

ACADEMIC UNDERACHIEVEMENT/ LEARNING DISABILITIES

BEHAVIORAL DEFINITIONS

1. Reading achievement, as measured by individually administered, standardized tests of reading recognition or comprehension, is significantly below the expected level, given the client's chronological age, grade, and measured intelligence.
2. Mathematical ability, as measured by individually administered, standardized tests, is significantly below the expected level, given the client's chronological age, grade, and measured intelligence.
3. Written language skills, as measured by individually administered, standardized tests, are significantly below the expected level given the client's chronological age, grade, and measured intelligence.
4. History of academic performance that is below the expected level, given the client's measured intelligence or performance on standardized achievement tests.
5. Repeated failure to complete school or homework assignments on time.
6. Poor organization or study skills.
7. Frequent tendency to postpone doing homework assignments in favor of engaging in recreational, leisure, or social activities.
8. Recurrent pattern of engaging in acting-out, oppositional, disruptive, and negative attention-seeking behaviors when encountering frustration in learning.
9. Low frustration tolerance as manifested by tendency to give up easily when encountering difficulty with schoolwork.
10. Excessive anxiety that interferes with performance during tests and ability to complete schoolwork in a timely manner.
11. Feelings of depression, insecurity, and low self-esteem that interfere with learning and academic progress.

12. Hypersensitivity to teasing or criticism about learning problems or school performance.
13. Family history of members having academic problems, failures, or disinterest.

LONG-TERM GOALS

1. Attain and maintain a level of academic performance that is commensurate with intellectual ability.
2. Achieve the academic goals that have been identified on the client's Individualized Educational Plan (IEP) or established in therapy.
3. Perform up to the level of capability in the area of academic weakness.
4. Complete school and homework assignments on a regular and consistent basis.
5. Establish and maintain a healthy balance between achieving academic goals and meeting social, emotional, and self-esteem needs.
6. Eliminate the pattern of engaging in acting-out, oppositional, disruptive, or negative attention-seeking behaviors when confronted with frustration in learning.
7. Stabilize mood, build self-esteem, and significantly reduce the level of anxiety in order to cope effectively with the frustrations associated with academic pursuits.
8. Remove emotional impediments or resolve family conflicts and environmental stressors that will allow for improved academic performance.

SHORT-TERM OBJECTIVES

1. Complete a psychoeducational evaluation. (1, 5)
2. Complete psychological testing. (2, 5)
3. Complete a neuropsychological assessment. (3)

THERAPEUTIC INTERVENTIONS

1. Arrange for a comprehensive psychoeducational evaluation to determine whether possible learning disability or intellectual limitations are contributing to the client's lowered academic performance, angry outbursts, or acting-out and aggressive behaviors in the school system.
5. Provide feedback to the client, caregivers, school officials, and probation officer regarding assessment procedures and evaluation findings.
2. Arrange for a psychological evaluation to assess whether attention-deficit/hyperactivity disorder (ADHD) or emotional factors are interfering with the client's academic performance or contributing to his/her behavioral problems in the school setting.
5. Provide feedback to the client, caregivers, school officials, and probation officer regarding assessment procedures and evaluation findings.
3. Refer the client for a neuropsychological evaluation to rule out the presence of neurological and/or organic factors that may be contributing to the client's learning weaknesses and/or impulse control problems.

4. Caregivers and the client provide psychosocial history information. (4)
5. Cooperate with a hearing, vision, or medical examination. (6)
6. Comply with the recommendations made at the Individualized Educational Planning Committee (IEPC) regarding educational interventions. (7, 8)
7. Move to an appropriate classroom setting. (8)
4. Gather a detailed history of academic performance and school behavioral problems that includes key developmental milestones, family history of educational achievements and failures, onset of academic problems, and frequency of behavioral problems.
6. Refer the client for a hearing, vision, or medical examination to rule out possible hearing, visual, or health problems that are interfering with his/her academic performance.
7. Attend an IEPC meeting with the caregivers, teachers, and school officials to determine the client's eligibility for receiving special education services, designing educational interventions, and establishing educational goals.
8. Recommend that the client be moved to a special education classroom or receive teacher consultation services to address academic weaknesses or emotional/behavioral problems that interfere with learning.
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8. Establish educational goals regarding academic performance and school behavior. (9, 24)
9. Caregivers and teachers implement educational strategies that focus on maximizing the client's learning strengths and compensate for learning weaknesses. (10)
10. Identify stressors within the school that impede academic performance and contribute to behavioral problems. (11)
11. Comply fully with conditions of probation. (12, 13)
9. Meet with the client, caregivers, teachers, and school officials to establish clear-cut educational goals regarding academic performance and school behavior.
24. Instruct the client to meet privately with school counselors or resource room teachers to receive feedback on his/her progress in achieving educational goals.
10. Consult with the client, caregivers, teachers, or court officials about designing effective learning programs or intervention strategies that build on the client's strengths and compensate for his/her weaknesses.
11. Explore possible sources of conflict or stressors within the school setting (e.g., falling out with a friend, frequent arguments with one teacher, a demanding course load) that contribute to behavioral problems and academic failures or underachievement.
12. Confer with the probation officer or court officials, and recommend that the client's regular attendance at school be made a mandatory condition of probation.
13. Consult with the client, caregivers, probation officer, or court officials to establish a contingency contract by means of which the client can

- reduce the length of his/her probation or amount of restitution if he/she achieves specific, educational goals.
12. Participate regularly in tutoring services to improve frustration tolerance and increase skills in the area of academic weakness. (14, 15)
 13. Implement effective study skills that increase the frequency of completion of school assignments and improve academic performance. (16, 17)
 14. Implement effective test-taking strategies that decrease anxiety and improve test performance. (19, 20)
 14. Recommend that the caregivers seek privately contracted tutoring for the client after school to boost his/her skills in the area of his/her academic weakness (i.e., reading, mathematics, or written expression); facilitate a tutor referral.
 15. Arrange through school personnel for the client to receive peer tutoring to increase skills in the area of his/her academic weakness, improve study skills, and stimulate greater interest in learning.
 16. Teach the client more effective study skills (e.g., remove distractions, study in quiet places, develop outlines, highlight important details, schedule breaks, etc.).
 17. Assign the client to read *13 Steps to Better Grades* (Silverman) to improve his/her organizational and study skills; process his/her reading in follow-up sessions.
 19. Teach the client more effective test-taking strategies (e.g., study in smaller segments over an extended period of time, review material regularly, read directions twice, recheck work, etc.).

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15. Complete large projects or long-term assignments consistently and on time.
(18, 21, 22)
16. Caregivers and client maintain regular communication (i.e., daily to weekly) with teachers.
(23, 24, 25)
18. Encourage the client to use a self-monitoring checklist to increase completion of school assignments and improve academic performance. Have the client break down assignments into smaller sections and use a self-recording form to keep track of when he/she completes each section, rechecking work to avoid careless errors.
20. Train the client to use guided imagery or relaxation techniques to reduce anxiety before or during the taking of tests.
21. Direct the client and the caregivers to use planners or calendars to record school or homework assignments, to plan ahead for long-term projects, and to identify missing or incomplete assignments.
22. Assign the “Break It Down into Small Steps” program from the *Brief Adolescent Therapy Homework Planner* (Jongsma, Peterson, and McInnis) to help the client complete projects or long-term assignments on time.
23. Encourage the caregivers to maintain regular (daily or weekly) communication with the teachers to help the client remain organized and keep up with school assignments.

17. Establish a regular routine that allows time to engage in leisure or recreational activities, spend quality time with family and peers, and complete homework assignments. (26, 27)
18. Caregivers increase praise and positive reinforcement toward the client for improved academic performance and classroom behavior. (28)
24. Instruct the client to meet privately with school counselors or resource room teachers to receive feedback on his/her progress in achieving educational goals.
25. Recommend that the teachers send home weekly progress reports informing the caregivers about the client's academic performance, completion of school and/or homework assignments, and behavioral problems.
26. Assist the client and his/her caregivers in developing a routine daily schedule at home that allows him/her to achieve a healthy balance of completing school and/or homework assignments, engaging in leisure activities, and spending quality time with family and peers.
27. Instruct the caregivers to demonstrate and/or maintain regular interest and involvement in the client's homework (i.e., attend parent-teacher conferences, review planners or calendars to see if the client is staying caught up with schoolwork).
28. Encourage the caregivers to offer frequent praise and positive reinforcement for the client's effort in completing school and/or homework assignments, achieving academic success, and engaging in responsible or positive social behaviors in the classroom.

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19. Caregivers and teachers identify and utilize a variety of reinforcers to reward the client for completion of school and/or homework assignments and improved impulse control. (29, 30, 31)
20. Identify and verbalize feelings associated with frustration or difficulty with schoolwork. (32)
21. Increase verbalizations reflecting acceptance of the learning disability. (33, 34)
29. Design and implement a reward system to reinforce the client's responsible behaviors, improved impulse control, completion of school assignments, and academic success.
30. Establish a contingency contract with the client, caregivers, and school officials that identifies the negative consequences for his/her disruptive classroom behaviors or failure to complete school and/or homework assignments.
31. Design and implement a token economy for the classroom to improve the client's academic performance, impulse control, and social skills in the school setting.
32. Help the client identify and resolve painful emotions, core conflicts, or stressors that impede academic performance or contribute to acting-out behaviors in the school setting.
33. Assist the client in coming to an understanding and acceptance of the limitations surrounding his/her learning disability.
34. Assign the younger client to read *Many Ways to Learn: Young People's Guide to Learning Disabilities* (Stern) or

Keeping Ahead in School: A Student's Book About Learning Disabilities and Learning Disorders (Levine) to educate him/her about various learning disabilities and help develop an acceptance of his/her specific learning disability; process reading(s) in follow-up sessions.

22. Increase the frequency of on-task behaviors at school, completing school assignments without expressing the desire to give up. (35)
23. Increase the frequency of positive statements about school experiences and confidence to succeed academically. (36, 37, 38)
35. Teach the client positive coping mechanisms (e.g., relaxation techniques, positive self-talk, cognitive restructuring) to use when encountering anxiety, frustration, strong feelings of anger, or difficulty with schoolwork.
36. Reinforce the client's successful school experiences and positive statements about school.
37. Confront the client's self-disparaging remarks and expressed desire to give up when encountering difficulty or frustration with school and/or homework assignments.
38. Assign the client the task of making one positive statement daily to himself/herself about school and his/her ability and recording it in a journal or writing it on a sticky and posting it in the bedroom or kitchen.

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24. Decrease the frequency and severity of acting-out or aggressive behaviors when encountering frustration with school assignments. (39, 40)
25. Identify and verbalize how a defensive attitude and acting-out behaviors contribute to further conflict at school. (41)
26. Reduce the frequency and intensity of arguments or disputes with peers or adult authority figures at school. (42)
39. Teach the client meditational and self-control strategies (e.g., “stop, look, listen, and think”; count to 10; breathing and relaxation skills; positive self-talk; etc.) to inhibit the impulse to act out or engage in negative attention-seeking behaviors when encountering frustration with schoolwork.
40. Use modeling and role playing in individual sessions to help the client learn more effective ways to deal with teasing or criticism about being in special education class(es).
41. Challenge and discourage the client from responding in an overly defensive or physically aggressive manner to any teasing or criticism about his/her learning disability. Help the client to understand how his/her defensive or hostile responses only contribute to further conflicts or problems at school.
42. Teach the client effective problem-solving strategies (i.e., identify the problem, brainstorm alternate solutions, select an option, implement a course of action, and evaluate the outcome) to help reduce conflict with peers and/or authority figures at school.

27. Increase participation in extracurricular or positive peer group activities at school. (43)
28. Develop a list of resource people within the school setting who can be turned to for support and assistance in dealing with learning, emotional, or social problems. (44, 45)
29. Complete the assigned behaviors within the school setting that demonstrate taking on increased responsibility. (46)
30. Identify and verbalize how specific, responsible actions lead to improvements in academic performance and interpersonal relationships. (47, 48, 49, 50)
43. Encourage the client to participate in extracurricular or positive peer group activities through the school to help improve his/her self-esteem, frustration tolerance, and social skills.
44. Identify a list of individuals within the school to whom the client can turn for support, assistance, or instruction when he/she encounters frustration with learning and conflict with peers or authority figures.
45. Give the client a directive to phone a peer or classmate at least one time before the next session to seek assistance when he/she encounters problems with homework.
46. Consult with teachers or school officials to assign the client a task at school (e.g., giving announcements over the intercom, tutoring another student in his/her area of interest or strength, etc.) to demonstrate confidence in his/her ability to act responsibly.
47. Assess periods of time when the client completed schoolwork regularly and achieved academic success. Identify and encourage the client to use similar strategies to improve his/her current academic functioning.

48. Examine coping strategies that the client has used to solve other problems. Encourage the client to use similar coping strategies to overcome his/her problems in learning or to resolve interpersonal conflicts.
 49. Give the client a homework assignment of identifying a hero or positive role model (e.g., a prominent athlete or politician, a friend or family member, etc.) who was able to overcome a learning disability to achieve success in life. Explore in the next sessions those factors that contributed to the hero's or role model's success; encourage the client to take similar steps to achieve academic success.
 50. Give the client a homework assignment in the latter stages of treatment (i.e., approaching termination) to list and record the positive steps that he/she took to achieve his/her academic goals; process this list in the following session to encourage the client to take similar steps in the future.
 51. Conduct family therapy sessions to identify any family or marital conflicts that may be interfering with the client's academic performance or contributing to acting-out behaviors in the school setting.
31. Caregivers identify and remove all marital, parenting, or family conflicts that may be a hindrance to the client's learning. (51, 52)

32. Caregivers establish realistic expectations of the client's learning abilities. (53, 54, 55)
33. Caregivers allow the client to experience the natural consequences of his/her lowered academic performance and acting-out behaviors. (56, 57)
52. Assist the caregivers in resolving family conflicts that block or inhibit learning, and establish new positive family patterns that reinforce the client's academic achievement and responsible behaviors; refer them for marital counseling, if necessary.
53. Conduct family therapy sessions to assess whether the caregivers have developed unrealistic expectations or are placing excessive pressure on the client to perform.
54. Assist the caregivers in developing realistic expectations of the client's learning potential.
55. Confront, challenge, and work through the caregivers' denial surrounding the client's learning disability so that they cooperate with the recommendations regarding placement and educational interventions.
56. Encourage the caregivers to set firm, consistent limits and to allow natural, logical, negative consequences for the client's noncompliance or refusal to do homework.
57. Encourage the caregivers not to protect the client from the natural consequences of his/her poor academic performance or behavioral problems in the classroom (e.g., loss of

credits, detention, delayed graduation, inability to take driver's training, higher cost of car insurance, etc.) and allow him/her to learn from his/her mistakes or failures.

34. Caregivers decrease the frequency and intensity of arguments with the client over issues related to school performance, homework, and behavior. (58)

35. Caregivers verbally recognize that their pattern of overprotectiveness interferes with the client's academic growth and assumption of responsibility. (59)

36. Take prescribed medication as directed by the physician. (60)

58. Instruct the caregivers to avoid unhealthy power struggles or lengthy heated arguments over homework each night; use modeling and role playing to teach the caregivers conflict resolution skills.

59. Assess the parent-child relationship to help determine whether the caregivers' overprotectiveness and/or overindulgence of the client contributes to his/her academic underachievement or acting-out behaviors at school.

60. Arrange for a medication evaluation of the client if it is determined that an emotional problem and/or ADHD are interfering with learning. Monitor the client for compliance, effectiveness, and side effects if he/she is placed on medication.

DIAGNOSTIC SUGGESTIONS:

<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
315.10	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, Predominately Inattentive 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
_____	_____	_____
_____	_____	_____