

# ACADEMIC UNDERACHIEVEMENT

## BEHAVIORAL DEFINITIONS

1. Has a history of overall academic performance below their chronological age according to measured intelligence or performance on standardized achievement tests.
2. Presents with a chronic pattern of underachievement as a gifted student whose actual performance does not match expected level based on findings from intellectual or standardized achievement tests.
3. Fails to regularly complete school or homework assignments on time.
4. Exhibits poor organizational or study skills that contribute to academic underachievement.
5. Displays frequent tendency to procrastinate doing school or homework assignments in favor of seeking instant gratification or engaging in recreational and leisure activities.
6. Demonstrates persistent lack of motivation or boredom to complete school/homework assignments on regular basis.
7. Experiences feelings of depression, insecurity, and low self-esteem that interfere with learning and academic progress.
8. Engages repeatedly in acting-out, disruptive, and negative attention-seeking behaviors when encountering difficulty or frustration in learning.
9. Develops heightened anxiety that interferes with performance during tests or examinations.
10. Demonstrates decline in academic performance because of excessive or unrealistic pressure applied by parents.
11. Has a positive family history of members having academic problems, failures, or disinterest.
12. Experiences decline in academic performance in response to environmental factors or psychosocial stressors (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 and emotional needs.
4. Stabilize mood and build self-esteem sufficiently to cope effectively with the frustration associated with academic pursuits.
5. Eliminate pattern of engaging in acting-out, disruptive, or negative attention-seeking behaviors when confronted with frustration in learning.
6. Significantly reduce the level of anxiety related to taking tests.
7. 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.
8. Remove emotional impediments or 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)

**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 their progress in therapy (see *Psychotherapy Relationships That Work: Vol. 1* by Norcross & Lambert and *Vol. 2* by Norcross & Wampold).<sup>EB</sup>▽
2. Complete a psychoeducational evaluation. (3)
3. Arrange for psychoeducational testing to evaluate the presence of a learning disability and to determine whether the client is eligible to receive special education services; provide feedback to the client, 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.).
3. Complete psychological testing. (4)
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, family, and school officials regarding the psychological evaluation (consult "The Co-Occurrence of Reading Disorder and ADHD" by Sexton et al.).
4. Parents and client provide psychosocial history information. (5)
5. Gather psychosocial history information that includes key developmental milestones and a family history of educational achievements and failures.

5. Cooperate with a hearing, vision, or medical examination. (6)
6. 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. (7, 8, 9, 10, 11)
6. Refer the client for a hearing, vision, or medical examination to rule out possible hearing or vision problems, auditory or visual processing disorder, or health concerns that are interfering with school performance.
7. Assess the client's level of insight (syntonic versus dystonic) toward the academic underachievement (e.g., demonstrates good insight into the problematic nature of the academic issues, agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the academic issues and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the academic issues, is not concerned, and has no motivation to change).
8. 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).
9. Assess for any issues of age, gender, or culture that could help explain the client's currently defined academic underachievement and factors that could offer a better understanding of the client's behavior.
10. 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).

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)
9. Participate in outside tutoring to increase knowledge and skills in the area of academic weakness. (16, 17)
11. Assess the client's home, school, and community for pathogenic care (e.g., persistent disregard for the client's emotional or physical needs, repeated changes in primary caregivers or teachers, limited opportunities for stable attachments, persistent harsh punishment, or other grossly inept parenting).
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 educational interventions, and establish education goals.
13. Based on the IEPC goals and recommendations, move the client to an appropriate classroom setting to maximize learning.
14. Consult with the client, parents, and school officials about designing effective learning programs or intervention strategies that build on the client's strengths and compensate for weaknesses.
15. Help the client to identify specific academic goals and steps needed to accomplish goals.
16. Recommend that the parents seek privately contracted tutoring for the client after school to boost skills in the area of academic weakness (i.e., reading, mathematics, written expression).
17. 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.

10. Implement effective study skills that increase the frequency of completion of school assignments and improve academic performance. (18, 19)
11. Implement effective test-taking strategies that decrease anxiety and improve test performance. (20, 21)
12. Parents maintain regular communication (i.e., daily to weekly) with teachers. (22)
13. Use self-monitoring checklists, planners, or calendars to remain organized and help complete school assignments. (23, 24)
18. Teach the client more effective study skills such as removing distractions, studying in quiet places, developing outlines, highlighting important details, scheduling breaks, etc. (or supplement with “Break It Down into Small Steps” in the *Adolescent Psychotherapy Homework Planner* by Jongsma, Peterson, McInnis, & Bruce).
19. Consult with teachers and parents about using a peer tutor to assist the client in their area of academic weakness and help improve study skills.
20. Teach the client more effective test-taking strategies (e.g., study in small segments over an extended period of time, review material regularly, read directions twice, recheck work); assess the application of these strategies on current assignments (or supplement with “Good Grade/Bad Grade Incident Reports” in the *Adolescent Psychotherapy Homework Planner* by Jongsma, Peterson, McInnis, & Bruce).
21. Train the client in the use of guided imagery or relaxation techniques to reduce anxiety before or during the taking of tests (or supplement with “Progressive Muscle Relaxation” in the *Adolescent Psychotherapy Homework Planner* by Jongsma, Peterson, McInnis, & Bruce).
22. Encourage the parents to maintain regular (daily or weekly) communication with teachers to help the client remain organized and keep up with school assignments.
23. Encourage the client to use self-monitoring checklists to increase completion of school assignments and improve academic performance.

24. Direct the client to use planners or calendars to record school or homework assignments and plan ahead for long-term projects (or supplement with “Break It Down into Small Steps” in the *Adolescent Psychotherapy Homework Planner* by Jongsma, Peterson, McInnis, & Bruce).
14. Establish a regular routine that allows time to engage in leisure or recreational activities, spend quality time with the family, and complete homework assignments. (25)
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 leisure activities, and spending quality time with family and peers.
15. Implement effective study skills and create positive environment to complete school/homework assignments on time. (26, 27, 28)
26. Teach time management techniques to help the client complete school/homework assignments in a timely manner (e.g., set and record goals, plan day in advance, prioritize tasks, set clear deadline for each step in task completion, cease multitasking, say no to outside distractions).
27. Consult with the client and parents about creating an effective study/work environment that minimizes distractions (e.g., put cell phone away or in airplane mode, block out social media notifications, study in library or quiet place at home).
28. Instruct the client to use thought-stoppage technique or 5-second rule (e.g., count backwards by 5; see “5 Second Rule” video by Robbins) to disrupt pattern of procrastination. Replace distorted thoughts pertaining to procrastination (e.g., “I’ll just play video games for a half hour before doing my homework”) and replace with more reality-based statements (e.g., “Do your math assignment now”).

16. Parents and teachers increase praise and positive reinforcement toward the client for improved school performance. (29, 30, 31)
17. Identify and remove all emotional blocks or learning inhibitions that are within the client and/or family system. (32, 33, 34)
18. Parents increase time spent involved with the client's homework. (35, 36)
29. Encourage the parents and teachers to give frequent praise and positive reinforcement for the client's effort and accomplishment on academic tasks.
30. Assign the parents to observe and record responsible behaviors by the client between therapy sessions that pertain to schoolwork. Reinforce responsible behaviors to encourage the client to continue to engage in those behaviors in the future.
31. Help the client identify what rewards (e.g., go to movie with friend, extra time playing video games) would increase the motivation to improve academic performance and then make these reinforcers contingent on academic success.
32. Conduct family sessions to identify any family or marital conflicts that may be inhibiting the client's academic performance; assist the family in resolving conflicts.
33. Instruct the parents to read *The Disintegrating Student* by Jannot to learn effective strategies to help the client manage emotional distress connected to academic performance.
34. Conduct individual therapy sessions to help the client work through and resolve painful emotions, core conflicts, or stressors that impede academic performance.
35. Encourage the parents to demonstrate and/or maintain regular interest and involvement in the client's homework (i.e., attend school functions, review planners or calendars to see if the client is staying caught up with schoolwork).

19. Parents decrease the frequency and intensity of arguments with the client over issues related to school performance and homework. (37, 38)
20. Parents verbally recognize that their pattern of overprotectiveness interferes with the client's academic growth and assumption of responsibility. (39, 40)
36. Design and implement a reward system and/or contingency contract to help the parents reinforce the client's responsible behaviors, completion of school assignments, and academic success (or supplement with "Using Privileges as Contingencies and Consequences" in the *Parenting Skills Homework Planner* by Knapp & Jongsma).
37. 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 (suggest the parents read *Overcoming Underachieving* by Peters).
38. 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 the client's homework each night (or supplement with "Attitudes About Homework" in the *Adolescent Psychotherapy Homework Planner* by Jongsma, Peterson, McInnis, & Bruce).
39. Assess the parent-child relationship to help determine whether the parents' overprotectiveness and/or overindulgence of the client contributes to academic underachievement; assist the parents in developing realistic expectations of the client's learning potential.
40. Encourage the parents not to protect the client from the natural consequences of poor academic performance (e.g., loss of credits, detention, delayed graduation, inability to take driver training, higher cost of car insurance) and allow the client to learn from mistakes or failures.

21. Increase the frequency of on-task behaviors at school, completing school assignments without expressing the desire to give up. (41)
22. Increase the frequency of positive statements about school experiences and about confidence in the ability to succeed academically. (42, 43, 44)
41. Consult with school officials about ways to improve the client's on-task behaviors (e.g., sit the client toward the front of the class or near positive peer role models, call on the client often, provide frequent feedback, break larger assignments into a series of small steps); discuss with the client how to apply these strategies to their situation (recommend the client read *Six Super Skills for Executive Functioning* by Honos-Webb).
42. Reinforce the client's successful school experiences and positive statements about school and confront the client's self-disparaging remarks and expressed desire to give up on school assignments (or supplement with "Bad Thoughts Lead to Depressed Feelings" in the *Adolescent Psychotherapy Treatment Planner* by Jongsma, Peterson, McInnis, & Bruce or "Positive Self-Talk" in the *Adult Psychotherapy Homework Planner* by Jongsma & Bruce).
43. Consult with the teachers to assign the client a task at school (e.g., giving announcements over the intercom, tutoring another student in their area of interest or strength) to demonstrate confidence in their ability to act responsibly.
44. Assign the client the task of making one positive statement daily about school and their ability and recording it in a journal or writing it on a sticky note and posting it in the bedroom or kitchen (or supplement with "Recognizing Your Abilities, Strengths, and Accomplishments" in the *Adolescent Psychotherapy Treatment Planner* by Jongsma, Peterson, McInnis, & Bruce).


- 23. Decrease the frequency and severity of acting-out behaviors when encountering frustration with school assignments. (45)
- 24. Identify and verbalize how specific responsible actions lead to improvements in academic performance. (46, 47)
- 25. Develop a list of resource people within the school setting who can be turned to for support, assistance, or instruction for learning problems. (48, 49)
- 45. Teach the client positive coping strategies (e.g., deep breathing and relaxation skills, positive self-talk, “stop, listen, think, and act”) to inhibit the impulse to act out or engage in negative attention-seeking behaviors when the client encounters frustration with schoolwork.
- 46. Explore for periods of time when the client completed schoolwork regularly and achieved academic success; identify and encourage the use of similar strategies to improve current academic functioning.
- 47. Examine unique individual strengths and 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.
- 48. Give the client a homework assignment of identifying three to five role models and listing reasons for admiring each role model. Explore in the next session the factors that contributed to each role model’s success; encourage the client to take similar positive steps to achieve academic success (or supplement with “I Want To Be Like. . .” in the *Adolescent Psychotherapy Homework Planner* by Jongsma, Peterson, McInnis, & Bruce).
- 49. Identify a list of individuals within the school to whom the client can turn for support, assistance, or instruction when encountering difficulty or frustration with learning.

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**DIAGNOSTIC SUGGESTIONS**

<b>ICD-10-CM</b>	<b>DSM-5 Disorder, Condition, or Problem</b>
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, Predominately 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

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