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A Psychological Autopsy of an Adolescent with Dual Exceptionalities

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Abstract

A psychological autopsy of an 18-year-old male with dual exceptionalities contributes to our understanding of suicide among students with gifts and talents. Using four theories and models of suicide and research on the lived experience of students with gifts and talents, a comprehensive analysis of this adolescent's life offers implications for future suicide prevention among these students. Schools that are unprepared for exceptional students (gifted and/or 2e) may contribute to students' distress. Professional development and adequate resources focused on the unique needs of exceptional students will promote a responsive environment for students' positive psychosocial development. Parents, educators and counselors need information and strategies for responding to community members in distress. Such knowledge can foster the necessary positive attitudes toward evidence-based treatment for conditions that affect well-being. The importance of limiting access to lethal means among persons in distress cannot be overstated.

Keywords: suicide, depression, psychological autopsy, twice-exceptional, gifted, lived experience

A Psychological Autopsy of an Adolescent with Dual Exceptionalities

A student struggling with suicidal ideation described the effects of suicide on society as like a large, intricate spider's web that becomes torn and damages the web's entire fabric.

Suicide weakens the entire cultural fabric in obvious and less obvious ways. In 2017, nearly 45,000 people in the United States died by their own hand (Centers for Disease Control and Prevention [CDC], 2018a). Since 1999, suicide rates have increased by 28% (National Institute of Mental Health, 2018). Suicide is the 10th leading cause of death in the United States and the second leading cause of death among the 15- to 24-year-old age group in the country (CDC, 2016). It is estimated that suicides cost the US \$70 billion per year in combined medical and work loss costs (CDC, 2018a). Most worrisome is the significant emotional upset, fear, worry, and anxiety that suicides create among families and significant others. It is incomprehensible when trying to estimate the aggregate cost of losing the gifts, talents, and potentials of tens of thousands of people per year in the United States. There are losses of possible accomplishments in art, music, medicine, research, sports ad infinitum that will never be realized.

Some have hypothesized that students with gifts and talents (SWGT)¹ may be at greater risk for suicide (e.g., Delisle, 1986) and may also engage in suicidal ideation differently than their nongifted peers, which presents important implications for understanding these students' needs and exploring preventative interventions (Cross & Cross, 2018). What do we know about suicidal behavior in the United States, and how does it manifest among our school-aged populations? More specifically, what does research have to offer us in understanding the nature of suicidal behavior among our SWGT? This manuscript explores the life and death by suicide of

¹ This acronym allows the authors to use preferred people-first language, avoiding the entity framing of the term "gifted student".

an 18-year-old boy, identified gifted in elementary school, in an effort to contribute to the knowledge base about suicide among the gifted population.

One common metric used to consider suicidal behavior is prevalence rates, which are calculated as the number of completed suicides per 100,000 people within a defined group. Prevalence rates of completed suicide vary by sex and age group. In 2016, the prevalence rate for females age 15-24 was 5.4, for males 20.5 (CDC, 2018b). The highest prevalence rate among females was for the 45-64 age group: 9.9 per 100,000. For males, the highest prevalence rate in 2016 was in the 75+ age group: 39.2 per 100,000. The United States maintains updated statistics about suicide, but within the numbers, many questions are left unanswered. Although such demographic variables as sex, ethnicity, geography, and socio-economic status are considered, giftedness is not one of the variables about which statistics are collected, making it impossible to know the prevalence rate in this population.

Suicidal behavior clearly exists among SWGT (Cross, Cook, & Dixon, 1996; Cross, Gust-Brey, & Ball, 2002; Hyatt, 2010, 2011; Lester, 1991). The cases of suicides of numerous SWGT documented in multiple highly competitive academic settings at the university and K-12 levels, are alarming (Cross & Cross, 2017, 2018). The lack of a substantial baseline of statistics on the suicides of SWGT creates a need for creative approaches to building a database that sheds light on the suicidal behavior of SWGT.

Over the past 25 years, the first author has tried to describe the ideations and suicidal behaviors (i.e., thinking about suicide, attempts and completions) of SWGT because of the suspected prevalence of completed suicides among this population. In the ensuing years, several studies have been completed to address suicide among SWGT. The research has reflected ideation patterns, which differ between gifted and nongifted samples (e.g., Cross, Cassady &

Miller, 2006). Other studies employed factor analysis to compare the patterns of ideation among SWGT and the general population (e.g., Cassady & Cross, 2008). The most labor-intensive work has been to conduct an ongoing series of psychological autopsies, or a form of in-depth case study (Yin, 2009), of SWGT who died by suicide (Cross, Gust-Brey, & Ball, 2002; Cross, Cook, & Dixon, 1996; Hyatt, 2010). The present article reports on our latest effort to depict the life and death of an 18-year-old SWGT who died by suicide. Each of these cases contributes to our understanding of suicide within the gifted population.

Suicide of Adolescents and Young Adults

Suicide is a serious concern across all age groups, especially for adolescents and young adults. CDC data show that, while the overall suicide rate has increased since 1950 from 11.4 to 13.6 completed suicides per 100,000, the youth suicide rates (those of ages 15-24) have more than doubled, from 4.5 to 12.5 (Cross & Cross, 2018, p. 13). Gender and age differences exist within the groups: males are more likely to complete suicide than females, and high school students are more likely to complete suicide than college students (Cross & Cross, 2018). Gender differences also exist related to means of suicide: firearms, suffocation, and poisoning (including drug overdose) are the most common methods of suicide, where males are more likely to use firearms and females more likely to use poison (CDC, 2018c).

Risk Factors

Specific risk factors related to adolescent suicide have been identified. A review of research on adolescent suicide identified ten significant factors: (1) psychiatric disorders, (2) substance use, (3) cognitive and personality factors, such as hopelessness or neuroticism, (4) aggressive-impulsive behavior, (5) sexual orientation, (6) relationships with someone engaging in suicidal behavior, (7) parental psychopathology, (8) stressful life circumstances, (9)

glamorization of suicide in media coverage, and (10) access to lethal methods (Gould, Greenberg, Velting, & Shaffer, 2003). These risk factors span intrapersonal, interpersonal, societal, and practical concerns that are relevant to all adolescents, including gifted youth. Gifted students may be especially prone to certain personality factors (e.g., perfectionism and overexcitabilities), stressful life circumstances (e.g., failure in school or rejection by peers) or other broader contexts (e.g., anti-intellectualism; Cross & Cross, 2018).

A certain sub-group of SWGT, those who also have identified disabilities, may be vulnerable to specific risk factors. Historically, the definition for students with dual exceptionalities has focused on students who have a specific learning disability and are identified as gifted, but more recent definitions have pushed to include mental illness, physical disabilities, and developmental or cognitive impairments (Ronksley-Pavia, 2015). These students may have difficulties, such as frustration in the school setting, low self-concept, and issues related to social skills and peer relations (King, 2005).

Models of Suicidal Behavior

Previous psychological autopsies of SWGT have utilized various models and theories in their examination of the data (e.g., Cross et al., 1996; Cross et al., 2002). In the intervening years, Cross (2013; Cross & Cross, 2018) has identified several of these that have particular utility for research on the suicide of individuals with gifts and talents. These prominent models of suicidal behavior will be used to craft a framework for analyzing the data of this study. The theories and models to be used include the Suicide Trajectory Model (STM; Stillion & McDowell, 1996), White's (2016) summary of risk and protective factors, psychache (Shneidman, 1993), and Interpersonal-Psychological Theory of Suicidal Behavior (IPTSB; Joiner, 2005). Each of these theories and models provides structure for understanding suicidal

behavior. Based on correlational research, the STM considers four categories of risk factors: biological (e.g., gender or genetic bases), psychological (e.g., self-esteem or hopelessness), cognitive (e.g., inflexible thinking or negative self-talk), and environmental (e.g., family dysfunction or social isolation). The weight of these risks factors combines and eventually reaches a point when they outweigh an individual's ability to cope, resulting in suicidal ideation (Stillion & McDowell, 1996). Based on a synthesis of the extensive clinical suicide risk assessment literature, White (2016) summarizes factors at each contextual level – individual, family, peers, school, community, and sociopolitical – that have been identified empirically as *predisposing* an individual to suicidal behavior (e.g. previous suicide attempt, social isolation), *contributing* to suicidal behavior (e.g., poor coping skills, unprepared school staff), *precipitating* events (e.g., victimization, school failure), and *protecting* one from suicide (e.g., good physical and mental health, socially competent peers).

Psychache presents a more internal perspective, asserting that suicide attempts are the result of a person trying to escape psychological pain (Shneidman, 1993). Under the psychache model, suicide develops through heightened hostility toward oneself, increased perturbation or mental distress, constriction of focus, and a determination that ending one's life will end the pain (cessation). Joiner's (2005) IPTSB offers a newer model that builds on preceding theories and adds a new facet. Suicidal ideation is a result of thwarted basic needs to belong and contribute, "I am hopelessly alienated;" and perceived burdensomeness, "My death will be worth more than my life to others" (Joiner & Silva, 2012, p. 326). The final aspect of this theory – the role of learned fearlessness of physical pain, injury, or death – became the missing link as to why so many people engage in suicide ideation, but the vast majority never makes an attempt (Joiner & Silva, 2012). The combination of the STM, White's factors, psychache, IPTSB, with findings

from research on the psychology and lived experiences of students with gifts and talents (Coleman, Micko, & Cross, 2015; Cross & Cross, 2018) provides external and internal perspectives and potential explanations of completed suicides.

Suicide of Adolescents and Young Adults with Gifts and Talents

Specific information regarding suicide and SWGT is unavailable, due to differing definitions of giftedness and collected demographic data that excludes identification of giftedness (Cross & Cross, 2018). Cross and Cross (2017) conducted a review of the relatively small research base on suicidal behavior among SWGT. The research is inconclusive regarding actual differences between SWGT and the general population. Dixon and Scheckel (1996) summarized factors related to giftedness and suicide in the literature, including perfectionism, isolation, and the five categories of overexcitabilities of Dabrowski's Theory of Positive Disintegration (TPD; i.e., psychomotor, sensual, intellectual, imaginal, and emotional). The TPD identifies the potential to progress across developmental levels from egocentric to altruistic personalities related to several factors, including overexcitabilities, which are enhanced ways of being in the world (Dabrowski, 1964; Piechowski, 1999).

Commonalities in Psychological Autopsies. The literature base on suicide among SWGT includes psychological autopsies of four adolescents (three male, Cross, Cook, & Dixon, 1996; one female, Hyatt, 2010) and one young adult male (age 21; Cross, Gust-Brey, & Ball, 2002). Among the male SWGT, the following similarities were found:

1. All four subjects exhibited overexcitabilities. Their overexcitabilities were expressed in ways or levels beyond the norm even among their peer SWGT. The four subjects had minimal prosocial outlets. All four subjects experienced difficulty separating fact from fiction, especially overidentification with negative, asocial, or aggressive characters or

themes in books and movies. They experienced intense emotions, felt conflicted, pained, and confused. All four subjects devalued emotional experience and wanted to rid themselves of emotions.

2. Each of the young men expressed polarized, hierarchical and egocentric value systems.
3. They each engaged in group discussions of suicide as a viable and honorable solution.
4. Additionally, all four subjects expressed behaviors consistent with Level I (unilevel disintegration), or Level III (Spontaneous Multilevel Disintegration) Positive Disintegration. (Cross et al., 2002, p. 252)

Amber, the female SWGT subject of Hyatt's (2010) psychological autopsy, exhibited intense emotions and pain; had egocentric perfectionistic ideals; and talked with peers, but not adults, about suicide. These shared characteristics can be mapped onto existing models of adolescent suicide to offer possible explanations that are unique to SWGT.

Lived Experience of SWGT

Every individual experiences life uniquely. Their interpretations of events are colored by their prior experiences, personal characteristics, and contexts. To learn what experiences, characteristics, and contexts may be common among SWGT, Coleman and colleagues (2015) set out to summarize 25 years of research gathered qualitatively from the perspective of the students themselves. The themes that emerged from this research will be utilized as a lens through which to analyze the experiences of the subject of this study.

The essence of being gifted, according to Coleman et al.'s (2015) review of students' own words, is being different. Not only are these students actually different in their abilities, they perceive differences from peers. Their exceptional abilities often allow them to learn faster than their peers. This rate of learning becomes more visible to others when the topics are more

difficult or esoteric, further enhancing the differentness from peers. SWGT describe being more engaged in their learning and often exhibit deeper understanding than peers. Small differences at early ages can develop into big differences over time. Differences in motivation also create distance from peers. Many SWGT have an urge to learn and understand all they can in a domain, when their peers may show only a passing interest. Their passion for learning manifests not only in an intense interest, but also a heightened focus on the topic. It is exemplified by sustained involvement, which, under the right conditions, will lead to exceptional development of talent in the domain.

Despite differences in ability and motivation, many SWGT say they do not feel different from peers (Coleman et al., 2015). From their perspective, when it comes to learning, they are just more interested and more serious than peers. In interviews, these students indicated a strong desire to be treated as “normal,” without attention to their exceptional abilities. To escape the negative effects of the stigma of giftedness (Coleman, 1985; Coleman & Cross, 1988), these students recognized they could not always be themselves. The desire to be treated as normal, avoiding the stigma, sometimes led to coping behaviors, from hiding their interests and accomplishments to actually underachieving.

The characteristics of exceptional ability and increased motivation for learning are not always a good fit with the typical school setting. Describing this phenomenon of “ready child, unprepared school,” Coleman et al. (2015) explain, “This clash of gifted students’ traits and typical schooling results in the lived experience being described as having components of waiting for others, not being challenged, academic resistance, and sometimes being bullied” (p. 366). The experience of students in a school that is prepared for their desire for immersive

learning at an appropriate pace, is radically different, offering exciting opportunities to learn and build positive relationships with peers and teachers.

Method

Purpose of the Study

The purpose of this study was to capture and depict the life and death of Daniel², an 18-year-old SWGT who died by his own hand. To that end, a psychological autopsy (PA) methodology was chosen. PA has utility in a variety of situations, including “Assisting medical examiners with ‘equivocal’ deaths, research on suicide, insurance claims, and criminal cases” (Knoll, 2008, p. 304), for example. More specifically, in this study, the purpose was to provide research on suicide, help with efforts to prevent suicide, and promote understanding and adaptive grieving among the surviving family members and friends.

Psychological Autopsy

According to Knoll (2008),

the goals of the PA include obtaining an in-depth understanding of the decedent’s personality, behavior patterns, and possible motives for suicide. The investigator strives to obtain an objective analysis of factors that increased and decreased the decedent’s risk of suicide. (p. 394).

PA was used as the primary means of exploring the life and death of Daniel. PA is an in-depth case study approach researching *how* and *why* something happened within its real-world context (Yin, 2009). It was originally created to assist insurers, law enforcement, or others in clarifying equivocal deaths (Shneidman & Farberow, 1961). PA includes studying evidence of the life of the deceased by collecting archival records (e.g., health, school), interviewing family members

² Pseudonym

along with significant other relationships (e.g., romantic, family, friends, teachers, physicians), personal communications (e.g., emails and texts), diaries or journals, records of preferred music and books read, and other germane information (Ebert, 1987). Risk factors and any comorbid mental disorders are also often considered as part of the analysis (Knoll, 2008). The challenge of the PA approach is the need to carefully synthesize all collected data in an effort to depict the life and death of the deceased.

Procedures

The PA for the present study began after the first author was contacted by the mother of the deceased student, who had been referred to his research by a friend. This mother described the situation of her son's death and referred him to the website she had created about her son's life and death. She requested that he conduct a PA of her son. The first author invited a research team to participate in this PA and began the process.

To conduct a PA, it is invaluable to have a champion who can be instrumental in helping obtain the archival records needed. The champion also can help identify the original round of interviewees by assisting in the development of a list of significant others. Daniel's mother served in this role of champion and was very effective in enabling the study. She also participated as an interviewee and encouraged family members and friends of the deceased to participate in the study.

Eleven individuals (3 friends, 3 family members, 3 teachers, and 2 counselors) were interviewed. Most of the interviews went smoothly and were held immediately upon request. All interviews were conducted by phone or Skype, an online video and audio telecommunications application. Some of the interviews were completed early in the process and led to a broadening of the original list to be interviewed. By the completion of the data gathering process, four of

those indicated as potential interviewees chose not to participate. In addition, one participant was interviewed twice, because of the extensive amount of information this participant shared and because the information shared in the initial round led to additional questions.

All interviews were recorded with permission and used to help generate additional research questions and hypotheses. Recorded interviews were stored in a secure space only accessed by the researchers. The interviews were conducted over a one-year period of time by one member of the research committee. Unlike previous psychological autopsies completed by the first author, in this case, it was determined that the person who began the interviews had developed trust and a positive rapport with the early group of participants being interviewed, so the one researcher conducted all remaining interviews. A second and very important reason for this decision was that her insight across the interviews, relative to the depth and veracity of information collected, added to the fidelity of the data-gathering process. For example, by virtue of her hearing nuanced inconsistencies across interviews, follow-up interviews were deemed necessary. The interview recordings were reviewed by the other research team members. Discussions were held to analyze the data, check for consistency, and consider future interview questions. The need for follow-up interviews was also determined by the team.

The school and health records were considered by a single research team member first, with presentations made to the research group about the materials. All team members were given access to all school and health record materials, and each data source was analyzed by the larger group. As the interviews were completed, a timeline of significant events and life experiences of the student was created and modified (Yin & Davis, 2007; see Appendix A). The final pieces of data were a transcription of an hours-long online chat between Daniel and his girlfriend and his

handwritten last will and testament, both from the night of his death. These were the only words directly from Daniel. He left no suicide note.

As a quality control check, at the end of the study an outside licensed psychologist, who works with suicidal youth, served as a consultant. The consultant was asked to review the analysis and provide feedback on the subsequent report and discussion.

Data Analysis

To begin the data analysis process, the researchers used a pattern-matching technique to compare our empirically based patterns with existing patterns (Bradshaw, 1999) using the STM, White's [2016] Suicide Risk and Protective Factors, the IPTSB, and psychache. In addition, the researchers employed gifted education and twice-exceptional lenses. The twice-exceptional lens was added due to early evidence in the subject's educational and medical histories indicating the subject was identified with two exceptionalities, specifically giftedness and Attention-Deficit/Hyperactivity Disorder (ADHD). In addition, a time-series analysis, or creating a chronology, was incorporated in the study as a descriptive pattern that could help identify specific risk factors that affected Daniel in childhood and adolescence (Yin & Davis, 2007). Combining these data analysis methods and lenses allowed us to make analytic generalizations using the above-mentioned theoretical frameworks (Cross, & Cross, 2018; Joiner, 2005; Shneidman, 1993; Stillion & McDowell, 1996; White, 2016; Yin, 2009)

Results

Appendix A includes a *Timeline of Significant Life Events* of the subject. The timeline extends for the 18 years of the subject's life, shedding light on specific experiences, themes, and important facts that had potential to be pertinent to the suicide. It is time now for the reader to turn to Appendix B, which contains a narrative summary of Daniel's life. Important information

related to the data analysis is in the appendices. Reading them first will clarify the findings described below.

Suicide Trajectory Model Factors

Relevant biological, psychological, cognitive and environmental factors of the STM are listed in Table 1. Daniel had a number of factors in each category that have been correlated with suicide risk. Caucasian males (biological factor) have higher rates of death by suicide than other groups (American Foundation for Suicide Prevention [AFSP], 2019). Daniel was diagnosed with ADHD in the first grade. This disorder is associated with an elevated risk of suicide (Impey & Heun, 2012), particularly among young males with comorbid conditions of conduct disorder and depression (James, Lai, & Dahl, 2004). Daniel's ADHD, which appeared to be predominantly inattention without hyperactivity (American Psychiatric Association, 2013), was controlled by medication in elementary and middle school. He did not receive special education support for his ADHD from his school district and had no Individualized Education Plan (IEP) in his elementary or high school. His mother was, however, very involved in his school and provided support on school tasks. She advocated for his special needs, particularly for his giftedness, making the difficult decision to change his schools multiple times to find the appropriate setting. The private middle school he attended emphasized small class sizes and an integrated curriculum with a focus on in-depth, open-ended learning, characteristics associated with positive academic outcomes for students with ADHD (Loe & Feldman, 2007). One middle school teacher remembered,

I think his mother supported him so much with that executive function. A project like that at home he was very successful with, because he had the intelligence to think through what that project meant. But she would help him a lot with the organization of the tasks

that needed to be done. She knew Daniel I think better than anyone. She knew what he needed for scaffolding, she knew how to support him with these kind of open-ended projects.

Daniel's high school did not offer opportunities for the kind of open-ended projects he did in middle school, nor any support for his ADHD.

Depression (biological and psychological factor) may have been present earlier, but symptoms became evident from interviews describing Daniel's high school years, when his environment was less supportive of his ADHD, with large class sizes, highly structured curriculum, no special education support, and no ADHD medication. Described by friends, family and teachers as having a quiet, laid-back personality, a high school counselor saw something more concerning:

There were times when Daniel had a flat affect, you know. And to me the scariest thing in the high school age is the teenager's apathy. Take depression, fine, we can work with that, you know, other emotions are fine, but ...when I sense apathy, man, that's the one that scares the hell out of me.

His guidance counselor was reassured by Daniel's interest in activities that happened outside school, however, and did not recommend his parents seek additional psychological support. The strongest evidence for Daniel's depression came from his friends, who reported seeing it firsthand. His parents were unaware of his previous expressions of suicidal ideation and were "blindsided" by his death. After Daniel's emotional response to the breakup with his first girlfriend and falling out with his close friend, he was diagnosed with "adjustment disorder with mixed disturbance of emotion and conduct." He did see a psychologist for seven or eight

sessions of psychotherapy, but he refused to continue, jumping out of his mother's parked car and running away from the appointment.

Daniel's attention deficit (cognitive factor) manifested in poor organizational skills and coping strategies. He had difficulty controlling his anger and behaved impulsively. Despite his intellectual ability, without academic supports, he was unable to be successful in school, leading him to focus his attentions elsewhere. With readily available drugs, guns, cars, and video games (environmental factors), areas where he could be successful, along with a group of academically disinterested friends with whom to enjoy these activities, attention to schoolwork became less important or meaningful to him. His desire to cease his ADHD medication was acceptable to his parents, coming after his success in middle school. "I mean nobody wants to medicate their kid," said his mother. Believing that he had outgrown his ADHD, that it had "run its course," it seemed appropriate to avoid unnecessary medication. Without the special education and parental support for his task management in his high school classes, however, academic success was unattainable. Daniel appeared to have a generally negative view of treatment for his unique conditions. As signs of depression emerged, his parents accepted Daniel's refusal of treatment, in part because there were signs of improvement, but also because of his forceful rejection of psychotherapy. His attention deficit and his depression were environmental factors in his risk for suicide.

Risk and Protective Factors

At the individual level (see Table 2), Daniel's depression, hopelessness, suicidal ideation, and his lack of trust in adults may have *predisposed* him to suicide risk. The self-regulation challenges of ADHD and the internal characteristics of passion for those things he was interested in (e.g., his imaginal overexcitability; see Appendix B), paired with persistent academic

pressure, could have *contributed* to his suicide risk. The breakup with his girlfriend, academic failure and the decision to drop out of college were *precipitating* risk factors in his decision to kill himself. Despite his advanced cognitive abilities and prior academic success, without other skills or supports, Daniel did not appear to have the individual level *protective* factors that could have saved him from psychache.

Daniel came from an intact family, with economic resources (*protective*). His father was very accepting and relaxed in their relationship. Daniel's relationship with his mother was described as "a good one" by friends and family. Even so, she had expectations that led to frequent discord. On the day of his death, Daniel was facing conflict with school, his mother, and his girlfriend (*precipitating*). His mother's active supervision was likely a *protective* factor in his earlier schooling, but may not have been in later years. Although he had developed a small social circle that should have been *protective*, in his high school years Daniel surrounded himself with younger, academically disengaged friends, leading to alienation (*predisposing*) from more academically oriented peers who might identify with his giftedness. He experienced rejection when he was unable to reach his closest friends on the night of his suicide, a possible *precipitating* factor in his suicide risk.

Daniel's school and community offered little in the way of protective factors. Although each of his school transitions was deliberate and thoughtfully considered to find the right setting for his unique needs, the failure that began with his transition to high school escalated, turning him off from academics (*predisposing*), with a lack of concern among the school staff to help him through these challenging times (*contributing*). The multiple suicides in his community – this region has one of the highest suicide rates in the US (Cross & Cross, 2017) – and the ready availability of guns were *predisposing* and *contributing* factors to Daniel's suicide risk. One

friend had been hospitalized for suicidal ideation, but it is unclear whether Daniel had talked about suicide with that friend. Daniel was a member of the dominant social group in the US, but his rejection of “the system” of academic success, which would lead to a “cookie-cutter” occupation (as his best friend described their future opportunities), led to his social exclusion at the socio-political level, perhaps *precipitating* his decision to take his life.

Interpersonal-Psychological Factors

Daniel’s gravitation toward a new social group and increased substance use coincided with increased alienation from his family. He was no longer interested in pursuing the hobbies he and his father and mother shared (history and photography) purely for the intrinsic reward. He refused to participate in family vacations or events (i.e., family funeral), preferring to stay alone in the house for weeks and spending time with his friends and girlfriend rather than with his family.

Ever an introvert, Daniel experienced increasing *alienation* in the weeks before his death (see Table 3). He had reconnected with his closest friend in community college, but, where his friend was finding academic success, Daniel was experiencing failure. His lack of motivation was intensified by his inability to master mathematics, a requirement for the occupation he thought he would like. His basement room, with locks on the door, provided Daniel with privacy and seclusion, adding to further disconnect with his parents and younger siblings. He was no longer in school with his younger friends, so did not see them on a regular basis. He had been trying to break up with his girlfriend, but this process was not going well. Her claims about being pregnant with his child caused him anxiety for the future. His parents offered support, but his response was to run away. He expressed his feelings of being a *burden* to others in his final

online chat with his girlfriend: “If you decide to keep it [the baby], it will be better off without me.”

Evidence of Daniel’s fearlessness – his willingness to do himself physical harm – comes from his father, who described Daniel’s inner strength.

I don’t think he liked conflict any more than anyone else. But he wasn’t as bothered by it as other people. And if people wanted to be confrontational with him, he was ok with it. I don’t think he got into more than a couple of fights. I think when people pushed against him they looked in his eyes and thought “I’m not going to mess with him.” Because he was this little skinny thing. He wasn’t afraid of anything.

Daniel’s friends describe his strength of conviction, which his father suggested might have been viewed as stubbornness. One friend said, “I definitely knew that he had the disposition... to have the conviction to be able do it.” In the end, Daniel told his girlfriend that killing himself would be “easy.”

Evidence of Daniel’s Psychache

It becomes increasingly difficult to intervene in an individual’s descent into suicidal intention as they develop psychache, the intolerable psychological pain they feel they must escape. Through his research with suicidal patients, Shneidman (1985, 1993) identified common patterns of thinking. This pattern was evident in Daniel’s case (see Table 4). He exhibited heightened inimicality when he made multiple previous suicide threats. His best friend was saddened, but not surprised, when he learned of Daniel’s death. He had heard Daniel’s hostility toward the self previously, as had his girlfriend, who referred to his earlier threats to kill himself in their online chat. Daniel’s parents noted his exacerbation of perturbation (“how shook up, ill at ease, or mentally upset the person is,” Shneidman, 1993, p. 223) in the days before his death. He

had come to them for support concerning his girlfriend's claim of pregnancy and told them that he had missed his midterm exams and was going to drop out of college. Only days before he died, he had fought with his mother and run away to a local park, where he stayed, alone, for hours before contacting his father, asking to be picked up. He was clearly mentally upset during this time.

Evidence for Daniel's increased constriction of intellectual focus (the suicidal person's dichotomous thinking and unwillingness to consider the effects of suicide on others) is found on the night of his death. During his final online chat with his girlfriend, Daniel decided he must make a will. He learned about how to do it online and created an official last will and testament that outlined his wishes for his belongings after his death. He looked up how to kill himself and followed the instructions, using one of his several guns. A conversation from the online chat with his girlfriend on the night of his death reveals the depth of his despair, his psychache (see Table 4).

Application of SWGT Lived Experience Research

It is impossible to fully understand Daniel's lived experience without being able to talk with him. With no journals and very few of his own written words, our evidence must be inferred from interviews and others' observations. Coleman and his colleagues (2015) reviewed the research on the lived experience of SWGT over the previous 25 years. They found general trends in this research base: the essence of being gifted is differentness in ability and motivation; differentness and the gifted label produce challenges to identity; and the preparedness of the school setting has a major influence.

Differentness. Family members, friends, teachers, and counselors all commented on Daniel's introversion. He tended to be quiet and liked to have only a few friends around. SWGT

often have difficulty in finding actual peers (Coleman et al., 2015). Daniel built the closest relationship with a friend who was much like him, verbally gifted, with a similar intense interest in fantasy worlds. Daniel was different from his classmates in kindergarten through 3rd grade. Not only was he an unidentified SWGT for most of that time, his ADHD was noticeable enough that he was tested for it in the first grade. Students with a disability are frequently socially marginalized (Chen, Hamm, Farmer, Lambert, & Mehtaji, 2015). Once his ADHD was under control, his giftedness would have continued to make him different from peers. While at the private middle school for SWGT, Daniel may have found intellectual peers, but his ADHD could have contributed to continued feelings of differentness. One middle school teacher described the very strong self-regulation skills among several of the students in Daniel's small class, which contrasted with his executive function difficulties: "In those classes there were some kids who were teacher pleasers. Who could balance everything all at once. I don't know what it did to him inside, but I imagine it was really intimidating to be with those kids."

The experience of differentness is often salient in the motivation or passion for learning among SWGT (Coleman et al., 2015). In the third grade, Daniel designed an elaborate plan to build an underground recreation center under his school playground. He and his friend shared a love of imaginary worlds in books, movies, video games and fantasy play. He embraced schoolwork that allowed him to freely explore a topic, such as a biology experiment on plants or an in-depth exploration of paper airplanes. Daniel was passionate about U.S. history, an interest he shared with his father. His interest in guns was in-depth and he passionately pursued the details of this non-academic subject. Although his friends were somewhat interested, they saw him as "crazy about gun maintenance, ... crazy about gun safety" (high school friend). In high school, his passions focused on music and cars, two areas in which he was able to sustain interest

in school. Having found these passions relatively late in his short life, we do not know if Daniel would have been willing to make sacrifices in pursuit of developing his talent in these areas.

Identity. Much research has found that SWGT prefer to be seen as “normal” (Coleman et al., 2015) and Daniel, too, did not wish to be seen as different. His friends and family described him as comfortable with himself: “He was just always content to be alone or with close friends” (Mother). Even so, Daniel’s mother said, “He didn’t like being singled out [in the elementary gifted program]. He didn’t like feeling different.” His underachievement in high school may have been, at least in part, an effort to disidentify as a SWGT, so that he fit in with a different social group (Cross, Coleman, & Terhaar-Yonkers, 1991). No longer a part of the gifted crowd in the IB program, he may have wanted to be better accepted by his new, academically disengaged friends. It was during high school that his mother encouraged him to advocate for himself and his gifted abilities. His response was “It’s not a gift. It’s a curse.” Coleman et al. describe several studies of SWGT similarly rejecting the label, because of the unwanted attention from peers and the expectations it elicits from both peers and adults.

Ready Child, Unprepared School. Daniel had the potential to be a highly successful student, as his 99th percentile CogAT (3rd grade) and 92nd percentile on both the WISC-III (5th grade) and the Stanford Achievement Test (7th grade) scores attest. At kindergarten, he entered a school system with “chronologically based expectations for behavior [that was] not organized for advanced learning” (Coleman et al., 2015, p. 366). Almost immediately, he faced problems with his kindergarten teacher, who, according to Daniel’s mother, did not connect with Daniel and reported his inattentiveness with “every day either a happy or sad face posted on his backpack.” His first grade teacher was a better fit and recommended testing for the inattentiveness. He received no school support for his ADHD. Daniel’s elementary school was not prepared for his

ADHD or his giftedness. When his CogAT scores came back, his 3rd grade teacher said, “Not our Daniel.” Only through his mother’s strong advocacy was Daniel placed in a district gifted magnet school in the 4th grade. This, too, was a woefully unprepared school setting, with class sizes of more than 30 students and a teacher who had not been trained in working with gifted students. His mother said, “It wasn’t a good fit, but he tried, she tried, I tried.” After two years in the same ineffective school setting, Daniel’s parents applied for a private academy that was actually prepared for both his giftedness and his ADHD. He thrived for three years, but high school was another example of an unprepared school.

An IB program was not necessarily a good fit for SWGT coming from a private middle school that offered a highly individualized, flexible program emphasizing exploration and creativity. In addition, Daniel, who had struggled with math concepts in middle school, was placed in an honors math class. With these placement issues and no support for his ADHD, the school failed Daniel. When he changed schools, yet again, in his senior year, he had difficulty with inflexible teachers. As Daniel’s mother describes, one teacher demanded, “‘Show up on time and ready to participate or don’t bother’ and Daniel never darkened his door again.” Only one teacher, in an automotive customization class for high school students at the local community college, was able to engage Daniel and maintain his interest. An unprepared school in Daniel’s case likely contributed to his depression. As his friend described, “You just feel like the odds are stacked against you every single day, no one gives a sh..; nobody cares about whether or not you’re successful.” The lack of care for Daniel’s well-being manifested in a deep-seated anger toward school. His friend describes the result of this inattention to his needs: “I don’t think anybody truly asked why he was pissed off about school. Why he was not excited

about impressing the people you are supposed to impress. I know why – it was because he didn't respect them.”

Discussion

An examination of risk factors may encourage readers to focus on one or two as “the cause” of Daniel's death. It must be kept in mind, however, that Stillion and McDowell's (1996) model proposes that it is the *accumulation* of biological, psychological, cognitive, and environmental factors that leads to suicidal behavior. The interaction of factors is complex and the effects highly individualistic (White, 2016). The identification of each risk factor offers an opportunity for intervention. Where one predisposing, contributing, precipitating, or protective factor may be obvious to those in proximity to the individual at risk, the combination of all of these is less likely to be apparent. A retrospective analysis advantages the reader, but a study such as this one does not seek to provide a single, definitive answer to the question “Why did Daniel kill himself?” The four theories used in this analysis offer a framework for understanding inputs (STM and White's risk and protective factors) and outputs (IPTSB and psychache). Giftedness, too, plays an important role in this PA. The combination of these various perspectives has explanatory power for the ultimate outcome (Daniel's suicide).

In evaluating the chronology of significant events in Daniel's life, his transition from middle school to high school stands out as a turning point (see Appendices A & B). It was at this time that his academic failures began in earnest. Having stopped his ADHD medication and in a new school, where he did not receive special education support, knew few students, and was enrolled in a highly structured academic program that was virtually the opposite of his open-ended, highly individualized middle school experience, his grades immediately began dropping. Molina and Pelham (2003) found that severe inattention among adolescents diagnosed with

childhood ADHD was associated with increased substance abuse. They proposed that this relationship may be mediated by academic failure, which can cause students to “gravitat[e] away from conventional group values and behaviors that include academic success, and gravitat[e] toward nonconformist peer groups where substance use is tolerated and modeled” (p. 504). This pattern was evident in Daniel’s case, as his new friends in high school were not academically oriented and were involved in substance use, a potential contributing factor to his suicide risk.

Daniel’s substance use may also have been an attempt at self-medication for his depression (Sarvet, Wall, Keyes, Olfson, Cerdáe, & Hasina, 2018). He exhibited signs of major depressive disorder during his junior year of high school, following his breakup with his first girlfriend: unwilling to get out of bed and failing all his academic classes. Although treatment for depression was sought, it was not given a chance to be effective when Daniel refused to continue therapy with a psychologist. With numerous evidenced-based treatment possibilities, such therapy could have helped Daniel overcome his depression. A majority of people who died by suicide suffered from depression (Cukrowicz, & Poindexter, 2014).

Challenges of Dual Exceptionalities

Daniel’s giftedness was identified more than a year after his ADHD diagnosis (see Appendix A). Successful treatment through medication and special education supports may have allowed his exceptional academic ability to become apparent. This sequence of events may have had an impact on Daniel’s parents’ response to his educational situation. His mother felt guilty about his need for medication and worried about their depressing effect on his appetite, but once she realized how much they helped his ability to be successful in school, she accepted them as a necessity. Early on, the seed of doubt over the accuracy of his ADHD diagnosis grew when she learned about giftedness. “From the very beginning I remember not knowing anything about

this. I remember looking at characteristics of gifted kids, and characteristics of kids with attention deficit and seeing they were the same ones.” Researchers at the time were alerting parents to the possibility of misdiagnosis (e.g., Lind, 2000) and an internet search would have fertilized doubts. Giftedness can manifest in some settings as problematic, as when a child is referred for assessment because of an “attention problem; seem[ing] to be ‘in their own world,’” when a possible explanation related to giftedness could be an “unchallenging or underchallenging curriculum” (Amend, & Peters, 2012, p. 592). The zeitgeist in the mid-2000’s encouraged an emphasis on giftedness over ADHD. With Daniel’s exceptionally high test scores, it was a reasonable assumption at the time that his inadequate academic environment played a major role in his attention problems.

The sequence of Daniel’s dual diagnoses may have been, in fact, fortuitous. Had his gifted identification occurred first, it would have been tempting for his parents and teachers to interpret his attentional problems as a lack of motivation or willpower. Brown, Reichel, and Quinlan (2009) found that “individuals with high IQ who have ADHD may be at increased risk of having recognition and treatment of their ADHD symptoms delayed until relatively late in their educational careers because teachers and parents tend to blame the student’s disappointing academic performance on boredom or laziness, especially as they notice the situational variability of their ADHD symptoms” (p. 166). Discovering early that Daniel had an attention deficit allowed his parents to find effective treatments and recognize their positive effects.

The obvious positive impact of an appropriate curriculum at his private, gifted middle school may have been a consideration when making the decision to discontinue medication. His ability to focus his attention on activities he enjoyed was another indication that he no longer needed the supports he once did. Citing more recent research, Brown (2009, 2014) points out the

ability of most people with ADHD to focus very effectively on activities they find intrinsically motivating. The variability of the brain's dysfunctional regulation of neurotransmitters in ADHD may frustrate parents and teachers, who see the ability to attend in one setting, when the neurotransmitter regulation is appropriate, but not in another. The correct medication can be very effective in supporting this regulation (Brown, 2009).

Ronksley-Pavia, Grootenboer, and Pendergast (2019) found the participants with dual exceptionalities in their qualitative study felt that being pulled out of the regular classroom for either disability or gifted services increased the threatening nature of their school environments. Self-esteem and motivation were severely impacted by their inability to develop a social identity as gifted and the desire to avoid stigmatization as disabled. Unprepared schools, with untrained teachers, had a negative effect on these students with dual exceptionalities. Daniel may have suffered from a similar challenge to his identity.

Honor in Underachievement

Daniel and his best friend had frequent conversations about the futility and perniciousness of “the system” they felt forced to be a part of. In their views, their education was a benefit to others, not to them. The “piece of paper at the end” was little reward for the hours of boredom and frustration they experienced. ADHD may have played a role in Daniel's attitude, as those with attention deficits tend to experience “delay aversion” – a preference for immediate over long-term rewards – at a greater rate than others. Their reduced working memory capacity can make it more difficult to deal with situations provoking negative emotions, as they may not be able “to keep in mind other facts and feelings that might help to attenuate their current emotional state” (Brown, 2014, p. 211). These facts do not absolve an education system that is, in reality, unprepared for its SWGT, twice exceptional or not.

Kanevsky and Keighley (2003) interviewed SWGT who had dropped out of high school, attempting to learn how their schools could have kept them engaged. The themes evident in the students' expressed desires were 1) control over their educational options, 2) challenging curriculum, 3) the ability to act on their own choices, 4) complexity in their learning experiences, and 5) caring teachers. With the exception of his automotive customization class, Daniel was missing all of these in high school. Kanevsky and Keighley's dropouts believed their schools disrespected them by not providing an appropriate learning environment and an honorable response was to stop producing. Daniel clearly believed similarly.

Commonalities Among SWGT Who Died by Suicide

As mentioned previously, five cases of SWGT have been conducted (Cross et al., 1996; Cross et al., 2002; Hyatt, 2010). In a review of these studies, several commonalities with Daniel's case related to giftedness surface. He exhibited imaginal overexcitabilities, with a level of interest in fantasy worlds beyond the norm. His small social circle and self-imposed isolation from his family manifested in minimal prosocial outlets. Daniel expressed anger, frustration, and confusion about his future. His value system was egocentric, rejecting a hierarchical society built on achievements that he did not find meaningful. Daniel had spoken with friends about suicide, but like all five SWGT of psychological autopsies, did not consult adults who would have been "capable of disconfirming his irrational logic" (Cross et al., 2002, p. 252). Reed Ball, the subject of Cross et al.'s (2002) psychological autopsy, was also twice exceptional, with undiagnosed bipolar disorder, which was never effectively treated, in addition to being highly gifted.

Limitations

PA is an inherently limited methodology, as it relies on external evidence to evaluate internal motivations. This study was limited by Daniel's few available writings. A journal or diary might have indicated more of the thinking that was inferred here from others' observations and interpretations. There was significant consistency in the multiple interviews and other records. Little information provided came from only one source. This was helpful in addressing another possible limitation, the use of Daniel's family and friends as informants. Each of them would have been affected by his death. It is possible that grief or guilt may have led to some uncandid or incomplete responses by the participants. In the time since Daniel's death, a narrative had been developed among most participants. The delay in time may have affected memories, particularly among those less close to Daniel, such as his teachers or counselors.

Implications

Schools that are unprepared for their SWGT, especially those with dual exceptionalities, may contribute to their frustration and distress. Knowledge about the unique needs of students with dual exceptionalities is critical for schools and parents. Attention to their strengths is necessary for their well-being, but the same is true for their disability. Not all school professionals are aware of the unique needs of SWGT with a coexisting disability (Foley-Nicpon, Assouline, & Colangelo, 2013). Education for parents and school personnel on both exceptionalities, including their characteristics, development, and interactions, can help in appropriate decision making. Students with dual exceptionalities, themselves, could benefit from more knowledge about both exceptionalities. Learning to advocate for themselves from an enlightened perspective would be helpful in developing their sense of agency. The involvement of knowledgeable professionals should continue throughout secondary schooling, to ensure the needed supports are in place.

The value of this PA is in its potential to help future persons with gifts and talents who may be considering suicide. Parents, counselors, teachers, anyone in proximity to a distressed person, can take action when they are aware of the distress. As Cross and colleagues (1996) exhort readers: “WHEN IN DOUBT, DO SOMETHING!” (p. 409, emphasis in original). Daniel’s case, however, reminds us that some individuals are adept at hiding their emotional pain. The mask of anger can divert attention, making it difficult to recognize distress. In her PA of Amber, the 18-year-old female who died by suicide and told friends, but not adults about her suicide ideation, Hyatt (2010), quotes Willard (2006), who “stated that children often do not confide in adults because they perceive that “adults, teachers, or parents will not understand” and that adults might overreact” (p. 529). Maintaining trust between adults and students will help keep lines of communication open.

As in the previous PAs (Cross et al., 1996; Cross et al., 2002; Hyatt, 2010), other young people were aware of Daniel’s suicidal ideation, but lacked the confidence or desire or ability to alert adults who might have helped him through his crisis. It is imperative that peers be educated in what to do for a friend who expresses ideation, how to recognize when an adult’s intervention is required, and which adult is “the right one” (Cross & Cross, 2018, p. 97). Creating a caring community, one in which all members can thrive, is a critical activity for society, requiring commitment and participation from everyone.

Suicide prevention programs for school personnel, parents, and the students themselves, can educate participants in how to recognize distress among members of their community (Cross & Cross, 2018). Everyone, but students in particular, need practice in listening and responding to a distressed peer. All community members should know where to find resources and how to guide distressed individuals to the appropriate professional who can provide the psychological

support needed. Equally important is the attitude in the community toward treatment for mental illness. Motivation enhancement therapy strategies can be effective in encouraging adolescents to engage in treatment plans (Babowitch & Antshel, 2016) and may be necessary for those who, like Daniel, resist such support.

No counterfactual thinking can undo Daniel's end. In retrospect, we can speculate on points when intervention may have been helpful, but these are not so easily identifiable in the moment. Alternate explanations, resistance to support, environmental conditions – all these factors and more can obfuscate the accumulation of risk factors. In the end, the downward spiral toward psychache in this case was completed with access to lethal means. Despite Daniel's abiding respect for gun safety, their availability when he was in deep depression meant that a suicide attempt would most likely be successful. A new movement in suicide prevention emphasizes "lethal means counseling" (Barber & Miller, 2014) in culturally respectful ways (Marino, Wolsko, Keys, & Wilcox, 2017). Much like the designated driver campaign to reduce drunk driving, asking a gun owner in crisis to give up his or her gun to be held by a trusted friend only temporarily, until better times, may be an acceptable approach to limiting access to lethal means.

Conclusion

It is a great loss to society when a life ends too early. Our goal in examining Daniel's life was to develop a more in-depth understanding of the suicide of SWGT, that we may help others avoid future tragedies like this one. Adding knowledge about 2e to the literature base is an important contribution. With each PA, our understanding of this phenomenon is enriched. With each study, we are reminded that all SWGT need a protective environment that supports their development of resilience and coping skills.

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Table 1
Evidence of Suicide Trajectory Model Factors

Biological	Psychological	Cognitive	Environmental
Caucasian	Frequent Ideation	High IQ/Gifted Identification	Intact Family
Male	“Dark Places”	Attention Deficit	Parental Support
Adolescent	Frustration with “The System”	Poor Coping Strategies	Parental Autonomy
ADHD	Quiet, “Mellow,” “Laid-back”	Poor Organizational Skills/ Executive Function	Negative Attitude toward ADHD Medication (Parents, Self)
Depression	Depression	Decisive	Negative Attitude toward Psychotherapy (Self)
Moody	Apathy	Impulsive	Western US
Introvert	Introvert	Difficulty with Changes/ Transitions	Guns
	Intense Imagination	Poor Anger Management	Gun Safety Attitude
	Disinterest in School		Mountains
	“Fearless”		Cars
	Satisfaction with self-image		Drugs/Alcohol/Smoking
	Intense relationships		Violent Video Games
			Basement Bedroom/ Isolation
			Best Friend

Close Friends

Parental Neglect among
Friends

Immature and Non-
Academic Friends/
Girlfriend

Special Education
Support for ADHD
(Grades 6-8)

No Special Education
Support for ADHD
(Grades 1-5, 9-12)

Mountain Outdoor Lab

Unsupportive School
(Grades 4-5, 9-12)

Supportive Gifted
School (Grades 6-8)

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Table 2
*Risk and Protective Factors at the Time of Daniel’s Death**

Key Content	Predisposing Factors	Contributing Factors	Precipitating Factors	Protective Factors
Individual	<ul style="list-style-type: none"> • Previous suicide attempt • Depression, substance abuse, anxiety, bipolar disorder, or other mental health problems • Hopelessness • Persistent and enduring suicidal thoughts • History of childhood neglect, sexual or physical abuse • <i>Lack of trust in others</i> 	<ul style="list-style-type: none"> • Rigid cognitive style • Poor coping skills (<i>hiding and denial of abilities</i>) • Limited distress tolerance skills • Substance misuse • Impulsivity • Aggression • Hypersensitivity/anxiety <ul style="list-style-type: none"> ○ <i>Desire for authenticity</i> ○ <i>Hiding oneself for long periods of time</i> ○ <i>Learning to code-switch</i> ○ <i>Overexcitabilities</i> ○ <i>Introversion</i> ○ <i>Perfectionism (self-, socially prescribed esp.)</i> ○ <i>Persistent academic stress/pressure</i> • <i>Long-term academic success</i> 	<ul style="list-style-type: none"> • Loss • Personal Failure <ul style="list-style-type: none"> ○ <i>Academic failure</i> • Victim of cruelty, humiliation, violence • Individual trauma • Health crisis <ul style="list-style-type: none"> - <i>Crisis with authority</i> 	<ul style="list-style-type: none"> • Individual coping, self-soothing, and problem-solving skills • Willingness to seek help • Good physical and mental health • Experience/feelings of success • Strong cultural identity and spiritual health • Living in balance and harmony <ul style="list-style-type: none"> ○ <i>Advanced cognitive abilities</i> ○ <i>Social information management skills</i> • <i>Long-term academic success</i>
Family	<ul style="list-style-type: none"> • Family history of suicidal behavior/suicide • Family history of mental disorder (maternal side – Asperger’s/autism) • Early childhood loss/separation or deprivation • <i>Family history of perfectionism</i> 	<ul style="list-style-type: none"> • Family discord • Punitive parenting • Impaired parent-child relationships • Invalidating interpersonal environment • Multigenerational trauma and losses • <i>Mixed messages</i> 	<ul style="list-style-type: none"> • Loss of significant family member • Death of family members, especially by suicide • Recent conflict 	<ul style="list-style-type: none"> • Family cohesions and warmth • Positive parent-child connection • Positive role models • Active parental supervision • High and realistic expectations

				<ul style="list-style-type: none"> • Support and involvement of extended family and elders • Connection to ancestors
Peers	<ul style="list-style-type: none"> • Social isolation and alienation <ul style="list-style-type: none"> ◦ Lack of understanding ◦ No intellectual peers • Anti-intellectualism 	<ul style="list-style-type: none"> • Negative attitudes toward help seeking • Limited/conflicted peer relationships • Suicidal behaviors among peers 	<ul style="list-style-type: none"> • Interpersonal loss or conflict • Peer victimization • Rejection • Peer death by suicide 	<ul style="list-style-type: none"> • Social competence • Healthy peer modeling • Peer friendship, acceptance, and support
School	<ul style="list-style-type: none"> • History of negative school experience • Lack of meaningful connection to school • Anti-intellectualism 	<ul style="list-style-type: none"> • Reluctance/uncertainty about how to help among school staff • Lack of concern among school staff <ul style="list-style-type: none"> ◦ Mixed messages 	<ul style="list-style-type: none"> • Failure • Expulsion • Disciplinary crisis • School-based harassment • Misunderstood by school personnel 	<ul style="list-style-type: none"> • Success at school • Interpersonal connectedness/belonging • Supportive school climate • School engagement • Anti-harassment policies and practices • Appropriate academic challenge • Opportunity to be with intellectual peers
Community	<ul style="list-style-type: none"> • Multiple suicides • Community marginalization • Socioeconomic deprivation • Anti-intellectualism 	<ul style="list-style-type: none"> • Sensational media portrayal of suicide • Access to firearms or other lethal methods • Uncertainty about how to help among key gatekeepers • Inaccessible community resources 	<ul style="list-style-type: none"> • High profile/celebrity death, especially by suicide • Conflict with law/incarceration 	<ul style="list-style-type: none"> • Opportunities for youth participation • Availability of resources • Community ownership • Control over services • Culturally safe healing practices • Opportunities to connect to land and nature
Sociopolitical	<ul style="list-style-type: none"> • Colonialism • Historical trauma • Cultural stress 	<ul style="list-style-type: none"> • Racism • Sexism • Classism • Ableism 	<ul style="list-style-type: none"> • Social exclusion • Social injustice 	<ul style="list-style-type: none"> • Social capital • Social justice • Social safety net

-
- Interlocking oppressions
 - Heterosexism
 - *Anti-intellectualism*
 - Social determinants of health
-

Note. Italicized items apply specifically to students with gifts and talents. Source: Cross & Cross, 2018. Modified with permission from *Preventing Youth Suicide: A Guide for Practitioners* by J. White, 2016, Victoria, British Columbia: Ministry of Children and Family Development.

*Legend: Grey highlighting indicates factors evident from interviews and other data

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Table 3

Interpersonal-Psychological Theory Factors

Factor	Evidence
Alienation	Few friends by choice; increased isolation in basement; stopped attending community college classes; rejected teacher in auto class as un motivating; ran away from home two days before.
Burdensomeness	Anxiety about girlfriend's possible pregnancy; Final chat with girlfriend says, "If you decide to keep it [the baby], it will be better off without me."
Fearlessness	Father description of him "He wasn't afraid of anything." Best friend said, "He had more conviction than any other human being I've ever met." Final chat with girlfriend, about killing himself, "It's easy."

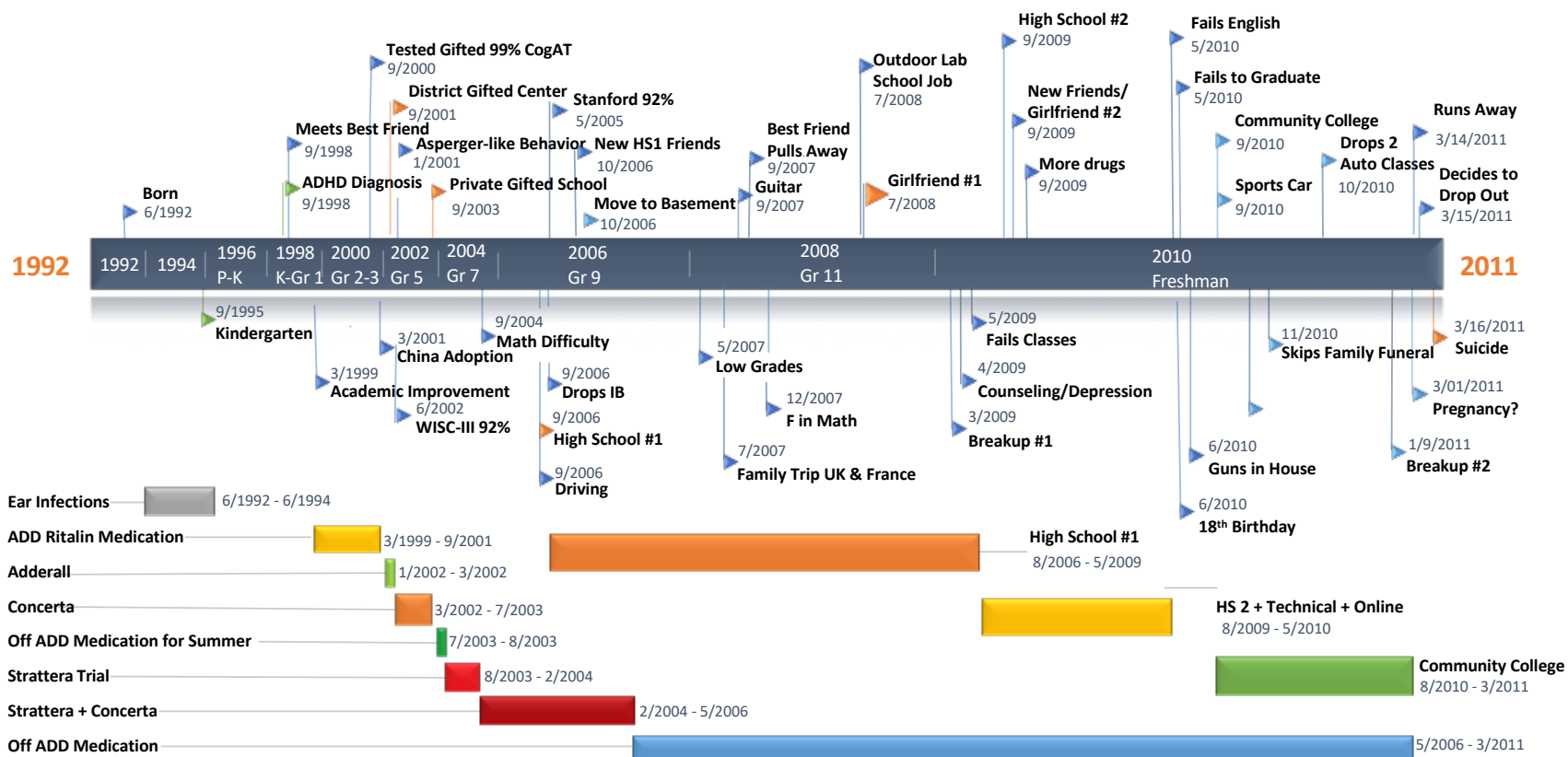
Table 4

Psychache evidence

Factor	Evidence
Heightened inimicality (hostility/unfriendliness towards the self)	Multiple suicide threats; increased isolation/alienation
Excessive perturbation (being shook up, ill at ease, mentally upset)	Mentally upset over breakup with girlfriend, possible pregnancy; did not want to pursue further education; tried to reach out to friends without success; did not have understanding and trusting relationships with his family (ran away from home two days before); obvious psychache: when asked in final chat with girlfriend why he had not killed himself after previous threats, “I had hope” “Why don't you now?” “Because nothing good is going to happen.”
Increased constriction of intellectual focus (dichotomous thinking and unwillingness to consider the effects of suicide on others)	Tells girlfriend “goodbye”; internet search of methods for gun use; unable to access others who would dissuade him; basement room isolation
Cessation	Ready access to guns; dies by gunshot

Appendix A

Timeline of Significant Life Events



Appendix B

Narrative Summary of Daniel's Life

Daniel was the first child in his family, born in 1992. A younger brother was born four years later and a sister was adopted from China when Daniel was nine and a half years old. He lived his entire life in a Western state, in the foothills of the Rocky Mountains. His parents were educated, both holding master's degrees, with a father in an IT field and a mother who was a distance education entrepreneur. He was always small, in about the 25th percentile in height and weight for most of his childhood, approaching the 40th percentile by age 15. Identification for gifted education came in the third grade, when he scored in the 99th percentile on his composite score of the CogAT. Daniel was twice exceptional (2e), having been diagnosed with ADHD for inattention (not hyperactivity) in the first grade. He began medication in the spring of his first grade year, but did not receive other school services for his ADHD. It was also in the first grade that he met his best friend for life, who was a constant in Daniel's life, even when they were not in the same school. Both boys were highly gifted, with intense imaginations. Their childhood play was creative and intellectual, engaging in fantasy worlds through books, video games, and role play. Even as they grew older, the two boys spent considerable time in imaginative activities: "Reading and fantasy war and sci-fi war and all of those things. We just considered ourselves kings of that world and part of that world. Nothing else really mattered."

Daniel began receiving gifted services at a magnet school in the public school system in the fourth grade, but with an untrained teacher who was a poor fit with Daniel's abilities and personality, teaching a class of more than 30 students, nearly 90% boys. He had the same teacher in the fifth grade. It did not help that a change in his ADHD medicine resulted in unpleasant behavioral symptoms, such as tics and an inability to attend. The highlight of his fourth and fifth

grade years was an annual 4-day field trip to an outdoor lab in the Rocky Mountains. His 5th grade WISC-III intelligence test scores indicated high ability, with an IQ of 121, placing him in the 92nd percentile. Despite his consistently low grades in math, particularly in computation, his WISC-III scores placed him at the 84th percentile in Performance ability. In the sixth grade, Daniel's parents moved him to a private PK-8 school that had small classes and specialized in gifted and 2e students. While at this academy, he thrived academically, flourishing in an environment with a curriculum that valued depth over breadth and was fully integrated across subjects. His 7th-grade teacher described him as very capable, but lacking in self-regulation, particularly in terms of project planning and time management. His mother was a critical asset in this regard and Daniel did especially well on projects he worked on at home. Daniel's report card during middle school reflects this difficulty with "self-management" and indicated problems with communication, but these grades improved over the academic year. His 7th grade Stanford Achievement Test scores offer an above-average, but uneven profile, with reading scores in the 99th percentile, mathematics in the 72nd percentile and the language mechanics subscale score in the 58th percentile. The decision to take him off of his ADHD medication came at a time when he was doing particularly well at the academy. His mother expressed feelings of guilt over having him on the medication in the first place and believed "it had run its course and he'd be ok without it."

When it was time for high school, Daniel's mother believed he would continue to thrive in the school where many of his academy peers were going, rather than his neighborhood school. The gifted service provided in this school was an International Baccalaureate (IB) curriculum, an intensive, rigorous, and highly structured program. Always resistant to tasks for which he lacked interest, Daniel bucked the demands of his IB classes, dropping out of the IB program soon after

he began at the new high school. From this point, Daniel's engagement with school declined. He skipped classes, which he considered meaningless, and his grades fell precipitously. His social circle was still quite small, with no friends from his academy days and one new close friend, who introduced him to Hunter S. Thompson. It was while reading all his books that Daniel adopted his hallmark "camo jacket," which he wore nearly all the time. In his freshman year, Daniel moved into the basement of his family's home, turning it into a "cave" with a couch and a TV for video game play.

Daniel's parents tried to support him through this transition. His mother, in particular, made repeated efforts to encourage him to apply himself. In high school, Daniel did not want to be seen as "gifted." He rejected the label, calling it "a curse" and disidentifying from the academic crowd. With less time focused on developing his academic abilities, Daniel began to socialize more, developing a group of friends who were younger and less academically inclined. Sophomore through junior years were characterized by "hanging out," smoking, drinking beer, engaging in marijuana use and other drug activity, increased interest in guns and shooting (although not hunting), and many hours of video game play. These activities were, unfortunately, accompanied by academic failure and discord with his mother, who believed he could be successful, with the proper motivation, as she had seen at the academy. In the spring of his junior year, after an emotional breakup with his girlfriend and close friend, Daniel met with a psychologist for symptoms of depression. He did not get along with the psychologist, however, and after seven or eight sessions dropped out of therapy. Daniel's rejection of academics was described by his best friend as a rejection of the society that was built around "a numbers game that people just push you through and you get a piece of paper in the end." The lack of choice and emphasis on behaviors that Daniel saw as meaningless led to his becoming "jaded."

While Daniel's mother struggled to get him back on the path to academic success, his father understood his disillusion and admired his willingness to challenge authority. He echoed Daniel's dissatisfaction with the need to comply with trivial pursuits. He simultaneously supported his wife's efforts to help Daniel and Daniel's rejection of a system he did not value. "If it was obviously stupid, he pointed that out. Which I liked about him," he said of Daniel. Daniel's parents clearly cared deeply for their son. Friends and both parents described a loving family that sometimes erupted in conflict. Daniel's relationship with his mother was particularly strained, with frequent arguments, often over his lack of academic motivation or disruptive behavior, such as playing unacceptably loud music in his room. After moving into his basement room, Daniel became increasingly isolated from his family. He did not accompany them on family vacations, instead staying home, supervised by family friends or neighbors. Despite his increased withdrawal from daily family activities, Daniel did turn to his parents for advice when faced with relational difficulties. His father rescued him from deep distress in more than one such situation, driving long distances to collect him or searching for him when he had run away. Daniel's autonomy was a high priority for both parents, who respected him as a capable individual who could manage himself. For example, they supported his choice to stop his ADHD medication and to withdraw from treatment for depression, his preference not to accompany them on vacations, and his choice of a flashy sports car with the money they allotted for his vehicle.

Daniel had two significant girlfriends in his short life, one for nine months in his sophomore year of high school and the other for a year and a half during and after his senior year. His relationships with both girls were intense. Following the breakup with his first girlfriend, Daniel appeared to completely give up on academics, with a GPA for the term of 0.50.

Without close friends at his first high school, he made the change to his neighborhood high school for his senior year. At this school, he began to make friends with several younger students who had little interest in academics, but shared Daniel's interests in substance use, guns, video games and "ditching" school to hang out and engage in these activities. It was here that he took a technical course in automotive customization, with a teacher who recognized his exceptional ability and worked hard to challenge him. Despite his newfound passion for this field, Daniel was unable to rally in his other courses and did not graduate on time. He was able to sign up for similar courses at a local community college that fall, but without the motivating teacher and dogged by difficulties he had always had with math, he decided to drop out only days before his suicide.

Daniel's friends considered him to be extremely intelligent, describing him as "very, very, very intelligent" or, among his less academic friends, "scary wicked smart." He was known to be emotional throughout his life, a "cryer" as a child, but angry as a teenager. Although teachers and counselors describe him as quiet, at home he was prone to punching holes in the wall or to running away when frustrated. His best friend describes Daniel as suffering from frequent bouts of depression, fueled by his intellect and relative isolation. These two gifted boys had a mutually supportive relationship in good times and bad. Although deeply saddened, because of "the many times I've had to talk him out of [his dark] places and the many times he's had to talk me out of those places," his best friend was not surprised by Daniel's suicide. Implying he had previously threatened to kill himself, his best friend said, "there had been multiple times when I had talked him out of certain situations that were similar....Everybody was blindsided, except for me." Instant messages with his girlfriend indicate that Daniel had

indeed made frequent prior threats to kill himself, leading her to dismiss his claim that he would do so on the night he died.

In the weeks before his death, Daniel was experiencing relationship problems. After making efforts to break up with his girlfriend, she claimed to be pregnant with his child. His parents were supportive of him when he was worried about the possible pregnancy. On the day before he died, he announced he was dropping out of community college, a decision they did not support. The night of his death, Daniel repeated his threats to kill himself in an online chat with his girlfriend and attempted to reach out to his best friend, his previous girlfriend, and others, in late-night text messages and phone calls. His efforts to reach anyone who might discourage him from taking his life were unsuccessful. Alone in his basement bedroom, with easy access to the guns he had begun collecting after his 18th birthday and the knowledge of how to position the gun from an “informational” website, Daniel fatally shot himself at 4:00 am.

Tracy L. Cross, Ph.D., holds an endowed chair, Jody and Layton Smith Professor of Psychology and Gifted Education, and is the Executive Director of the Center for Gifted Education and the Institute for Research on the Suicide of Gifted Students at William & Mary. His research focuses on the psychology of students with gifts and talents.

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