Child Planning: A Treatment Planning Approach for Children with Academic Problems

A Treatment Overview for Children with Academic Problems

Duration: 3 hours

Learning Objectives: Obtain a basic understanding of how to identifying, causes, symptoms of children with lying problems or history, and learn different options to complete a treatment plan that includes:

a. Behavioral Definitions
b. Long Term Goals
c. Short Term Goals
d. Strategies to Achieve Goals
e. DSM V diagnosis Recommendations

***For a full list of 24 short term goals with dozens strategies listed next to each goal check the Child Treatment App for Windows or Apple PC and Android Devices, under our main menu Windows-Apple Apps. Download the Free Demo to Evaluate***

Course Syllabus:

Introduction

Probable Causes

Symptoms
Diagnosis

Steps to Develop a Treatment Plan that includes Behavioral Descriptors, Long Term Goals, Short Term Goals, Interventions/Strategies and DSM V CODE Paired with ICD_9 and 10-CM Codes for ODD

Sample Treatment Plan

Introduction:

Academic problems can be very difficult. Identifying the factors contributing to the academic problems is very complicated. Assessment and treatment should answer if it the student, the school, a learning disability, ADHD, emotional problems, oppositionality, a lack of academic skills, a neurological problem, or a lack of good study habits.

Academic problems are usually identified when a student doesn't learn what's expected of him/her on the state's standards, based on performance on the district's assessments and the state's standards-based assessments, or when a student does not perform well on teacher-developed or other curriculum-based tests or assessments. NCLB's mandated assessments in reading, math and science have placed a particular emphasis on preventing and addressing problems in these subjects.

Domains Affecting Academic Underachievement:

Cognition
Language
Executive functions
Emotional and behavioral regulation
Sensory processing
Social factors Common

The Ability/Achievement Discrepancy Model Differentiates between students who have low achievement because of low ability (as measured by IQ testing), and students whose low achievement is "unexpected" (those with normal or above normal ability, or IQ). Established by standardized ability (IQ) tests and academic achievement tests, followed by a comparison of the standard scores of the tests. Cannot be explained by other factors (sensory/motor
impairment, ID, ED, low SEC)

Causes:

Student-Related Factors

Some reasons for poor performance are specific to the students and not related to external factors. For example, a learning disability is student-centered and may create an obstacle to reaching certain academic standards. Motivation also can play a factor in poor performance. A student may be fully capable of earning high grades but might simply not care enough about education to exert the effort. Issues of motivation could be placed upon the parents or even the school, but sometimes a child simply does not enjoy learning.

Teacher-Related Factors

Teachers play a significant role in student performance and also can be responsible for poor student performance. For example, if a teacher lacks experience or is dispassionate about teaching, the children might not be able to develop comprehensive understandings of the subject material. Furthermore, if the teacher suffers from a classroom management problem -- such as extreme authoritarianism the classroom environment might hinder fruitful class discussions and collaborative learning. It also can deter students from applying themselves to the best of their abilities.

School-Related Factors

Schools themselves can be contributing factors to low student performance. For example, the state of Florida responded to low scores on the FCAT -- the state's standard achievement test -- by lowering the passing standard so more students could pass. In a situation like this, students then have to put forth less effort because the expectations placed upon them have been lowered. Furthermore, school funding can play a role as well. In schools that can't afford more teachers or building expansions, classes sometimes become overcrowded to the point that teachers have to spend more time on classroom management than on teaching, which can result in lower student performance.

Family-Related Factors

Finally, family-related factors can play a critical role in a student's academic performance. For instance, when parents either don't care or are too busy to care about their children's performance, the kids can lose their academic focus. Furthermore, living in poverty also can distract a child from academics because survival becomes a more immediate and pressing priority. Both of these examples include situations in which the parents are not intentionally harming a child's education, but such cases still can impact the problem. In extreme examples, if a parent or other family member is abusive, that situation easily can consume a student's attention and cause his or her academic performance to decline dramatically.

Symptoms:

It is recommended to use a checklist to assess for the symptoms below. Common symptoms at home or school:
1. Fails to give attention to details or makes careless mistakes in schoolwork.

2. Has difficulty sustaining attention to tasks or activities.

3. Does not seem to listen when spoken to directly.

4. Does not follow through on instructions and fails to finish work (not due to oppositional behavior of failure to understand).

5. Has difficulty organizing tasks and activities.

6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.

7. Loses things necessary for tasks or activities (school assignments, pencils, books).

8. Is easily distracted by extraneous stimuli.

9. Is forgetful in daily activities.

10. Fidgets with hands or feet or squirms in seat.

11. Leaves seat in classroom or in other situations in which remaining seated is expected.
12. Runs about or climbs excessively in situations in which remaining seated is expected.

13. Has difficulty playing or engaging in leisure activities quietly.

14. Is “on the go” or often acts as if “driven by a motor”.

15. Talks excessively.

16. Blurs out answers before questions have been completed.

17. Has difficulty waiting in line.

18. Interrupts or intrudes on others (e.g., butts into conversations/games).

19. Loses temper.

20. Actively defies or refuses to comply with adult’s requests or rules.

21. Is angry or resentful.

22. Is spiteful and vindictive.

23. Bullies, threatens, or intimidates others.
24. Initiates physical fights.

25. Lies to obtain goods for favors or to avoid obligations.

26. Is physically cruel to people.

27. Has stolen items of nontrivial value.

28. Deliberately destroys others' property.

29. Is fearful, anxious, or worried.

30. Is self-conscious or easily embarrassed.

31. Is afraid to try new things for fear of making mistakes.

32. Feels worthless or inferior.

33. Blames self for problems; feels guilty.

34. Feels lonely, unwanted, or unloved; complains, "no one loves him or her."

35. Is sad, unhappy, or depressed.
Also check for the following symptoms:

- Frustration in academic performance
- Anxiety during tests or examinations
- Unrealistic pressure placed on the student
- History of low academic performance
- Consistent failure to complete school or homework
- Poor study skills
- Procrastinates or postpones school work
- Family history of lack of interest
- Insecurity-depression due to trauma - Divorce etc
- Fails to give attention and makes careless mistakes
- Has difficulty organizing tasks
- Is easily distracted by extraneous stimuli
Is forgetful in daily activities

Fidgets with hands or feet or squirms in seat

Is fearful-anxious or worried

Is self-conscious or easily embarrassed

Is afraid to try new things for fear of making mistakes

Feels worthless or inferior

Blames self for problems feels guilty

Feels lonely-unwanted or unloved

In addition, the student will show below average or problematic performance at school:

Reading

Math

Written expression
Classroom Behavior

Performance Relationship with peers

Following directions

Disrupting class

Assignment completion Organizational skills

Here are just some of the symptoms of ADD/ADHD and Dyslexia that are also symptoms of a Vision Disorder:

Displays short attention span in reading or copying

Avoids all possible near-centered tasks

Shows gross postural deviations at all desk activities

Complaints of headaches, other aches, and ‘excuses’ seemingly to avoid academic work

Comprehension reduces as reading continued: loses interest too quickly

Frequently omits words, repeatedly omits ‘small’ words

Omits letter, numbers or phrases when reading
Repeats letters within words

Misaligns both horizontal and vertical series of numbers

Repeatedly confuses left-right directions

Mistakes words with same or similar beginnings

Reverses letters and/or words in writing and copying

Confuses same word in same sentence

Repeatedly confuses similar beginnings and endings of words

Makes errors in copying from reference book to notebook

Diagnosis:

DSM-5 Definition: Specific Learning Disorder:

&ndash; Difficulty learning or using academic skills

&ndash; Duration greater than 6 months despite targeted interventions

&ndash; Affected skills are substantially and quantifiably below expected for chronological age

&ndash; Impairment presents during school years, but developmentally variable &ndash; Deficits cause significant impairments with school performance, life skills, or occupation
Deficits are not better accounted for by intellectual disability, sensory impairment, other neurological/mental disorders, psychosocial adversity, language delay, or lack of educational instruction.

It is very important to conduct a full Medical Evaluation of School Performance Problems

History:

Medical, developmental, behavioral, educational, family, social; review of systems

Vision/hearing assessments

Complete physical examination; dysmorphology, growth, neurocutaneous lesions; targeted labs and imaging studies

Behavioral assessment; Rating Scales Vanderbilt Assessment Scale Conner’s Rating Scales Behavior Assessment System for Children Children’s Behavioral Checklist

Communicate Collaborate Abilities

Steps to Develop a Treatment Plan:

The foundation of a good treatment plan is based on the gathering of the correct data. This involves following logical steps the built-in each other to help give a correct picture of the problem presented by the client or patient:

The mental health clinician must be able to listen, to understand what are the struggles the client faces. This may include:
issues with family of origin,
current stressors,
present and past emotional status,
present and past social networks,
present and past coping skills,
present and past physical health,
self-esteem,
interpersonal conflicts
financial issues
cultural issues

There are different sources of data that may be obtained from a:

clinical interview,
Gathering of social history,
physical exam,
psychological testing,
contact with client’s or patient’s significant others at home, school, or work

The integration of all this data is very critical for the clinician’s effect in treatment. It is important to understand the client’s or patient’s present awareness and the basis of the client’s struggle, to assure that the treatment plan reflects the present status and needs of the client or patient.

There 5 basic steps to follow that help assure the development of an effective treatment plan based on the collection of assessment data.

Step 1, Problem Selection and Definition:
Even though the client may present different issues during the assessment process is up to the clinician to discern the most significant problems on which to focus during treatment. The primary concern or problem will surface and secondary problems will be evident as the treatment process continues. The clinician may must be able to plan accordingly and set some secondary problems aside, as not urgent enough to require treatment at this time. It is important to remember that an effective treatment plan can only deal with one or a few problems at a time. Focusing in too many problems can lead to the lost of direction and focus in the treatment.

It is important to be clear with the client or patient and include the client’s or patient’s own prioritization of the problems presented. The client’s or patient’s cooperation and motivation to participate in the treatment process is critical. Not aligning the client to participate may exclude some of the client’s or patient’s needs needing immediate attention.

Every individual is unique in how he or she presents behaviorally as to how the problem affects their daily functioning. Any problems selected for treatment will require a clear definition how the problem affects the client or patient.

It is important to identify the symptom patterns as presented by the DSM-5 or Diagnostic and Statistical Manual or the International Classification of Diseases (ICD).

ACADEMIC PROBLEMS BEHAVIORAL DESCRIPTOR

1. Pattern of acting out, disruptive behaviors, and negative attention seeking behaviors when encountering difficulty or frustration in academic performance.

2. Increased anxiety that interferes with performance during tests or examinations.

3. Unrealistic pressure placed on the student by parents negatively affecting academic performance.

4. Decline in academic performance due to in response to external factors or stress (such as, parents' divorce, death of a loved one, relocation, or move).

5. History of low academic performance that is below the expected level according to the student's measured intelligence.

6. Consistent failure to complete school or homework assignments on time.

7. Poor study skills that contribute to academic underachievement.

8. Tendency to procrastinate or postpone doing school or homework assignments.
9. Family history of academic problems, failures, or disinterests in academic areas.

10. Feelings of insecurity, low self-esteem, and depression, that may interfere with learning and academic progress.

Step 2, Long Term Goal Development:

This step requires that the treatment plan includes at least one broad goal that targets the problem and the resolution the problem. These long term goals must be stated in non-measurable terms but instead indicate a desired positive outcome at the end of treatment.

LONG TERM GOALS

1. Increase control of moods that may affect self-esteem or performance.

2. Identify and eliminate the pattern acting out, disruptive, or negative attention seeking behaviors when facing difficulty or frustration in learning.

3. Learn how to reduce the level of anxiety related to taking tests.

4. Establish realistic expectations of the student's learning abilities

5. Demonstrate consistent interest, initiative, and motivation in academics.

6. Bring academic performance up to the expected level of intellectual or academic functioning.

7. Complete school and homework assignments on a consistent basis.

8. Maintain a healthy balance between academic goals and meeting social, emotional, and self-esteem needs.

9. Effectively cope with the frustrations and stressors associated with academic pursuits and learning.

10. Implement effective intervention strategies at home to help the client keep up with schoolwork and achieve academic goals.

11. Remove emotional blocks or resolve family conflicts and external stressors to allow for improved academic performance.
Step 3, Objective or Short Term Goal Construction:

Objectives or short term goals must be stated in measurable terms or language. They must clearly specify when the client or patient can achieve the established objectives. The use of subjective or vague objectives or short term goals is not acceptable. Most or all insurance companies or mental health clinics require measurable objectives or short term goals.

It is important to include the patient's or client's input to which objectives are most appropriate for the target problems. Short term goals or objectives must be defined as a number of steps that when completed will help achieve the long-term goal previously stated in non-measurable terms. There should be at least two or three objectives or short-term goals for each target problem. This helps assure that the treatment plan remains dynamic and adaptable. It is important to include Target dates. A Target day must be listed for each objective or short-term goal.

If needed, new objectives or short-term goals may be added or modified as treatment progresses. Any changes or modifications must include the client's or patient's input. When all the necessary steps required to accomplish the short-term goals or objectives are achieved the client or patient should be able to resolve the target problem or problems.

If required all short term goals or objectives can be easily modify to show evidence-based treatment objectives. The goal of evidence-based treatment objectives (EBT) is to encourage the use of safe and effective treatments likely to achieve results and lessen the use of unproven, potentially unsafe treatments. To use EBT in treatment planning state restate short term goals in a way that steps to complete that goal and achieve results. For example, the short term goal “13. Increase positive self-descriptive statements.” Can be restated as; “By the end of the session the patient or client will list at least 5 positive self descriptions of himself or herself, and assess how they can help alleviate the presenting problem.” Remember, that it must be stated in a way one can measure effectiveness.

It is important to note that traditional therapies usually rely more heavily on the relationship between therapist and patient and less on scientific evidence of proven practices.

EXAMPLES OF SHORT TERM GOALS

1. Complete a psychoeducational evaluation.
2. Complete psychological testing.
3. Refer to a multi-disciplinary evaluation at school site.

4. Provide feedback to the parents, and school officials regarding the psychoeducational evaluation.

5. Hearing, vision, or medical examination.

Step 4, Strategies or Interventions:

Strategies or interventions are the steps required to help complete the short-term goals and long-term goals. Every short term goal should have at least one strategy. In case, short term goals are not met, new short term goals should be implemented with new strategies or interventions. Interventions should be planned taking into account the client’s needs and presenting problem.

EXAMPLES OF INTERVENTIONS

1. Refer and arrange psychoeducational testing to evaluate the presence of a learning disability and determine special education eligibility.

2. Refer and arrange psychological testing to determine possible attention-deficit/hyperactivity disorder, and provide feedback to the student, family, and school officials regarding the results of the evaluation.

3. Evaluate emotional factors interfering with the client’s academic performance, and provide feedback to the student, family, and school officials regarding the results of the evaluation.

4. Assess psychosocial history information that includes key developmental milestones, and the family’s history of educational achievements and failures.

5. Refer the client for a hearing, vision, or medical examination to rule out hearing, visual, or health problems that may be interfering with school performance.

Step 5, Diagnosis:

The diagnosis is based on the evaluation of the clients present clinical presentation. When completing diagnosis the clinician must take into account and compare cognitive, behavioral, interpersonal, and emotional symptoms as described on the DSM-5 Diagnostic Manual. A diagnosis is required in order to get reimbursement from a third-party provider. Integrating the information presented by the DSM-5 diagnostic manual and the current
client’s assessment data will contribute to a more reliable diagnosis. It is important to note that when completing a diagnosis the clinician must have a very clear picture all behavioral indicators as they relate to the DSM-5 diagnostic manual.

DSM V Code Paired with ICD_9-CM Codes (Parenthesis Represents ICD-10-CM Codes Effective 10-2014)

Possible DSM V Diagnostic Suggestions for Children Suffering Academic Underachievement

Specific Learning Disorder

Specify if:

315.00 (F81.0) With impairment in reading (specify if with word reading accuracy, reading rate or fluency, reading comprehension)

315.2 (F81.81) With impairment in written expression (specify if with spelling accuracy, grammar and punctuation accuracy, clarity or organization of written expression)

315.1 (F81.2) With impairment in mathematics (specify if with number sense, memorization of arithmetic facts, accurate or fluent calculation, accurate math reasoning) Specify current severity: Mild, Moderate, Severe

Attention-Deficit/Hyperactivity Disorder - Specify whether:

314.01 (F90.2) Combined presentation

314.00 (F90.0) Predominantly inattentive presentation

314.01 (F90.1) Predominantly hyperactive/impulsive presentation

Specify if: In partial remission

Specify current severity: Mild, Moderate, Severe

314.01 (F90.8) Other Specified Attention-Deficit/Hyperactivity Disorder

314.01 (F90.9) Unspecified Attention-Deficit/Hyperactivity Disorder

319.xx Intellectual Disability (Intellectual Developmental Disorder)

Specify current severity:

(F70) Mild

(F71) Moderate
(F72) Severe
(F73) Profound

315.8 (F88) Global Developmental Delay

319 (F79) Unspecified Intellectual Disability (Intellectual Developmental Disorder)

Communication Disorders:
315.39 (F80.9) Language Disorder
315.39 (F80.0) Speech Sound Disorder
315.35 (F80.81) Childhood-Onset Fluency Disorder (Stuttering)

Economic Problems
V60.2 (Z59A) Lack of Adequate Food or Safe Drinking Water
V60.2 (Z595) Extreme Poverty
V60.2 (Z596) Low Income

V60.2 (Z591) Insufficient Social Insurance or Welfare Support
V60.9 (Z599) Unspecified Housing or Economic Problem

Other Problems Related to the Social Environment
V62.89 (Z600) Phase of Life Problem
V60.3 (Z602) Problem Related to Living Alone
V62.4 (Z603) Acculturation Difficulty
V62.4 (Z60A) Social Exclusion or Rejection
V624 (Z60.5) Target of (Perceived) Adverse Discrimination or Persecution
V62.9 (Z609) Unspecified Problem Related to

Problems Related to Family Upbringing
V611.20 (Z62.820) Parent-Child Relational Problem
V61.8 (Z62.891) Sibling Relational Problem
V61.8 (Z62.29) Upbringing Away From Parents
V611.29 (Z62.898) Child Affected by Parental Relationship Distress

Other Problems Related to Primary Support Group
Sample Treatment Plan:

Present Behavioral Descriptors of Problem:

Consistent failure to complete school or homework.

Poor study skills and procrastinates or postpones school work.

Family history of lack of interest.

Long Term Goals:

1. Demonstrate consistent interest, initiative, and motivation in academics.
2. Complete school and homework assignments on a consistent basis.
3. Maintain a healthy balance between academic goals and meeting social, emotional, and self-esteem needs

Short Term Goals Objectives:

1. Implement educational strategies that maximize the student's learning strengths and compensate for learning weaknesses in the classroom and at home.
2. Increase the frequency of praise and positive reinforcement of the student's school performance in the classroom and at home.

Strategy or Intervention for Goal 1:

1. Consult parents, and school officials about designing effective learning programs, and intervention strategies that build on strengths and compensate for weaknesses.

2. Teach the student effective study skills (such as, removal of distractions, study in quiet places, development of outlines, highlight important details, schedule breaks).

Strategy or Intervention for Goal 2:

1. Teach the student relaxation techniques or guided imagery to reduce anxiety before or during the taking of tests.

2. Encourage regular (daily or weekly) communication with the teachers to help the student remain organized and keep up with school assignments.

3. Evaluate emotional factors interfering with the client's academic performance, and provide feedback to the student, family, and school officials regarding the results of the evaluation.

DSM V Diagnosis:

315.1 (F81.2) With impairment in mathematics with deficiency in memorization of arithmetic facts, accurate, fluent) - Moderate

Attention-Deficit/Hyperactivity Disorder

314.01 (F90.2) Combined presentation - Mild

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