Pakistan Journal of Clinical Psychology, 2016, 15, 1, 3-20
PJCP

EFFICACY OF COGNITIVE BEHAVIOR THERAPY IN MANAGING BEHAVIORAL PROBLEMS OF SLOW LEARNER CHILDREN

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ABSTRACT

Objective & Background: *The study investigates the efficacy of Cognitive Behaviour Therapy in managing behavioural problems of slow learner children in Pakistan.*
Hypothesis: *Children in the treatment group show less behavioral problems (aggression, social incompetence, attention disorganization, and anxiety) as compared to control group at the post intervention level controlling for pre-treatment level.*
Participant & Method: *A purposive sample of 10 slow learners (5 in Treatment Group and 5 in Control Group) were taken from Lahore School of Learning after screening through Slosson Intelligence Test. Assessments were done at pre and post level by using Comprehensive Behaviour Rating Scale for Children and Direct and Indirect Aggression Scale Teacher Report. Twelve structured group CBT sessions of sixty minutes were conducted over six weeks with the Treatment group. Control group was exposed to different activities like chart making, coloring and drawing.*
Results: *The Treatment group reduced significantly in all the behavioural problems, aggression, attention disorganization and anxiety after the intervention. There was no difference in pre-treatment scores on behavioural problems of two groups but post treatment scores of treatment groups showed a significant difference from control group.*
Implications: *As a preliminary test of a procedure for reducing behavioural problems among slow learners this study presents a model that can be refined and used in research and by special educationists.*

***Keywords**: Behavioural problems; slow learners; cognitive behavior therapy; aggression; attention disorganization; anxiety; social competence*

INTRODUCTION

Most of the children reach various developmental maturities at more or less similar times. However some children develop cognitively at a slower rate than the similar age children. These children undergo the same basic developmental stages as other children but their developmental stages are at slower rate. These slow learners gain knowledge more slowly than their peers although they do not have a disability needing special education (Griffin, 1978). Having to study at mainstream schools but not being able to keep up with the performance and learning required for their class level can be frustrating and distressing to say the least. Due to this situation they are at risk for different maladaptive behavioral problems like disruptive behavior (Qureshi, 1998; McCord, 1993), aggression, depression (Kessler & Walters, 1998), social isolation, lack of attention and concentration which can disturb their life at home and school. Left unattended, these problems tend to worsen and interfere with long term functioning and wellbeing of these children. Moreover, the teachers find it difficult to provide instructions and impart learning when children show inattention and disruptive patterns in class room. Despite recent advances in psycho-education techniques, there are very few intervention initiatives that provide a model for helping the educators in dealing with behavioural problems of slow learners in Pakistan. Therefore, this study focused at developing a procedure for reducing behavioural problems among slow learners and serves as a preliminary test of this intervention.

A slow learner child is one who is doing inadequately in school though he/she is not eligible for special education school. The intelligence test scores of these children are too high (70-79) for classifying them as intellectually disabled but low enough to cause significant difficulty in learning. They have ability to learn but they go through the procedure at a slower pace thus are often unable to complete tasks assigned in class room, taking longer time in learning concepts. This hinders performance and causes them frustration. Various behavioural problems noticed among slow learners are inattention, disorganization, sluggish tempo, social isolation, anxiety and sometimes aggression generating difficulties for their teachers and parents (Brody & Mills, 1997). Teaching slow learners is a demanding task needing patience, innovative skills and proper training. In this task a significant help can be given if behavioural problems are reduced as these

not only interfere with delivery of instruction but also impact subjective well being and self-efficacy of slow learners (Mahmood & Amjad, 2012). This study explored Cognitive Behaviour Therapy (CBT) as a possible strategy for managing behavioural problems of slow learners.

Cognitive Behaviour Therapy is a systematic way of working with individuals and groups to modify thoughts with an aim to modify emotions and actions resulting from these thought patterns. It focuses on addressing dysfunctional schemas and providing alternate options for behaviour in a given situation. It has been used with adults as well as children and refined since last two decades. Intervention studies have indicated that it is an effective treatment for bringing about change in thinking and response to different negative emotions like sadness, anxiety and anger (Grave & Blissett, 2004; Kendall, 2000). CBT for children include individual session, group sessions and sometimes both in a wide range of behaviour performance based procedures and often involve the family or school in therapy. The length of treatment depends on the severity of difficulties experienced by individual. For children with conduct disorder and aggression cognitive behavior therapies focus on social cognitions and interpersonal problem solving (Durlak, Fuhrman, & Lampron, 1991).

CBT and cognitive behaviour modification (CBM) has been used for maladaptive behaviour in children through the use of covert self-statements (Krishnan, Yeo, & Cheng, 2012; Lochman, 1992; Manassis etal., 2002). Evidence exists with regard to the efficacy of cognitive-behavioral therapy intervention for child anxiety disorders (March, Spence, Caroline, & Donovan, 2009; Minde, Roy, Bezonsky & Hashemi, 2010), social skills (Koning, Evans, & Volden, 2011), anger management (Beck, & Fernandez, 1998), and disruptive behaviors (Ghafoori & Tracz, 2004). Krishnan, Yeo, and Cheng (2012) examined the efficacy of a school based cognitive-behavioural therapy programme for academically weak adolescents at-risk for aggression. When compared to baseline data, standardized self-report and teacher rating scales revealed that the CBT group significantly reduced aggression within normal limits maintained even later at 1 month post-treatment. In contrast, the aggressive behaviour of the control group was maintained at at-risk levels. Naeem, Clarke, and Kingdon (2009) in an experimental study assessed anger management group programme based on cognitive behavior therapy. The experimental group received a CBT anger management programme based on Novaco's approach (Novaco, 1976) whereas the control group received no CBT. They did not do follow up because

of high rate of dropouts but found that anger as well as overall psychopathology was reduced.

Rowand, Stephen, David, and Mary (1999) provide a meta-analysis of twenty three studies and concluded that cognitive behaviour modification (CBM) reduced the maladaptive behaviour through the use of covert self-statements. The CBM in school settings can reduce impulsiveness, hyperactive, and aggressive behaviour in children. The mean effect size of all the studies was 0.74 which means that 89% of the literature showed that the experimental participants experienced more gains than the control group participants at posttest level after cognitive behaviour modification. Ghafoori, and Tracz (2004) in their meta-analyses demonstrated the effectiveness of CBT in decreasing disruptive behaviours in children. Twenty seven studies were included in their analyses. Research participants included elementary and middle schools students of 5-13 years. The disruptive behaviour studied were aggression, hyperactivity, acting-out behavior, lack of self-control and inattention. It was concluded from a review of these studies that children who received CBT showed fewer disruptive behavioural problems than those children who did not receive CBT. Although the effect size from pre to post treatment is relatively small still any reduction in disruptive behavior is clinically meaningful. Moreover, Cognitive Behavioral Therapy used in combination with teacher implemented contingencies was not found as effective as Cognitive Behavioral Therapy alone in reducing disruptive behaviour. Furthermore, no difference was found in disruptive behaviour relative to treatment administered in a school setting than any other settings. Durlak, Fuhrman, and Lampron (1991) also conducted meta-analysis on the effectiveness of Cognitive Behavioral Therapy for maladaptive children. The hypothesis was derived from theoretical considerations; children's cognitive developmental level would moderate treatment effectiveness. The significant results showed that treatment had produced a meaningful impact on adjustment, although further behavioural improvement was still possible.

Other intervention techniques have also been designed to address various behaviour problems in children for example Teglasi and Rothman (2001) designed an intervention programme to reduce aggressive, externalizing and disruptive behaviour among school children. The 15-session Structure/ Themes/ Open Communication/ Reflection/ Individuality/ Experiential Learning/ Social Problem-Solving (STORIES) programme used the peer group and story form as vehicles to improve social problem solving for aggressors, victims, and bystanders. Groups consisting of four to six primary school children contained

one or two children identified by school staff with concerns of bullying, general hostility, or aggression. These groups received the intervention in which structured stories were read depicting situations of bullying. The problem, feelings and thoughts as well as goals and intentions of the characters and solutions were discussed. The researchers assessed normative beliefs among all children pre-intervention and post-intervention and found no significant differences. There was also no significance difference in the normative beliefs of children identified as aggressive and those not identified as aggressive. They also compared the beliefs of children waiting to go through the programme with the children who had completed the intervention programme. The aggressive children who had completed the programme had slightly lower scores than aggressive children who had not yet received this intervention. Teacher reports only showed a decrease in actual externalizing problems among children who were not identified as aggressive.

Although the efficacy of CBT is proven in management of behavioral problems of average children but limited research has been conducted on slow learner children. Slow learner children display social incompetence and misconduct that are likely to contribute towards behavioral problems e.g. aggression, social incompetence (Dar, 2012; Durlak, Fuhrman, & Lampron, 1991; Grave & Blissett, 2004; Kendall, 2000). Despite this evidence, CBT is underused in Pakistan, so we aimed to assess the efficacy of CBT in a sample of slow learner children.

Hypotheses

We assumed: 1. There is no significant difference in both groups at pre-treatment level. 2. The treatment Group has significantly less Behavioral Problems as compared to Control Group at the post assessment level and, 3.There is a significant difference in pre and post treatment behavioural problems among children in treatment group.

METHOD

Participants

Sample consisted of two groups, treatment group and control group, each group had 5 participants. They were taken from Lahore School of Learning an inclusive education institute in Lahore, Pakistan. The age range of the sample

was 11 to 12 years (*M*=11.6, *SD*=.51). The IQ level was between 79 to 88 (*M*=83.8, *SD*=3.19), a range that classifies them as slow learners. They were randomly assigned to two groups. A child having either physical impairment or Intellectual disability (formerly named as mentally retarded) or both was excluded from the sample.

Measures

Slosson Intelligence Test (SIT)

The Slosson Intelligence Test (Slosson, 1963) provides scores on children overall mental ability, assessing vocabulary, general information, similarities and differences, comprehension, quantitative skills and auditory memory. Slow learners are children having IQs ranging from 70 to 89 and they would comprise the groups described as low average (dull) and 'borderline'. It is a widely used test for assessment of general intelligence at academic institutes.

Comprehensive Behavior Rating Scale for Children (CBRSC)

Comprehensive Behavior Rating Scale for Children (Neeper, Lahey, & Frick, 1990) provides valuable insight into a child's current level of class room functioning. It is based on teacher rating of cognitive, social, emotional and behavioral dimensions. It has 9 subscales: Inattention-Disorganization (items 3, 4, 11, 16, 37, 39, 42, 44, 46, 58, 59), Reading Problems (17, 30, 34, 38, 45, 52, 55, 61, 64), Cognitive Deficits (1, 2, 5, 7, 8, 33, 36, 48, 49), Oppositional-Conduct Disorders(items 19, 20, 21, 23, 25, 26, 28, 43, 50, 51, 57, 60), Motor Hyperactivity (27, 35, 40, 56), Anxiety (6, 10, 12, 13, 14, 29, 31, 32, 53, 54, 62, 63), Sluggish Tempo (9, 15, 24, 47), Daydreaming (16, 22, 41), Social Competence (65, 66, 67, 68, 69, 70). For this sample Cronbach's alpha of CBRSC is .77.

Direct and Indirect Aggression Scale- Teacher Report (DIAS)

Direct and Indirect Aggression Scales (Bjorkqvist, Lagerspetz, & Osterman, 1992) provides estimate of direct aggression (physical and verbal) and indirect aggression (backbiting, gossiping, exclusion from group). It consists of 24 items on 5 point Likert scale. High score reflects high level of aggression. It has a teacher report, self report and peer report version. For this study we used teachers' rating for reporting of aggressive behavior of students. For this sample

the Cronbach's alpha of DIAS – Teacher Report is .96. The scale has been used in Pakistan before on adolescents.

Procedure

As a first point of contact meeting was held with the principal of Lahore school of Learning, an inclusive education institution based in Lahore, Pakistan. This particular school has a policy that allows admission of learning different children and caters to their learning needs. The idea of study was explained to school administration and was approved after discussion with teachers of relevant grades. Parental consent was also obtained. Students were referred by the school administration on the basis of their poor academic records and behavioral problems specifically aggression and inattention. The participants were randomly assigned. The teachers were unaware of children assignment to either of the groups. All children were assessed on Slosson Intelligence Test for screening as slow learners. To assess the effect of independent variable (Cognitive Behaviour Therapy sessions) researcher also obtained measurement on Comprehensive Behavior Rating Scale for Children and Direct and Indirect Aggression Scale. Both measures were teacher rated. The pretest assessments of the participants were done prior to the introduction of the intervention and post-test assessment was done after the intervention sessions were completed. Teachers who assessed were unaware of what went on in the sessions for each group. The principal was the only one who attended one session each to provide independent feedback as per school policy but she was not involved in assessment. The treatment group went through the sessions whereas the control group completed drawings and coloured them and read aloud stories of their choice and played group games. These activities may provide some relaxation and social interaction but they were not designed as therapy to target their thoughts and behaviour.

Identifying the Behavioural Problems: Pre-Therapy Interviews:

Prior to planning the sessions, the researcher conducted interviews with the teachers of school and asked them to describe in detail the problems that these children exhibited. This phase comprised a separate study that is not reported here in detail. The interviews were transcribed and content analyzed and a list of problems with their descriptions was generated. Following this the researcher formed a team with a therapist and planned sessions for intervention. The researcher interviewed the Participants individually to understand exact antecedents of behaviour, participants' thoughts about these problems and to

create the suitable plan for activities during therapy sessions. The types of reinforcements to offer were also discussed.

Group Therapy Sessions:

The group therapy session were carried out over a period of six weeks, one hour session twice a week conducted by a Clinical Psychologist. Each session lasted approximately 20-30 minutes. The content of sessions broadly consisted of following main intervention modules: ABC model, Thought Records, baseline charts for behavioral problems, Relaxation Training, Attention Focus Exercises, Therapeutic Story Intervention and Social Skills Training.

The ABC Model: The model was explained to them. They were asked to share any recent event of their lives and describe it in terms of ABC. The model was explained with the help of example below:

A - Activating Event	B – Beliefs	C – Consequences
My teacher asks me: if I have completed my class work	I think:"she thinks I am not working hard enough" "she is trying to catch me out" “ she thinks I am dull”	Actions: I say defensively that I have almost completed the work whereas in reality I still needed some time Emotions: I feel annoyed, angry and resentful.

Baseline chart helps to identifying the frequency, duration and intensity of the behavior.

Antecedent Event	Behavior	Consequences	Frequency	Duration	Intensity	How you end it?

In each session, every member got a chance to speak about themselves and their emotions (pictorial presentation of different emotions i.e. happy, sad, angry, sick and scared). Every child was asked about any event, thing or person that led them to these emotions and therapist also shared her experience. The

purpose was to give a chance of catharsis and to build insight among children about their own actions. Simple Thought Record Charts were given to each student on which they described a situation (Who, what, when, where?), their feelings (What did you feel? Rate your emotion 0-100%), and thoughts (What was going in your mind as you started to feel this way?). Therapist gave tips on how to respond to others' emotions (listen actively, make eye contact, move to general area, let person vent, paraphrase what person says: "Let me make sure I understand you…." "You are concerned about….", do not take situation personally and acknowledge the feelings of others).

Behavior Monitoring Charts: These were given to the class-room teacher to report frequencies for each student of different behaviour like hitting, pushing, throwing objects, shouting, and distraction. These charts were taken from the teachers before next session.

Relaxation Exercises: Different relaxation exercises, deep breathing, 16-Progressive Muscles Relaxation Exercise, and autogenic (self produced) relaxation were explained to them and they were asked to practice those relaxation exercises at least twice a day for ten minutes whenever they felt anxious and write pre-post rating on the rating chart. This was monitored at home by mother.

Attention Focus Exercises: To improve the concentration, attention focus exercises were carried out in following way: therapist said aloud a word then asked the child to arrange it in alphabetic order. e.g. 'C.A.T', to be rearranged as A.C.T. As his attention and memory developed, he was asked to move on to longer and more abstract word. On correct response therapist marked plus on child score card, and marked minus on giving in-correct response.

Exercise Learning-Self-Control was explained that included steps of; be calm, take deep breaths, breathe deeply for three minutes or count to ten, three times. It taught how to organize immediate environment by keeping things in order. Daily Record Exercise charts were given as homework to the children for this exercise.

Date	Time	Type of Exercise	Duration	Satisfaction	Reason for not exercise

The Therapeutic Storytelling Intervention: TSI includes storytelling, the questions and the interrelationship between therapist and participants. Different stories were narrated by the therapist which touched upon three different aspects of behavior i.e. aggression, isolation and lack of attention and concentration.

Social Skill Training: SST for verbal and non-verbal communication was explained to the children. Non-verbal communication was explained with pictorial presentation. The main focus was on improving verbal communication i.e. Speech (Rate of Speech, Clarity, Tone of Voice, Volume, Amount), Conversational Skills (Turn Taking, Interruptions, Multiple Questioning, Being Relevant, Repairing), and Listening Skills (Attending, Acknowledgement, Responding, Self-disclosure).

Teacher report on Behavioural measures was taken pre and post treatment for both groups. Later in the year sessions were planned for the control group also. In this way they were the group waiting to go into therapy. Similar design has been used in earlier intervention studies (eg. Taglasi & Rothman, 2001).

RESULTS

The efficacy of Cognitive Behaviour Therapy programme was assessed by analyzing the results in two dimensions. First, in order to assess the group differences, teacher ratings of behaviour problems of treatment group and control group (pre and post intervention) were compared. Due to very small sample size, nonparametric tests were used. For comparing scores of treatment group and control group, Mann Whitney *U* test (the non-parametric equivalent of Independent sample t-test) was applied. Pre-intervention behavioural problems comparison is presented in Table 1. Comparison of post intervention behavioural problems of treatment group and control group is presented in Table 2. Secondly, Wilcoxon Signed Rank Test was used to compare pre and post behaviour problems assessment of each group in order to assess the change after intervention. Table 3 presents the results of this analysis.

Table 1

Mean Rank and Mann Whitney U of Pre-Treatment Aggression, Social Competence, Inattention Disorganization, and Anxiety scores Between Treatment Group (n=5) and Control Group (n=5)

Behaviour	Group	MR	*U*	*Z*	*P*
Aggression	Treatment Group	5.90	10.5	-.42	.68
	Control Group	5.10			
Social Competence	Treatment Group	7.00			
	Control Group	4.00	5.0	-1.57	.57
Inattention	Treatment Group	7.20			
disorganization	Control Group	3.80	4.0	-1.78	.07
Anxiety	Treatment Group	6.60			
	Control Group	4.40	7.0	-1.16	.25

Note: MR= Mean Rank

As the table 1 shows, there was no difference in the pre intervention behavioural problems of treatment group and control group (Aggression, p =.68; Social Competence, p=.57; Inattention-disorganization, p=.07; Anxiety, p =.25).

Table 2

Post Treatment comparison of Behavioural Problems of Treatment Group (n=5) and Control Group (n=5)

Behaviour	Group	MR	*U*	*Z*	*P*
Aggression	Treatment Group	3.00	.00	-2.62	.001**
	Control Group	8.00			
Social Competence	Treatment Group	7.00			
	Control Group	4.00	5.00	-1.57	.57
Attention	Treatment Group	3.80			
disorganization	Control Group	7.20	4.00	-1.77	.04*
Anxiety	Treatment Group	3.00			

	Control Group	8.00	.00	-2.61	.001**

Note: MR= Mean Rank, *p***< .05

The results of Mann Whitney *U* test show that the treatment group has significantly less aggression (MR=3.00, *p*=.00), attention disorganization (MR=3.80, *p*=.04) and anxiety (MR=3.00, *p*=.00) as compared to control group at post assessment level. The difference between the two groups on social competence is not significant in post intervention rating.

Table 3

Wilcoxon Signed Rank Test of Aggression, Social Competence, Inattention Disorganization, and Anxiety scores at Pre (n=10) and Post (n=10) Assessment, Within Groups

Variable	**Treatment group**				**Control group**			
	Level	***M***	***SD***	***Z***	**Level**	***M***	***SD***	***Z***
Aggression	Pre	24.2	6.61	-1.89*	Pre	24.4	7.36	-.40 ns
	Post	16.8	9.98		Post	24.8	7.72	
Social Competence	Pre	14.9	4.28	-2.52**	Pre	16.4	5.03	-.54 ns
	Post	21.9	4.48		Post	19.6	5.02	
Inattention disorganization	Pre	24.5	7.42	-1.68*	Pre	20.4	6.26	-.33 ns
	Post	16.9	7.78		Post	21.6	7.20	
Anxiety	Pre	32.4	5.56	-2.24*	Pre	30.2	6.53	-1.96 ns
	Post	23.3	7.05		Post	29.2	4.14	

Note: *M*= Mean, *SD*= Standard Deviation, **p*< .05, ***p*<.01

The results of Wilcoxon Signed Rank test show that there is a significant within group mean difference in the pre and post intervention assessment on all behavioural problems. The slow learners in treatment group score significantly lower on aggression, inattention-disorganization, and anxiety, and higher in social competence at post intervention assessment as compared to pre intervention assessment. The control group shows no significant change in their scores at pre and post intervention assessment. We also analyzed the amount of change between the two groups and it was significant (*p* = .008).

Summary of the Findings

Results of between group analyses (Mann Whitney *U* test) indicate that there was no significant difference in behavioural problems at pre-intervention level between two groups and a significant difference in three behavioural problems at post intervention; treatment group scored significantly less on aggression, anxiety and inattention in intervention assessment than control group. Results of within group analyses (Wilcoxen test) show that treatment group had significantly lower post-treatment scores than pre-treatment scores. No difference in pre and post behavioural problems and social competence of control group was found.

DISCUSSION

This study was a preliminary test of an intervention plan and procedure tailored according to the specific behavioural problems of slow learners identified as participants in this study. The results of within group analyses confirmed that children of treatment group show significant reduction in behavioral problems according to post intervention teacher ratings on Comprehensive Behaviour Rating Scale for Children. This indicates that the planned intervention was effective in reducing the behavioural problems of the slow learner children. The main techniques and concepts used were designed according to principles of Cognitive Behaviour Therapy and focused on four main behavioural problems; aggression, attention disorganization, social skills and anxiety. The theoretical framework of CBT explains how this process takes place (Beck & Fernandez, 1998). The initial exchange between therapist and children created some insight into their own behaviour and inappropriateness of those behaviour patterns. Later sessions provided alternates to the existing behaviour and final practice sessions reinforced the newly learned behaviour. Previous studies have similar findings, (see for example meta analyses by Durlak, Fuhrman, & Lampron, 1991; Ghafoori & Tracz, 2004; Rowand, Stephen, David, &Mary, 1999)

Our results indicate that the intervention was effective in reducing level of aggression in slow learner children. A large number of techniques of this CBT programme solely or in combination were designed to target aggressive behaviour of the slow learners. The techniques work at cognitive level as well as at behavioural (response options and learning) level. Earlier findings support this (see for example Beck & Fernandez, 1998; Krishnan, Yeo, & Cheng, 2012; Lochman, 1992; Naeem, Clarke, & Kingdon, 2009). Similarly Teglasi and

Rothman (2001) intervention study mentioned in detail in introduction had success in reducing beliefs about aggression as well as externalizing problems among children although they did not use CBT, they did use similar activities.

Social competence of treatment group was not significantly different from control group at pre or post level but they did show significant improvement at post intervention. Even the control group showed a non-significant change in mean social competence at second assessment which is an interesting finding. On the basis of teachers report it is observed that some of the children of the control group improved their social skills only by interacting with the peers for different activities and games hence there was no difference in post treatment social competence scores of both groups.

Anxiety among children of treatment group significantly reduced at post assessment level. Anxiety and anger can sometimes be expression of frustration. And can be influenced by the social interaction, achieving greater comfort level with peers and due to catharsis and acceptance during therapy. Wilhite (2010) studied effects of social skills program on 10 emotional and behavioral disordered students. He used teachers' assessment at pre and post intervention level. His results indicated that anxiety was significantly reduced at post-intervention level. Another study has also confirmed the efficacy of internet based CBT for treatment of child anxiety (March, Spence, Caroline, & Donovan, 2009).

These findings from earlier studies had guided the authors in planning this study and it was a very useful learning experience for all stakeholders involved in the intervention; researchers, therapist, participants and indirectly the parents and teachers who later shared the discussion on findings and gave their feedback on observed change in children. The slow learners are a neglected section of children who struggle to cope with academic demands and need understanding from educators as well as parents. The children in treatment group and control group also had individual differences in level of ability as well as in response to therapy. Due to small number of participants we could interact with each one at a personal level and accommodate these different response styles. Therefore it is recommended that such groups be kept small. It is important that therapy is customized for group needs and situation taking into account baseline behaviour and specific responses that need to be changed. The small units of responses work better than a general behaviour change and focusing on rehearsal of alternate responses is more effective. As mentioned in the beginning, this study claims no more than a preliminary test of a therapy plan. For purpose of

sharing this with wider audience and helping more children in similar situation, the details of therapy sessions are available on request.

As in any intervention, change can be short lived if practice of skills learned is not carried out. Since we did not do follow up assessment we cannot ascertain how long the change lasted especially in view of continued academic pressure and lack of ability of slow learners to meet this pressure. The intervention included only child therapy while family and teacher training was not included.

Recommendations

There is a need for teachers training and easy goal setting for slow learners to make their life easier. Future research with involvement of active parents and teachers will be useful with inclusion of family CBT. The researcher also recommends that the government and non-government institutes need to incorporate the use of research oriented therapeutic programs for children, teachers and parents.

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