ACADEMIC UNDERACHIEVEMENT

BEHAVIORAL DEFINITIONS

1. History of academic performance that is below the expected level, given the client's measured intelligence or performance on standardized achievement tests.
2. Repeated failure to complete homework assignments on time.
3. Poor organization or study skills.
4. Frequent tendency to postpone doing homework assignments in favor of engaging in recreational and leisure activities.
5. Positive 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 frustration in learning.
8. Heightened anxiety that interferes with performance during tests.
9. Parents place excessive or unrealistic pressure on the client to such a degree that it negatively affects the client's academic performance.
10. Decline in academic performance that occurs in response to environmental stress (e.g., parents' divorce, death of loved one, relocation move).

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LONG-TERM GOALS

1. Attain and maintain a level of academic performance that is commensurate with intellectual ability.
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.
8. Parents implement effective intervention strategies at home to help the client achieve academic goals.
9. Remove emotional impediments or resolve family conflicts and environmental stressors to allow for improved academic performance.

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SHORT-TERM OBJECTIVES	THERAPEUTIC INTERVENTIONS
1. Complete a psychoeducational evaluation. (1)	1. 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, his/her family, and school officials regarding the psychoeducational evaluation.
2. Complete psychological testing. (2)	2. Arrange for psychological testing to assess whether it is possible that 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. Parents and client provide psychosocial history information. (3)	3. Gather psychosocial history information that includes key developmental milestones and a family history of educational achievements and failures.
4. Cooperate with a hearing, vision, or medical examination. (4)	4. 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.
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. (5, 6, 7, 8, 9)	5. 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).
	6. 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).

7. 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.
8. 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).
9. 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).
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 educational interventions, and establish education goals.

6. Comply with the recommendations made by the multidisciplinary evaluation team at school regarding educational interventions. (10)

7. Parents and teachers implement educational strategies that maximize the client's learning strengths and compensate for learning weaknesses. (11, 12)

11. Based on the IEPC goals and recommendations, move the client to an appropriate classroom setting to maximize his/her learning.

12. 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 his/her weaknesses.

8. Participate in outside tutoring to increase knowledge and skills in the area of academic weakness. (13, 14, 15)

13. Recommend that the parents 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, 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. Help the client to identify specific academic goals and steps needed to accomplish goals.

9. Implement effective study skills that increase the frequency of completion of school assignments and improve academic performance. (16, 17)

16. Teach the client more effective study skills (e.g., remove distractions, study in quiet places, develop outlines, highlight important details, schedule breaks).

17. Consult with teachers and parents about using a peer tutor to assist the client in his/her area of academic weakness and help improve study skills.

10. Implement effective test-taking strategies that decrease anxiety and improve test performance. (18, 19)

18. 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 assign "Good Grade/Bad Grade Incident Reports" in the *Adolescent Psychotherapy Homework Planner* by Jongsma, Peterson, and McInnis).

19. Train the client in the use of guided imagery or relaxation techniques to reduce anxiety before or during the taking of tests (or assign "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* by Jongsma, Peterson, and McInnis).

11. Parents maintain regular communication (i.e., daily to weekly) with teachers. (20)

20. Encourage the parents to maintain regular (daily or weekly) communication with teachers to help the client remain organized and keep up with school assignments.

12. Use self-monitoring checklists, planners, or calendars to remain organized and help complete school assignments. (21, 22, 23)

21. Encourage the client to use self-monitoring checklists to increase completion of school assignments and improve academic performance.

22. Direct the client to use planners or calendars to record school or homework assignments and plan ahead for long-term projects.

23. Utilize the "Break It Down Into Small Steps" program in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, and McInnis) to help the client complete projects or long-term assignments on time.

13. Establish a regular routine that allows time to engage in leisure or recreational activities, spend quality time with the family, and

24. Assist the client and his/her parents in developing a routine daily schedule at home that allows him/her to achieve a

complete homework assignments. (24)	healthy balance of completing school/homework assignments, engaging in leisure activities, and spending quality time with family and peers.
14. Parents and teachers increase praise and positive reinforcement toward the client for improved school performance. (25, 26, 27)	25. Encourage the parents and teachers to give frequent praise and positive reinforcement for the client's effort and accomplishment on academic tasks.
	26. 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.
	27. Help the client identify what rewards would increase his/her motivation to improve academic performance and then make these reinforcers contingent on academic success.
15. Identify and remove all emotional or family conflicts that may be a hindrance to learning. (28, 29)	28. 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.
	29. Conduct individual therapy sessions to help the client work through and resolve painful emotions, core conflicts, or stressors that impede academic performance.
16. Parents increase time spent involved with the client's homework. (30, 31, 32)	30. 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).

31. 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.

32. Assign the parents to observe and record responsible behaviors by the client between therapy sessions that pertain to schoolwork; urge them to reinforce responsible behaviors to encourage the client to continue to engage in those behaviors in the future.

17. Parents decrease the frequency and intensity of arguments with the client over issues related to school performance and homework. (33, 34)

33. 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: A Simple Plan to Boost Your Kids' Grades and End the Homework Hassles* by Peters).

34. Encourage the parents to set firm, consistent limits and utilize 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 assign "Attitudes About Homework" in the *Adolescent Psychotherapy Homework Planner* by Jongsma, Peterson, and McInnis).

18. Parents verbally recognize that their pattern of over-protectiveness interferes with the client's academic growth and assumption of responsibility. (35, 36)

19. Increase the frequency of on-task behaviors at school, completing school assignments without expressing the desire to give up. (37)

20. Increase the frequency of positive statements about school experiences and about confidence in the ability to succeed academically. (38, 39, 40)

35. Assess the parent-child relationship to help determine whether the parents' overprotectiveness and/or overindulgence of the client contributes to his/her academic underachievement; assist the parents in developing realistic expectations of the client's learning potential.

36. 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 him/her to learn from mistakes or failures.

37. 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 his situation (or recommend *How to Do Homework Without Throwing Up* by Romain).

38. 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.

39. Consult with the teachers 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) to demonstrate confidence in his/her ability to act responsibly.

40. 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 note and posting it in the bedroom or kitchen.

21. Decrease the frequency and severity of acting-out behaviors when encountering frustration with school assignments. (41)

41. 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 he/she encounters frustration with schoolwork.

22. Identify and verbalize how specific responsible actions lead to improvements in academic performance. (42, 43, 44)

42. Explore for periods of time when the client completed schoolwork regularly and achieved academic success; identify and encourage him/her to use similar strategies to improve his/her current academic functioning.

43. Examine coping strategies that the client has used to solve other problems; encourage him/her to use similar coping strategies to overcome his/her problems associated with learning.

44. Give the client a homework assignment of identifying three to five role models and listing reasons he/she admires 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.

23. Develop a list of resource people within the school setting who can be turned to for support, assistance, or instruction for learning problems. (45)

45. 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.

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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
	799.9	Diagnosis Deferred
	V71.09	No Diagnosis
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Using DSM-5/ICD-9-CM/ICD-10-CM:

ICD-9-CM	*ICD-10-CM*	*DSM-5* Disorder, Condition, or Problem
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, Predominately 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.