

EDUCATIONAL DEFICITS

BEHAVIORAL DEFINITIONS

1. Failure to complete requirements for high school diploma or GED certificate.
2. Possession of no marketable employment skills and need for vocational training.
3. Functional illiteracy.
4. History of difficulties, not involving behavior, in school or other learning situations.
5. Lack of confidence in ability to learn.
6. Anxiety in situations requiring learning new skills and information.

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LONG-TERM GOALS

1. Recognize the need for high school completion or GED certificate and enroll in the necessary courses to obtain it.
2. Seek out vocational training to obtain marketable employment skill.
3. Increase literacy skills.
4. Overcome anxiety associated with learning.
5. Establish the existence of a learning disability and begin the development of skills to overcome it.

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SHORT-TERM OBJECTIVES

1. Identify the factors that contributed to termination of education. (1, 2)

2. Verbally verify the need for a high school diploma or GED. (3, 4, 5, 6, 7)

THERAPEUTIC INTERVENTIONS

1. Explore the client's attitude toward education and the family, peer, and/or school experiences that led to termination of education.
2. Gather an educational history from the client that includes family achievement history and difficulties he/she had with regard to specific subjects (e.g., reading, math).
3. Advise the client of his/her need for further education.
4. Use a motivational interviewing approach to help the client explore motivational obstacles and incentives for acting to reach educational goals.
5. Assist the client in listing the negative effects that the lack of a GED certificate or high school diploma has had on his/her life.
6. Support and direct the client toward obtaining further academic training.
7. Reinforce and encourage the client in pursuing educational and/or vocational training by pointing out the social, monetary, and self-esteem advantages (or assign "The Advantages of Education" from

the *Adult Psychotherapy Homework Planner* by Jongsma).

3. Complete an assessment to identify style of learning and to establish or rule out a specific learning disability. (8)
4. Complete a medical evaluation of health status. (9)
5. Cooperate with a psychological assessment for symptoms of another mental disorder that may affect or have affected educational achievement. (10)
6. Disclose any history of substance use that may contribute to and complicate the treatment of bipolar depression. (11)
7. 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. (12, 13, 14, 15)
8. Administer testing or refer the client to an educational specialist to be tested for learning style, cognitive strengths, and to establish or rule out a learning disability.
9. Refer to a physician for a medical evaluation to assess for medical conditions that could affect educational performance and/or motivation (e.g., low energy/motivation due to hypothyroidism).
10. Conduct or refer the client for a psychological assessment of Attention Deficit Disorder (see the Attention Deficit Disorder (ADD)—Adult chapter in this *Planner*) or other mental disorder that could affect educational performance or motivation (e.g., depression, anxiety).
11. Arrange for a substance abuse evaluation and refer the client for treatment if the evaluation recommends it (see the Substance Use chapter in this *Planner*).
12. 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).

13. 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).
 14. 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.
 15. 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).
 16. Refer the client for a medication evaluation to treat his/her ADD or other identified mental disorder that could be affecting educational performance or motivation (e.g., depression, anxiety).
8. Complete an evaluation for psychotropic medications. (16, 17, 18)

9. Implement the recommendations of evaluations. (19)
10. Identify the facts and feelings related to negative, critical education-related experiences endured from parents, teachers, or peers. (20, 21)
11. Verbalize decreased anxiety and negativity associated with learning situations. (22, 23, 24, 25)
17. Encourage the client to take the prescribed psychotropic medications, reporting as to their effectiveness and side effects.
18. Monitor the client's psychotropic medication prescription compliance, effectiveness, and side effects.
19. Encourage the client to implement the recommendations of the educational, psychological, and medical evaluations.
20. Ask the client to list the negative messages he/she has experienced in learning situations from teachers, parents, and peers, and to process this list with the therapist.
21. Facilitate the client's openness regarding shame or embarrassment surrounding lack of reading ability, educational achievement, or vocational skill.
22. Give encouragement and verbal affirmation to the client as he/she works to increase his/her educational level.
23. Teach the client relaxation skills (e.g., progressive muscle relaxation, imagery, diaphragmatic breathing, verbal cues for deep relaxation), how to discriminate better between relaxation and tension, as well as how to apply these skills to coping with his/her own fears and anxieties in learning situations (e.g., see *The Relaxation and Stress Reduction Workbook* by Davis, Robbins-Eshelman, and McKay).
24. Assign the client homework each session in which he or she

- practices relaxation exercises daily for at least 15 minutes and applies the technique to learning situations; review the exercises, reinforcing success while providing corrective feedback toward improvement.
12. Identify own academic and vocational strengths. (26)
13. Identify and replace negative thoughts regarding educational opportunities and ability level. (27, 28, 29)
25. Assign the client to read about progressive muscle relaxation and other calming strategies in relevant books or treatment manuals (e.g., *The Relaxation and Stress Reduction Workbook* by Davis, Robbins-Eshelman, and McKay; *Mastery of Your Anxiety and Worry: Workbook* by Craske and Barlow).
26. Assist the client in identifying his/her realistic academic and vocational strengths (or assign “My Academic and Vocational Strengths” from the *Adult Psychotherapy Homework Planner* by Jongsma).
27. Use the cognitive restructuring process (i.e., teaching the connection between thoughts, feelings, and actions; identifying relevant automatic thoughts and their underlying beliefs or biases; challenging the biases; developing alternative positive perspectives; testing biased and alternative beliefs through behavioral experiments) to assist the client in replacing negative automatic thoughts associated with education and his/her ability to learn.
28. Reinforce the client for developing and implementing positive, reality-based messages to replace the distorted, negative self-talk associated with

- education and his/her ability to learn (or assign “Replacing Fears with Positive Messages” from the *Adult Psychotherapy Homework Planner* by Jongsma).
14. Agree to pursue educational assistance to attain reading skills. (30, 31)
 15. State commitment to obtain further academic or vocational training. (32)
 16. Make the necessary contacts to investigate enrollment in high school, GED, or vocational classes. (33, 34)
 17. Attend classes consistently to complete academic degree and/or vocational training course. (35)
 29. Assign the client a homework exercise (e.g., “Journal and Replace Self-Defeating Thoughts” from the *Adult Psychotherapy Homework Planner* by Jongsma) in which he/she identifies fearful self-talk, identifies biases in the self-talk, generates alternatives, and tests through behavioral experiments; review and reinforce success, providing corrective feedback toward improvement.
 30. Assess the client’s reading deficits.
 31. Refer the client to resources for learning to read; monitor, and encourage the client’s follow-through.
 32. Elicit a commitment from the client to pursue further academic or vocational training.
 33. Provide the client with information regarding community resources available for adult education, GED, high school completion, and vocational skill training.
 34. Assign the client to make preliminary contact with vocational and/or educational training agencies and report back regarding the experience.
 35. Monitor and support the client’s attendance at educational or vocational classes.

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	V62.3	Academic Problem
	V62.2	Occupational Problem
	315.2	Disorder of Written Expression
	315.00	Reading Disorder

Axis II:	V62.89	Borderline Intellectual Functioning
	317	Mild Mental Retardation

Using DSM-5/ICD-9-CM/ICD-10-CM:

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
V62.3	Z55.9	Academic or Educational Problem
V62.2	Z56.9	Other Problem Related to Employment
315.2	F81.2	Specific Learning Disorder With Impairment in Written Expression
315.00	F81.0	Specific Learning Disorder With Impairment in Reading
V62.89	R41.83	Borderline Intellectual Functioning
317	F70	Intellectual Disability, Mild
317	F71	Intellectual Disability, Moderate

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.