

ACADEMIC UNDERACHIEVEMENT

BEHAVIORAL DEFINITIONS

1. History of overall academic performance that is below the expected level according to measured intelligence or performance on standardized achievement tests.
2. Repeated failure to complete school or homework assignments and/or current assignments on time.
3. Poor organizational or study skills that contribute to academic underachievement.
4. Frequent tendency to procrastinate or postpone doing school or homework assignments in favor of playing or engaging in recreational and leisure activities.
5. Family history of members having academic problems, failures, or disinterest.
6. Feelings of depression, insecurity, and low self-esteem that interfere with learning and academic progress.
7. Recurrent pattern of engaging in acting out, disruptive, and negative attention-seeking behaviors when encountering difficulty or frustration in learning.
8. Heightened anxiety that interferes with performance during tests or examinations.
9. Excessive or unrealistic pressure placed by parents to the degree that it negatively affects academic performance.
10. Decline in academic performance that occurs in response to environmental factors or stress (e.g., parents' divorce, death of a loved one, relocation move).

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LONG-TERM GOALS

1. Demonstrate consistent interest, initiative, and motivation in academics, and bring performance up to the expected level of intellectual or academic functioning.
2. Complete school and homework assignments on a regular and consistent basis.
3. Achieve and maintain a healthy balance between accomplishing academic goals and meeting social, emotional, and self-esteem needs.
4. Eliminate the pattern of engaging in acting out, disruptive, or negative attention-seeking behaviors when confronted with difficulty or frustration in learning.
5. Significantly reduce the level of anxiety related to taking tests.
6. Parents establish realistic expectations of the client's learning abilities and implement effective intervention strategies at home to help the client keep up with schoolwork and achieve academic goals.
7. Resolve family conflicts and environmental stressors to allow for improved academic performance.

**SHORT-TERM
OBJECTIVES**

1. Complete a psychoeducational evaluation. (1)

**THERAPEUTIC
INTERVENTIONS**

1. Arrange for psychoeducational testing to evaluate the presence of a learning disability, and determine whether the client is eligible to receive special education services; provide feedback to the client, his/her family, and school officials regarding the psychoeducational evaluation.

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2. Complete psychological testing. (2)
3. The client and parents provide psychosocial history information. (3)
4. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (4, 5, 6, 7, 8)
2. Arrange for psychological testing to assess whether possible Attention-Deficit/Hyperactivity Disorder (ADHD) or emotional factors are interfering with the client's academic performance; provide feedback to the client, his/her family, and school officials regarding the psychological evaluation.
3. Gather psychosocial history information from the client and parents that includes key developmental milestones and a family history of educational achievements and failures.
4. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the "problem described" and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the "problem described," is not concerned, and has no motivation to change).
5. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).

6. Assess for any issues of age, gender, or culture that could help explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.
7. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).
8. Assess the client's home, school, and community for pathogenic care (e.g., persistent disregard for the child's emotional needs or physical needs, repeated changes in primary caregivers, limited opportunities for stable attachments, persistent harsh punishment or other grossly inept parenting).
5. Cooperate with a hearing, vision, or medical examination. (9)
9. Refer the client for a hearing, vision, or medical examination to rule out possible hearing, visual, or health problems that are interfering with school performance.
6. Comply with the recommendations made by the multi-disciplinary evaluation team at school regarding educational interventions. (10, 11)
10. Attend an Individualized Educational Planning Committee (IEPC) meeting with the parents, teachers, and school officials to determine the client's

- eligibility for special education services, design education interventions, and establish educational goals.
7. Parents and teachers implement educational strategies that maximize the client's learning strengths and compensate for learning weaknesses. (12)
 8. Participate in outside tutoring to increase knowledge and skills in the area of academic weakness. (13, 14)
 9. Implement effective study skills to increase the frequency of completion of school assignments and improve academic performance. (15, 16)
 11. Based on the IEPC goals and recommendations, arrange for the client to be moved to an appropriate classroom setting to maximize his/her learning.
 12. Consult with the client, parents, and school officials about designing effective learning programs for intervention strategies that build on his/her strengths and compensate for weaknesses.
 13. Recommend that the parents seek outside tutoring after school to boost the client's skills in the area of his/her academic weakness (e.g., reading, mathematics, written expression).
 14. Refer the client to a private learning center for extra tutoring in the areas of academic weakness and assistance in improving study and test-taking skills.
 15. Teach the client more effective study skills (e.g., remove distractions, study in quiet places, develop outlines, highlight important details, schedule breaks).
 16. Consult with the teachers and parents about using a study buddy or peer tutor to assist the client in the area of academic weakness and improve study skills.

10. Implement effective test-taking strategies to decrease anxiety and improve test performance. (17, 18)
11. Parents maintain regular (i.e., daily to weekly) communication with the teachers. (19)
12. Use self-monitoring checklists, planners, or calendars to remain organized and help complete school assignments. (20, 21, 22)
13. Establish a regular routine that allows time to engage in play, to spend quality time with the family, and to complete homework assignments. (23)
17. Teach the client more effective test-taking strategies (e.g., study over an extended period of time, review material regularly, read directions twice, recheck work).
18. Train the client in relaxation techniques or guided imagery to reduce his/her anxiety before or during the taking of tests.
19. Encourage the parents to maintain regular (i.e., daily or weekly) communication with the teachers to help the client remain organized and keep up with school assignments.
20. Encourage the client to use self-monitoring checklists to increase completion of school assignments and improve academic performance (suggest *How to Do Homework Without Throwing Up* by Romain).
21. Direct the client to use planners or calendars to record school or homework assignments and plan ahead for long-term projects.
22. Monitor the client's completion of school and homework assignments on a regular, consistent basis (or use the "Establish a Homework Routine" program in the *Child Psychotherapy Homework Planner* by Jongsma, Peterson, and McInnis).
23. Assist the client and his/her parents in developing a routine daily schedule at home that allows the client to achieve a healthy balance of completing school/homework assignments, engaging in independent play,

14. Parents and teachers increase the frequency of praise and positive reinforcement of the client's school performance. (24, 25)
15. Identify and resolve all emotional blocks or learning inhibitions that are within the client and/or the family system. (26, 27)
16. Parents increase the time spent being involved with the client's homework. (28, 29)
- and spending quality time with family and peers.
24. Encourage the parents and teachers to give frequent praise and positive reinforcement for the client's effort and accomplishment on academic tasks (recommend *How to Help Your Child with Homework* by Schumm).
25. Identify a variety of positive reinforcers or rewards to maintain the client's interest and motivation to complete school assignments.
26. Teach the client positive coping mechanisms (e.g., relaxation techniques, positive self-talk, cognitive restructuring) to use when encountering anxiety, frustration, or difficulty with schoolwork.
27. Conduct family sessions that probe the client's family system to identify any emotional blocks or inhibitions to learning; assist the family in resolving identified family conflicts.
28. Encourage the parents to demonstrate and/or maintain regular interest and involvement in the client's homework (e.g., parents reading aloud to or alongside the client, using flashcards to improve math skills, rechecking spelling words).
29. Assist the parents and teachers in the development of systematic rewards for progress and accomplishment (e.g., charts with stars for goal attainment, praise for each success, some material reward for achievement).

17. Parents decrease the frequency and intensity of arguments with the client over issues related to school performance and homework. (30, 31)
18. Parents verbally recognize that their pattern of over-protectiveness interferes with the client's academic growth and responsibility. (32)
19. Increase the frequency of on-task behavior at school, increasing the completion of school assignments without expressing frustration and the desire to give up. (33, 34)
30. Conduct family therapy sessions to assess whether the parents have developed unrealistic expectations or are placing excessive pressure on the client to perform; confront and challenge the parents about placing excessive pressure on the client.
31. Encourage the parents to set firm, consistent limits and use natural, logical consequences for the client's noncompliance or refusal to do homework; instruct the parents to avoid unhealthy power struggles or lengthy arguments over homework each night.
32. Observe parent-child interactions to assess whether the parents' overprotectiveness or infantilization of the client contributes to his/her academic underachievement; assist the parents in developing realistic expectations of his/her learning potential.
33. Consult with school officials about ways to improve the client's on-task behaviors (e.g., keep him/her close to the teacher; keep him/her close to positive peer role models; call on him/her often; provide frequent feedback to him/her; structure the material into a series of small steps).
34. Assign the client to read material designed to improve his/her organization and study skills (e.g., *13 Steps to Better Grades* by Silverman); process the information gained from the reading.

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20. Increase the frequency of positive statements about school experiences and confidence in the ability to succeed academically. (35, 36, 37)
21. Decrease the frequency and severity of acting out behaviors when encountering frustrations with school assignments. (38, 39, 40, 41)
35. Reinforce the client's successful school experiences and positive statements about school.
36. Confront the client's self-disparaging remarks and expressed desire to give up on school assignments.
37. Assign the client the task of making one positive self-statement daily about school and his/her ability and have him/her record it in a journal (or assign "Positive Self-Statements" in the *Child Psychotherapy Homework Planner* by Jongsma, Peterson, and McInnis).
38. Help the client to identify which rewards would increase his/her motivation to improve academic performance; implement these suggestions into the academic program.
39. Conduct individual play therapy sessions to help the client work through and resolve painful emotions, core conflicts, or stressors that impede academic performance.
40. Help the client to realize the connection between negative or painful emotions and decrease in academic performance.
41. Teach the client positive coping and self-control strategies (e.g., cognitive restructuring; positive self-talk; "stop, look, listen, and think") to inhibit the impulse to act out or engage in negative attention-seeking behaviors when encountering frustrations with schoolwork.

22. Identify and verbalize how specific, responsible actions lead to improvements in academic performance. (42, 43)
23. Develop a list of resource people within the school setting to whom the client can turn for support, assistance, or instruction for learning problems. (44)
24. Increase the time spent doing independent reading. (45)
25. Express feelings about school through artwork and mutual storytelling. (46, 47, 48)
42. Explore periods of time when the client completed schoolwork regularly and/or achieved academic success; identify and encourage him/her to use similar strategies to improve his/her current academic performance.
43. Examine coping strategies that the client has used to solve other problems; encourage him/her to use similar coping strategies to overcome problems associated with learning.
44. Identify a list of individuals within the school to whom the client can turn for support, assistance, or instruction when he/she encounters difficulty or frustration with learning.
45. Encourage the parents to use a reward system to reinforce the client for engaging in independent reading (or use the "Reading Adventure" program in the *Child Psychotherapy Homework Planner* by Jongsma, Peterson, and McInnis).
46. Use mutual storytelling techniques whereby the therapist and client alternate telling stories through the use of puppets, dolls, or stuffed animals. The therapist first models appropriate ways to manage frustration related to learning problems; then the client follows by creating a story with similar characters or themes.
47. Have the client create a variety of drawings on a posterboard or large sheet of paper that reflect how his/her personal and family life would be different if he/she

completed homework regularly;
process the content of these
drawings.

48. Instruct the client to draw a picture of a school building; then have him/her create a story that tells what it is like to be a student at that school to assess possible stressors that may interfere with learning and academic progress.

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	315.00	Reading Disorder
	315.1	Mathematics Disorder
	315.2	Disorder of Written Expression
	V62.3	Academic Problem
	314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type
	314.00	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type
	300.4	Dysthymic Disorder
	313.81	Oppositional Defiant Disorder
	312.9	Disruptive Behavior Disorder NOS
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Axis II:	317	Mild Mental Retardation
	V62.89	Borderline Intellectual Functioning
	V71.09	No Diagnosis
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Using DSM-5/ICD-9-CM/ICD-10-CM:

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
315.00	F81.0	Specific Learning Disorder With Impairment in Reading
315.1	F81.2	Specific Learning Disorder With Impairment in Mathematics
315.2	F81.2	Specific Learning Disorder With Impairment in Written Expression
V62.3	Z55.9	Academic or Educational Problem
314.01	F90.2	Attention-Deficit/Hyperactivity Disorder, Combined Presentation
314.00	F90.0	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Presentation
314.01	F90.1	Attention-Deficit/Hyperactivity Disorder, Predominately Hyperactive /Impulsive Presentation
300.4	F34.1	Persistent Depressive Disorder
313.81	F91.3	Oppositional Defiant Disorder
312.9	F91.9	Unspecified Disruptive, Impulse Control, and Conduct Disorder
312.89	F91.8	Other Specified Disruptive, Impulse Control, and Conduct Disorder
317	F70	Intellectual Disability, Mild
V62.89	R41.83	Borderline Intellectual Functioning

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* disorder, condition, or problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.