

ACADEMIC UNDERACHIEVEMENT

BEHAVIORAL DEFINITIONS

1. History of overall academic performance that is below the client's chronological age according to measured intelligence or performance on standardized achievement tests.
2. Chronic pattern of underachievement with gifted student whose actual performance does not match expected level based on findings from intellectual or standardized achievement tests.
3. Repeated failure to complete school or homework assignments and/or current assignments on time.
4. Poor organizational or study skills that contribute to academic underachievement.
5. Frequent tendency to procrastinate or postpone doing school or homework assignments in favor of playing or engaging in recreational and leisure activities.
6. Persistent lack of motivation or boredom to complete school/homework assignments on regular basis.
7. Feelings of depression, insecurity, and low self-esteem that interfere with learning and academic progress.
8. Recurrent pattern of engaging in acting out, disruptive, and negative attention-seeking behaviors when encountering difficulty or frustration in learning.
9. Heightened anxiety that interferes with performance during tests or examinations.
10. Excessive or unrealistic pressure placed by parents to the degree that it negatively affects academic performance.
11. Family history of members having academic problems, failures, or disinterest.
12. 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.

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SHORT-TERM OBJECTIVES

- ▼ 1. Work cooperatively with the therapist toward agreed-upon therapeutic goals while being as open and honest as comfort and trust allow. (1, 2)
2. Complete a psychoeducational evaluation. (3)
3. Complete psychological testing. (4)

THERAPEUTIC INTERVENTIONS

1. Establish rapport with the client toward building a strong therapeutic alliance; convey caring, support, warmth, and empathy; provide nonjudgmental support and develop a level of trust with the client toward feeling safe to discuss academic issues and their impact on the client's life. ▼
2. Strengthen powerful relationship factors within the therapy process and foster the therapy alliance through paying special attention to these empirically supported factors: *work collaboratively* with the client in the treatment process; reach agreement on the *goals and expectations* of therapy; demonstrate *consistent empathy* toward the client's feelings and struggles; verbalize *positive regard* toward and *affirmation* of the client; and collect and deliver *client feedback* as to the client's perception of progress in therapy (see *Psychotherapy Relationships That Work: Vol. 1* by Norcross & Lambert and *Vol. 2* by Norcross & Wampold). ▼
3. 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, the family, and school officials regarding the psychoeducational evaluation (consult "On the 'Specifics' of Specific Reading Disability and Specific Speech Language Impairment" by McArthur et al.).
4. 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, the family, and school officials regarding the psychological evaluation (consult "The Co-occurrence of Reading Disorder and ADHD" by Sexton et al.).

4. The client and parents provide psychosocial history information. (5)
5. 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. (6, 7, 8, 9, 10)
5. Gather psychosocial history information from the client and parents that includes key developmental milestones and a family history of educational achievements and failures.
6. 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).
7. Assess the client for evidence of research-based correlated disorders (e.g., ADHD, oppositional defiant disorder, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
8. 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.
9. 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).

6. Cooperate with a hearing, vision, or medical examination. (11)
7. Comply with the recommendations made by the multidisciplinary evaluation team at school regarding educational interventions. (12, 13)
8. Parents and teachers implement educational strategies that maximize the client's learning strengths and compensate for learning weaknesses. (14, 15, 16)
10. Assess the client's home, school, and community for pathogenic care (e.g., persistent disregard for the child's emotional or physical needs, repeated changes in teachers, exposure to violence, poverty, persistent harsh punishment or other grossly inept parenting).
11. 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.
12. 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.
13. Based on the IEPC goals and recommendations, arrange for the client to be moved to an appropriate classroom setting to maximize learning.
14. Consult with the client, parents, and school officials about designing effective learning programs for intervention strategies that build on client strengths and compensate for weaknesses (recommend that parents read this book with their child: *I Can't Do That, YET: Growth Mindset* by Cordova).
15. Instruct the parents to read books to help the client overcome learning weaknesses or pattern of underachievement (e.g., *The Motivation Breakthrough: 6 Secrets to Turning On the Tuned-Out Child* by Lavoie; *Solve Your Child's School-Related Problems* by Martin & Greenwood-Waltman; *How to Help Your Child with Homework* by Schumm).

9. Participate in outside tutoring to increase knowledge and skills in the area of academic weakness. (17)
10. Implement effective study skills to increase the frequency of completion of school assignments and improve academic performance. (18, 19, 20)
11. Parents maintain regular (i.e., daily to weekly) communication with the teachers. (21)
12. Use self-monitoring checklists, planners, or calendars to remain organized and help complete school assignments. (22, 23, 24)
16. Arrange school conference for underachieving gifted client to identify factors contributing to underachievement, design appropriate educational curriculum, identify relevant school assignments, and establish reasonable educational goals.
17. Recommend that the parents contact private learning center or seek outside tutoring after school to boost the client's skills in the area of academic weakness (e.g., reading, mathematics, written expression).
18. Encourage the parents and client to establish regular homework routine (e.g., study at set time each time in same place, work with same adults).
19. Teach the client more effective study skills (e.g., remove distractions, study in quiet places, highlight important details, schedule breaks, check over work).
20. 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.
21. 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.
22. 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).
23. Direct the client to use planners or calendars to record school or homework assignments and plan ahead for long-term projects.

13. Establish a regular routine that allows time to engage in play, to spend quality time with the family, and to complete homework assignments. (25)
14. Parents and teachers increase the frequency of praise and positive reinforcement of the client's school performance. (26, 27)
15. Implement effective test-taking strategies to decrease anxiety and improve test performance. (28, 29)
16. Identify and resolve all emotional blocks or learning inhibitions that are within the client and/or the family system. (30, 31, 32)
24. Monitor the client's completion of school and homework assignments on a regular, consistent basis (or supplement with "Establish a Homework Routine" program in the *Child Psychotherapy Homework Planner* by Jongsma, Peterson, McInnis, & Bruce).
25. Assist the client and 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, and spending quality time with family and peers.
26. Encourage the parents and teachers to give frequent praise and positive reinforcement for the client's effort and accomplishment on academic tasks.
27. Identify a variety of positive reinforcers or rewards (e.g., study breaks, watch a movie, fun purchase, spend quality time with parents, chart with stars for goal attainment, praise for each success) to maintain the client's interest and motivation to complete school assignments.
28. 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).
29. Train the client in relaxation techniques or guided imagery to reduce anxiety before or during the taking of tests.
30. 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.
31. 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.

17. Parents increase the time spent being involved with the client's homework. (33)
18. Parents decrease the frequency and intensity of arguments with the client over issues related to school performance and homework. (34, 35)
19. Parents verbally recognize that their pattern of overprotectiveness interferes with the client's academic growth and responsibility. (36)
20. Increase the frequency of on-task behavior at school, increasing the completion of school assignments without expressing frustration and the desire to give up. (37, 38)
32. Instruct the client to read books that teach effective ways to deal with anxiety, frustration, or difficulty with schoolwork (e.g., *My Name Is Brain Brian* by Betancourt; *The Junkyard Wonders* by Polacco; *The Flunking of Joshua T. Bates* by Shreve).
33. 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).
34. 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.
35. Encourage the parents to set firm, consistent limits and use natural, logical consequences (e.g., removal of gaming or computer privileges) 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.
36. Observe parent-child interactions to assess whether the parents' overprotectiveness or infantilization of the client contributes to academic underachievement; assist the parents in developing realistic expectations of the client's learning potential.
37. Consult with school officials about ways to improve the client's on-task behaviors (e.g., keep the child close to the teacher or other positive peer role models; call on the child often; provide frequent feedback to the child; structure the material into a series of small steps).

21. Increase the frequency of positive statements about school experiences and confidence in the ability to succeed academically. (39, 40, 41)
22. Decrease the frequency and severity of acting out behaviors when encountering frustrations with school assignments. (42)
38. Assign the client to read material designed to improve organization and study skills (e.g., *13 Steps to Better Grades* by Silverman); process the information gained from the reading.
39. Reinforce the client's successful school experiences and positive statements about school (see "Boring But Important: A Self-Transcendent Purpose for Learning Fosters Academic Self-Regulation" by Yeager et al.).
40. Assign the client the task of making one positive self-statement daily about school and their ability and record it in a journal (or supplement with "Positive Self-Statements" in the *Child Psychotherapy Homework Planner* by Jongsma, Peterson, McInnis, & Bruce; consult "Deflecting the Trajectory and Changing the Narrative: How Self-Affirmation Affects Academic Performance and Motivation Under Identity Threat" by Sherman et al.).
41. Identify the client's negative self-talk or disparaging remarks about school (e.g., "I'm so stupid," "I can't do it so I might as well play video games," "Anything less than an A is a failure"); replace with positive self-statements (supplement with "Replace Negative Thoughts with Positive Self-Talk" in the *Child Psychotherapy Homework Planner* by Jongsma, Peterson, McInnis, & Bruce).
42. 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.


23. Identify and verbalize how specific, responsible actions lead to improvements in academic performance. (43, 44)
24. Develop a list of resource people within the school setting to whom the client can turn for support, assistance, or instruction for learning problems. (45)
25. Increase the time spent doing independent reading. (46)
26. Express feelings about school in play therapy and through artwork or mutual storytelling. (47, 48, 49)
43. Explore periods of time when the client completed schoolwork regularly and/or achieved academic success; identify similar strategies to improve current academic performance and encourage the client to use them.
44. Examine coping strategies that the client has used to solve other problems; encourage the client to use similar coping strategies to overcome problems associated with learning.
45. Identify a list of individuals within the school to whom the client can turn for support, assistance, or instruction when the client encounters difficulty or frustration with learning.
46. Encourage the parents to use a reward system to reinforce the client for engaging in independent reading (or supplement with the “Reading Adventure” program in the *Child Psychotherapy Homework Planner* by Jongsma, Peterson, McInnis, & Bruce).
47. Conduct individual play therapy sessions to help the client work through and resolve painful emotions, core conflicts, or stressors that impede academic performance.
48. 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.

- 49. Have the client create a variety of drawings on a posterboard or large sheet of paper that reflect how personal and family life would be different if the client completed homework regularly; process the content of these drawings.

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DIAGNOSTIC SUGGESTIONS

ICD-10-CM	DSM-5 Disorder, Condition, or Problem
F81.0	Specific learning disorder, With impairment in reading
F81.2	Specific learning disorder, With impairment in mathematics
F81.81	Specific learning disorder, With impairment in written expression
Z55.9	Academic or educational problem
F90.2	Attention-deficit/hyperactivity disorder, combined presentation
F90.0	Attention-deficit/hyperactivity disorder, predominantly inattentive presentation
F90.1	Attention-deficit/hyperactivity disorder, predominantly hyperactive/impulsive presentation
F34.1	Persistent depressive disorder
F91.3	Oppositional defiant disorder
F91.9	Unspecified disruptive, impulse control, and conduct disorder
F91.8	Other specified disruptive, impulse control, and conduct disorder
F70	Intellectual disability, mild
R41.83	Borderline intellectual functioning

 Indicates that the Objective/Intervention is consistent with those found in evidence-based treatments.