

Efficacy of Cognitive Behaviour Therapy among Adolescents with Learning Disability



Social Science

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Dr. Tony P Jose

Asst. Professor, School of Social Sciences & Languages, VIT University, Vellore

Dr. A Kubendran

Asst. Professor, School of Social Sciences & Languages, VIT University, Vellore

ABSTRACT

Learning disabilities impose serious limitations on students' capacity for achievement in the verbal and quantitative domains which in turn interfere with their socialization as well as holistic development including adaptation to environment. Cognitive behavioural therapies that have been shown to be more effective to reduce emotional problems, anxiety and other maladaptive behaviours among learning disabled children. Learning disabled students improved their ability to apply academic, social, and self-management skills after receiving cognitive behavioural interventions. This review paper is discussed the efficacy of cognitive behavioural interventions among learning disabled students.

INTRODUCTION

Learning disability is associated with a wide range of problems relating to academic skills required for coping with curriculum in the school. It affects not only in academic areas but it also affects non-academic areas which causes other serious adjustment problems and behaviour problems. Students with learning disability have increased risk of academic failure, psychological problems, behaviour disorders, unfavourable self-perceptions, poor social-emotional adjustment and employment difficulties (Valas, 1999). It also contributes to social and emotional difficulties or psychopathology, higher rate of school dropout, conduct problems, attention deficit disorder, and attention deficit hyperactivity disorder (Loeber, Lahey, & Thomas, 1991). Therefore, intervention needs to be planned and undertaken to help adolescents with learning disability.

Comorbid conditions of learning disability have also been considered in literature. The students with learning disabilities associated with behavioural, emotional and social difficulties (Ripley & Yuill, 2005). They constantly do or say inappropriate things and making problems in the school, home and among the peer groups. Social and emotional problems often overlap in the learning disabled children. Excessive failure and frustration may contribute to social emotional problems among the learning disabled children (Mercer, 1997). The marked behavioural problems of the students with learning disability include impulsivity, hyperactivity, distractibility, aggression and antisocial features. The internalizing behaviours are evidenced by withdrawal, anxiety, poor self-concept and dependency (McConaughy & Ritter, 1986). Learning disabled students with impulsivity talks or acts quickly without thinking the consequences. Thus such students show poor academic and social skills. Hyperactive students have short attention span and they are easily distracted. Behavior management techniques are useful to handle these problems. Often learning disabled students do aggressive behavior against others such as fighting, biting, kicking etc. Students' aggressive behavior is the results of the frustration over lack of academic success (Mercer, 1997).

Earlier people with learning disabilities had little or no access to psychotherapeutic interventions. Over the past decade, this situation has seen some gradual improvement. Formerly researchers focused only on the academic areas of the learning disabled children. Now a day's researchers give more importance to both academic and non-academic areas of the children. Psychodynamic, cognitive behavioural therapy and cognitive therapies and behaviour therapy are the main therapies used for this group (Willner, 2005).

Cognitive Behaviour therapy

The application of psychotherapeutic interventions had grown

among individuals with learning disabilities within last few years. The Royal College of Psychiatrists (1991, 1997, and 1999) highlighted that Psychological therapies were very effective for learning disability. Among psychological therapies, Cognitive Behaviour therapy is very effective for psychological problems. This therapy effectively deals social anxiety, peer pressure, depression, problem solving, test anxiety, and other academic issues (Webb, Brigman, & Campbell, 2005).

Cognitive therapy is considered to be effective for people with learning disabilities with anxiety, depression, anger and sex offences (Lindsay, 1999). **Cognitive behaviour approach is elucidated in such approaches contained in cognitive behaviour therapy developed by Aaron Beck.** Cognitive Therapy (CT), or Cognitive Behavior Therapy (CBT) (Beck Institute, 2012). The cognitive model contends that people's perceptions of, or spontaneous thoughts about, situations influence their emotional, behavioral (and often physiological) reactions. It suggests that individuals' perceptions are often distorted and dysfunctional when they are distressed. It believes that it is possible for any individual to learn to identify and evaluate their "automatic thoughts" (spontaneously occurring verbal or imaginal cognitions), and also to correct their thinking so that it more closely resembles reality by themselves with the help of a therapist. When this is done, distress usually decreases and, the individuals could behave more functionally. Cognitive therapy has been extended to and studied for adolescents and children and studies have shown that CBT is effective for children and adolescents, adults, and older adults (Beck Institute, 2012).

Rational Emotive Behavioural Therapy

Rational emotive behavioural therapy was the one of the first cognitive behavioural therapies introduced by Albert Ellis. REBT is an action-oriented psychotherapy and teaches individuals to examine their own thoughts, beliefs and actions and replace those that are self-defeating with more life-enhancing alternatives. This therapy is based on the assumption that cognitions, emotions, and behaviours interact significantly and have a reciprocal cause-and-effect relationship. It is originally developed for the treatment of depression; to get rid of the negative thoughts about themselves (Ellis, 1987). This therapy has been used successfully for to help people with emotional difficulties in the general population. In recent time this psychological approach has been applied to people with learning disabilities (Joyce & Hardy, 2003). Rational emotive behavioural intervention given to the adolescents with learning disability has helped felicitating developmental adaptation among them by reducing the participants' negative attitude towards learning disability, social interaction anxiety, anger, enhancing self-efficacy and resilience (Jose, 2013).

The most prominent cognitive behavioural technique used among the learning disabled children for changing problem behaviours is self-management. This is rated fairly effective and superior to other types of behavioural techniques (Didden et al., 1997). Self-instructional training used among the learning disabled children, help to overcome performance difficulties and social anxieties and to supplant self-criticism or self-doubt with self-reinforcement (Lindsay 1999). Self-instructional training enhances the social interaction skills in individuals with learning disabilities (Embregts, 2002).

Conclusion

Cognitive behaviour interventions are based on the cognitive model (Beck, 2011; Neenan, 2009): the way we perceive situations influences how we feel emotionally. It is not a situation but rather, his or her thoughts in that situation which directly affects how a person feels emotionally. When in distress, individuals often do not think clearly and their thoughts are distorted in some way. Cognitive behaviour techniques attempt to identify individuals' distressing thoughts and to encourage individuals to evaluate how realistic their thoughts are. The techniques help the individuals to learn to change their distorted thinking. When one thinks more realistically, he or she would feel better and improve their capacity for adaptation.

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