



## TOP 3 REASONS

# Children and Teens Do Poorly in School

**W**hat is more frustrating for parents than for their child to face year after year of academic struggle?

When your child's grades begin to fall, homework becomes a nightmare, and your child has no enthusiasm or motivation for the most important years of his or her life. There is acute stress for the entire family. Punishment, grounding, taking away privileges, and spanking WILL NOT solve the problems if the reasons for the academic failure are beyond the child's control.

As a Licensed Professional Counselor and a former classroom teacher of 25 years, I have seen countless children struggle. As a therapist, I see three major psychological disorders/learning problems causing academic failure and UNDERACHIEVEMENT.

- (1) Attention Deficit Hyperactivity Disorder ADHD (with and without hyperactivity)
- (2) Learning disabilities in reading, math, writing, and language
- (3) Mood disorders (depression, anxiety, and early-onset bipolar disorder)

It is estimated that 50 % of youth who have ADHD are still undiagnosed. ADHD is caused by a shortage of two chemical messengers or neurotransmitters—dopamine and norepinephrine—in the brain. Research suggests that ADHD tends to run in families. The American Psychiatric Association states in the Diagnostic and Statistical Manual that 3% to 7 % of school age children have ADHD. The three core symptoms are (1) difficulty paying attention, (2) hyperactivity, and (3) impulsivity. As noted above, some children have problems with attention and impulsivity but do not have problems with hyperactivity. Formerly, these children were diagnosed as ADD; today's diagnosis is ADHD without hyperactivity. These children are model students in terms of behavior, but are often a million miles away during class and have much trouble staying on

task and completing assignments.

ADHD is NOT caused by poor parenting, diet, or children or teens that appear lazy or unmotivated. No treatment has been found to cure ADHD, but the treatment that results in the greatest degree of improvement is the use of stimulant medication. The medication goes to the prefrontal cortex of the brain (this area controls attention, behavior and judgment) and stimulates the brain to make more of the neurotransmitters dopamine and norepinephrine. The very best treatment comes from a combination of medication management and therapy. In therapy, the parents learn what behavior strategies work best for children with ADHD, how to help their child become more organized, how to increase structure in the home, and how to consistently provide positive reinforcement. In therapy, the child or teen can also learn how to improve study skills, organizational skills, how to break big jobs down into small tasks, and behavioral strategies to manage anger and impulsivity.

The second scenario is an example of a parent who is describing a child with a learning disability in reading. In order to be diagnosed with a learning disability a child or teen must first have an average or above average intelligence quotient (IQ) and be performing at a statistically significant level below his or her potential. The logic behind this theory is that if a child can do well in math, he or she has the potential to do well in reading. However, sometimes there are physical or neurological reasons that a child performs poorly in one area. For example, a child who had repeated ear infections may not have heard the sounds correctly as a toddler, so he has more trouble learning the sounds in school. As a parent, you can request that your child be evaluated by the school's exceptional education department or have the child privately tested by a clinical psychologist. The important thing to do is take action—there is help available at school

and outside school. Many children who are not diagnosed until third or fourth grade or later are two or more grade levels below, and need intensive remedial help. Such tutorial programs as Sylvan Learning Center can diagnose exactly which skills your child has missed and provide tutoring to help close those gaps.

The final scenario is a parent describing a child or teen that is depressed. The phenomena of child and teenage mood disorders are relatively new in the history of psychiatric disorders. It was not until the last 20 years that the prevalence of these disorders in children and teens were recognized. As in ADHD, there is a strong genetic link among family members. If you as a parent have depression or anxiety, there is a two to three times greater risk that your child or teen may have problems with depression. Again, this is caused by a chemical imbalance and it can be treated with either therapy or a combination of therapy and medication. The child or teen that is depressed has problems with concentration, attention, completion of tasks, procrastination, and retention of information (memory problems). Of course, the biggest risk in leaving depression untreated is self-destructive behavior—even suicide.

**TREATMENT WORKS.** Your child or teen does not have to suffer through the agony of failure, depression, anxiety, or having a learning disability. If you suspect your child or teen has problems in any of these areas, you will need to seek the help of professionals: a Licensed Professional Counselor, a Clinical Psychologist, your pediatrician or a psychiatrist. ∞

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