Learning disability as we call is an umbrella term which includes a wide variety of learning problems. A learning disability is not a problem with intelligence or motivation, children with learning disabilities are also found neither lazy nor dumb. Their brains are wired differently, this difference affects how such children receive and process information. Children with learning disability can see, hear and understand things differently, which leads to trouble with learning new information and skills.

Learning disabilities result from impairment in one or more process related to perceiving, thinking, remembering and learning. Such disabilities range in severity and may affect any or several areas of life. Diagnosing a student with learning disability is a difficult task that should not be taken lightly. In school setting the Individual with Disabilities Education Act (IDEA) require that school used a Response to Intervention (RTI) model to determine the students learning needs. Response to Intervention requires schools to have evidence based core curriculum and instruction in place for all students. Although learning disabilities are difficult to identify at any age, however they are very difficult to identify in young children. Learning disabilities are more apparent in school age students along with the slow learning, there are other sign and symptoms which exist, these may include cognitive processing, attention difficulty in social relation, problem with self-esteem and the most vital aspect is school performance. The school children with learning disabilities develop anxiety, anger, and they show their mood tantrums which leads to sometimes anxiety and depression and thus, emotional aspect of learning disability children are also disturbed.

Emotional intelligence which involves the ability to perceive accurately, appraise and express emotions, the ability to regulate and promote emotional and intellectual growth. Substantial evidence has been found which is related to awareness and identification of one’s owns emotions and emotional regulations skills. Previous research literature shows that emotional intelligence with success or failure in school has a positive relationship. Getting the thought from such research evidences, the
present researcher was motivated to explore emotional competence and for understanding deeply the academic performance of learning disability school students. However, getting to know the relationship between emotional competence and academic performance would not have been satisfying for the present researcher thus it was also planned to give cognitive behavior therapy in sessions to learning disability group of school students to see its effect. Thus the problem was incorporated as:

**Problem**

Impact of cognitive behavior therapy on emotional competence and academic performance among Learning Disability group of students

**Objectives**

To screen and diagnose the Learning Disability group of students.

1. To assess the Emotional competence and Academic performance among Learning Disability group of students.
2. To study the impact of Cognitive Behavior Therapy on emotional competence of Learning Disability group of students.
3. To study the impact of Cognitive Behavior Therapy on academic performance of Learning Disability group of students.
4. To compare the efficacy of Cognitive Behavior Therapy across the demographic variables.

**Hypotheses**

1. There would be positive relationship between Emotional competence & Academic performance of Learning Disability group of students.
2. There would be positive impact of Cognitive behavior Therapy on Emotional competence of Learning Disability group of students.
3. There would be positive impact of Cognitive behavior Therapy on Academic performance of Learning Disability group of students.
4. The efficacy across the gender, type of school and the area of the Learning Disability participants would be significantly different.
A sample of learning disability 200 students (Boys & Girls) screened and diagnosed school student were selected for the study. Among these, 100 students participated in experimental group in which they received the cognitive behavior therapy and other group comprises of 100 school students from control group were all selected from total 292 students which were found to be learning disabled and having emotional incompetence but with average intellectual capacity as well. 1070 learning disabled students were screened out from 3107 from a group of identified learning disability risk students but with average intelligence. A total number of 6345 students were taken at the initial stage from 8th to 10th class of government and private schools from rural and urban areas of the Rohtak district for screening and identifying.

In order to achieve the objectives of the present investigation a two group design was employed on learning disability group of students in Pre (Before intervention) and Post (After intervention) conditions. For experimental group, in pretest condition the academic performance of the students was noted down from the recent examination from their schools which was followed by cognitive behavior therapy sessions (12 sessions) and in post-test condition the academic performance was again noted in the same manner for that academic period. The academic performance of control group participants was also assessed in the same manner with same time gap but no cognitive behavior therapy was given to them. For the assessment of respondents, the following tests were used:

8. Malin’s Intelligence Scale for Indian Children (MISIC) developed by Malin’s.
9. Learning Disabilities Diagnostic Inventory (LDDI) developed by Bryant and Hammill.
10. Emotional Competence Scale (EC-Scale) by Sharma and Bhardwaj.

All participants and their respective parents along with the teacher of the schools were informed about the nature of the assessment procedure and thus parents and children signed the appropriate informed consent form. School students who were
voluntarily agreed and whose parents wished them to participate in the study were administered tests and also cognitive behavior therapy was delivered in sessions to one group only.

Scoring was done with the help of the manual for each item. Then, these scores were statistically analyzed. To analyze the data, descriptive statistics, correlation and t-test were applied.

**Major findings of the study:**

- The first hypothesis of the study predicted that, “there would be positive relationship between Emotional competence & Academic performance of Learning disability group of students” has been verified. However, the results show that the dimension enhancement of positive emotions has found to be positively correlated with academic performance. However, the dimension adequate depth of feeling has found to be negatively correlated with academic performance. The dimension adequate expression and control of emotions shows no correlation with academic performance. Similarly, a negative correlation but not significantly correlated in dimension ability to function with emotions and ability to cope with problem emotions has been found.

- In second hypothesis, it was hypothesized that, “there would be positive impact of Cognitive behavior Therapy on Emotional competence of Learning disability group of students” has been verified. The cognitive behavior therapy was administered on experimental group which has been found to be significantly different from pre to post condition which indicates that the emotional competence of such students has been enhanced from pre to post condition with cognitive behavior therapy. However, in experimental group when cognitive behavior therapy was given on all the dimension of emotional competence show enhancement from pre to post condition. Besides this, the control group where no cognitive behavior therapy intervention was given, there also, a significant difference is obtained from pre to post condition. Further, emotional competence dimension adequate depth of feelings, ability to function with emotions, and enhancement of positive emotions showing significant difference in control group, here suggest that the learning disability students with emotional incompetence and with time the incompetence level
was increased due to non-awareness and lack of introduction of coping skills to them. However, the dimension adequate expression and control of emotions and ability to cope with problem emotions show no significant difference from pre to post condition of control group.

- The third hypothesis of the study predicted that “there would be positive impact of Cognitive behavior Therapy on Academic performance of Learning disability group of students” has been verified. The academic performance of experimental group has found to be improved from pre to post-test condition. The significant difference from pre to post-test condition suggests that there is an improvement in the academic performance of learning disabled school students who received cognitive behavior therapy. However, in control group, the significant difference in pre and post-test condition (no cognitive behavior therapy intervention) indicate that the academic performance of such students decrease because of no exposure of coping strategies, homework assignment, and lack of self-awareness etc.

- The fourth and last hypothesis of the study predicted that, “the efficacy across the gender, type of school and the area of the Learning Disability participants would be significantly different”.

  i. Gender: The t-value in emotional competence and academic performance of experimental group across gender state that no overall difference has been obtained. Only few dimensions explain significant difference in boys and girls. Similarly, one dimension adequate expression and control of emotions shows non-significant difference. Thus, this hypothesis has been rejected in reference to gender.

  ii. Type of school: The last hypothesis stating significant difference in the type of schools (government & private) has found to be significantly different in experimental group in which intervention is given. The students of government school are better enhanced than private school but further dimension suggest that no significant difference. Thus, this hypothesis has been verified. However, in academic performance of government and private schools of experimental and control group the,
non-significant difference is obtained which indicate that hypothesis is rejected.

iii. Rural and Urban areas: The third variable of the last hypothesis predicted that there would be significant difference in the rural and urban school students. The non-significant difference has been obtained in the experimental as well as the control group, suggest that either the cognitive behavior therapy intervention or no intervention it does not put impact on the kind of schools (rural and urban). Thus, the enhancement in emotional competence has been found equal in rural and urban. Similar, results have been obtained in the academic performance of rural and urban school students where either intervention given or not. Thus, this demographic variable has also been rejected.

To conclude it can be stated that the impact of cognitive behavior therapy has been clearly observed in emotional competence and academic performance. The main aim of the present research was to assess the impact of cognitive behavior therapy among learning disability group of students on their emotional competence and academic performance has been achieved.