. The key point with solution-focused counseling is to pay attention to the times when the family is successful and to replicate those times by paying attention to the differences that precede them. It may be that the differences appear small, but that is not a problem. A key concept is that people have good reasons for doing what they do, and exploring the benefits of behavior that is troubling them may reveal avenues to change (Berg, n.d.).

Periodically asking people to scale their situations is helpful, especially in the initial stages of counseling, when people tend to pay more attention to what has not been accomplished than to progress already made. In Phase 2, the counselor can continue to use scaling questions to track the family’s improvement.

Assessment

Assessment of students’ home situation is important because it can contribute to or interfere with success at school. Genograms (McGoldrick, Gerson, & Shellenberger, 1999) are useful across the three counseling models described here and are particularly useful for assessment in school counseling. Genograms provide a visual portrayal of family composition and interaction patterns and help the counselor to gather important information in an orderly, focused manner, without less important information distracting. Students usually appreciate genogram activity, because it invites them to talk about a system that is important to them.

It is important to understand the meaning of exceptionality within the family, school, and community. How does the exceptionality of the student affect the family, the school, and the individual student? What function does the giftedness, learning disability, or any special need have for the student, family, and school? Is the giftedness looked at as a reason for the family and school to be proud, or does it tend to isolate the student? Do people view the disability as an embarrassment or as an opportunity for individual and family growth? Do the special needs bring the family together or push them apart? Do the parents focus on issues surrounding the exceptional student and ignore marital issues that are causing problems?

Furthermore, it may be appropriate to consider educational and vocational aspects related to the counseling. Because the worlds of school and work are systems with which the family members regularly interact and by which they are affected, information about adjustment in those areas may provide important sources of information about external factors affecting the family. For example, a gifted child is having difficulty at school for no apparent reason. During an initial assessment, it becomes apparent that the father in the family has been in danger of

losing his job. As family stress surrounding that threat has increased, the student's misbehavior at school has increased. After the parental stressors are addressed in family counseling, the client's behavior may return to normal.

CASE ILLUSTRATIONS

Hypothetical Case 1: Family Cohesion and Adaptability

After a conversation with the school counselor, the mother of a fourth grader with severe physical and cognitive disabilities decides to seek counseling at a community center specializing in families. During an intake conversation by phone, she is encouraged to bring her entire five-member family to the first session, and she subsequently is able to convince all members to join her in counseling. Assessment, including inviting comments from all members, reveals that the father has withdrawn into his work; the oldest child, in eighth grade, is suspected of using substances; the boy in second grade frequently misses school because of headaches and stomachaches; and the child with disabilities is sad. A climate of conflict permeates the home, expressed in sullenness, retreat, sudden emotional outbursts, and unrelenting tension. No one mentions the disabilities until the counselor asks family members individually about them. Family strengths are noted orally to the family during informal assessment.

The family agrees to contract for five sessions, with weekly assignments for everyone. The adults are given the most significant assignments, but all have specific weekly tasks intended to move the family toward more positive interaction. The father is encouraged, in session, to request that he become a less peripheral family member, and the mother responds by inviting him to share in the responsibilities related to the disabilities. They agree to have a cup of tea and conversation together at the end of every day. The father takes small steps to reengage with the oldest child, who responds and is more often at home. The youngest is able to go to school without anxiety, no longer worrying about the other family members—especially his mother at home. Along the way, the family is complimented for caring about each other, for being wise enough to seek counseling, and for being committed to becoming more cohesive and adaptable in the face of significant challenges.

Hypothetical Case 2: Sudden Underachievement

When a gifted 12-year-old underachieves academically for several weeks, his parents feel panic and seek family counseling. In the first session, the counselor quickly directs attention away from the “problem child” by exploring each family member's perspec-

tives on general family functioning. Informal assessment reveals that the normally high-functioning four-member family has recently faced several challenges: the mother's significant health concerns and difficulty reentering her career; a grandparent's need for elder care; the formerly high-salaried father's unexpected unemployment; and high mortgage payments on their new home. The 9-year-old sibling shows symptoms of trichotillomania—that is, pulling out his own hair, with noticeable hair loss (American Psychiatric Association, 2000). The mother admits to doing some of her underachieving son's homework in order to protect his future.

During the next four sessions, the counselor identifies family strengths and explores, among many, the hypothesis that the mother's actions are about control at a time when many aspects of life seem out of control. The family faithfully completes weekly assignments, which are largely geared to helping the family members engage with each other, express and validate feelings, and establish appropriate boundaries (e.g., regarding the son's schoolwork). As boundaries improve and family tension decreases, so does the hair loss and underachievement.

Case 3: An Actual Application of the Imaginative-Postmodern Approach

Thomas (1995, 1999) reported using an imaginative-postmodern approach with two gifted children and their families. The first family (Thomas, 1995) had a 7-year-old girl who was highly gifted creatively and was afraid to go to school. When the counselor told the family the Grimms' fairy tale “Brier Rose,” the girl identified so much with the character in the fairy tale that the family was able to generate creative solutions, derived from the tale, for the school problem.

Case 4: A Second Actual Application of the Imaginative-Postmodern Approach

Thomas (1999) counseled an academically gifted 12-year-old boy who fought at school with children who called him “weirdo” and provoked him on a regular basis. The mother identified the boy's behavior at school and home as a “bane,” explaining that he typically became defensive when his parents directed him to behave more appropriately at school. The boy volunteered that it was a *family* bane, and the family agreed. The counselor immediately put to use the metaphor of the “family bane” and encouraged the boy to find something that represented it. He found a Dr. Seuss figure. The counselor asked the boy to take the family bane to school and consult with it when he felt angry. Not only did the counselor's imaginative use of the family's own metaphor serve to externalize the problem, but it also created for the boy an ally who could listen to

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him and help to generate behaviorally appropriate alternatives for fighting the injustices done to him. Once the parents understood that, for their son, the problem involved issues of fairness and justice, they began to support him, and the tension at home decreased. A parent-teacher conference at school yielded more protection for the boy at school, combined with more challenging, individualized assignments. As a consequence, the boy ceased being the family bane and behaved like a highly capable 12-year-old boy.

CONCLUSION

The approaches to counseling exceptional individuals and their families presented here are an amalgamation of clinical experience and systems perspectives, with cases representing application of the three models. In addition to typical counseling skills, those who work with gifted clients, clients who are twice-exceptional, or clients with learning or other disabilities should have a solid knowledge of these individuals' various contexts. Although school counselors typically do not have the training or time to conduct family counseling in schools, incorporating systems-based techniques and thinking into their work might allow them to identify important contextual factors in students' lives. At a minimum, understanding the potential benefits of family counseling in relation to disability and giftedness will help school counselors to make appropriate referrals and clearly communicate to students and their families what they might expect from family counseling and how such counseling might help them. ■

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