CHAPTER 1
INTRODUCTION

Basic need for all human kind from birth to whole life is learning, as because of learning human kind has reached where they are now. In all life skills learning skill is the very important skill as it helps mankind know and understand the way of life, things and environment works from the very beginning or let’s say from birth. Learning makes mankind understand and improve all things from very basic necessity to the advance level things.

There are three factors reflecting learning enhancement as identified by Behavioral Psychologists. The first degree of learning is related to acquisition of the new behavior. Second is, maximum level of performance which is associated with any type of behavior. The third factor of acquisition of new behavior is associated with greatest increase in learning. Benjamin Bloom (1956) defines three below mentioned domains of learning:

- Cognitive: To calculate, recall, analyse, discuss and problems solving etc.
- Psychomotor: To swim, dance, dive, ski and drive a car etc.
- Affective: To love, fear, appreciate, hate, like something and worships etc.

During the learning process the learners acquire various habits, attitudes and knowledge that all essential and also to meet the demands of life in general.

Learned Helplessness:

Martin Seligman developed this concept in 1906s at the University of Pennsylvania. In the early life experience of the infant shows no correlation between the activities/ actions and their outcomes. Inadequate mothering or maternal deprivation infants have especially learned helplessness risk due to incorrect responses to their actions. The mental health issues like anxiety, depression and psychological problems can be lead through learned helplessness in children, adolescent and adults. Early life damages can also lead learner’s helplessness. The future emotional development is based on sense of mastery. Overall the learned helplessness hampers the education of learner.
**Slow Learner:**

The educational researchers and psychologists use the term for slow learners such as low achievement in all areas of development. Shaw, Grimes & Bulman (2005) defined the term for those children who perform poorly in schools, yet not eligible or taking special education. So many responsible factors may count for slow learners such as lacking in environmental security, poor emotional growth, very few or limited learning opportunities, school absenteeism, not trained teachers, large class strength etc. this is very important for awareness of the teachers for these cause and responsible factors of problems. Similarly, the language learning and inadequate learning strategies affects negatively to the slow learner students and responsible for losing the interest from learning tasks. However, one another factor is family problems at home which are also more influential for student’s performance.

**Learning Problems:**

Learning strategies and style differ from individual to individual. The process of information gathering from individuals is better when received through the ears than eyes. Few individual feels difficulty in learning in noisy environment, while few individuals prefer less visual distraction environment. During the learning time some individuals face few mentioned difficulties related to breakdown in listening involvement, process in learning, perceiving, thinking, expression and memory. These all difficulties termed as specific learning disabilities or specific learning difficulty. Some are responsible for poor scholastic performances such as cultural and social disadvantage and emotional disturbance but many of the times the professional psychologists help them to enhance their academic performance.

The learning phenomenon is multidimensional. It is a relationship between the processing in information and system functioning to enable individual to learn. Very few children can make effort to learn, but some fails to learn effectively due to specific reasons. In India, as per (NPE-POA-1992) total 12.59 million school going children are disabled. Approximately 10% children are estimated to have learning problems as per prevalence rate, out of which 4.6% school going children identified as severe learning disabilities.
Emmett Albert Betts used the term ‘Specific Learning Disability’ first time in his text (1936) “The Prevention and Correction of Reading Difficulties”. However, Samuel Krik (1963) first time born the term ‘Learning Disability’ in conference and the term refer to development disorder in the group of children that were different from childhood disabilities in contemporary area. The various assumptions which are associated with learning problems early explanations only centred on brain damage and brain disease knowledge. To know and understand the learning problems the initial focus was on encoding information including role of the hemisphere processing of the brain. Specific functions were attributed to each hemisphere by medical researchers. The analytic, linguistic, abstract sequential processing was associated with left hemisphere functioning. The right hemisphere functioning were attributed to the spatial, non-linguistic, holistic processing, or manual pattern of recognition. Deutsch, Wepman, Morency, Cruickshank and Strother (1975) authored article jointly on learning disability containing the following definition:

- Refer to children who demonstrate a substantial deficiency in academic achievement as of perceptual or perceptual – motor handicaps regardless to etiologic or other contribution it’s called Specific learning disability. For those neurological mental processes through which the learner acquires his basic alphabets of sounds and forms the term used is called ‘perceptual’.

- Mental handicap these days called Learning disability in British term and 'mental retardation' in other countries. Learning difficulty, development disability or special needs are the other terms used for learning disabilities and it’s confusing. It’s also defined as less intelligence. With time they get mature and start facing social skill problems.

Learning disability is not same as ‘specific learning difficulties’ like dyslexia. The difficulty in reading refers to Dyslexia. The dyslexia people may have high or normal (or low) intelligence. Few are more severely learning disabled than others (that is, their IQ is lower)

- Before the age of two years severe learning disability is usually identified. Those people suffering with severe learning disability are unable to organise their lives without help or take care of themselves.
• Between the ages of three to five years moderate learning disability is usually identified. Those people suffering with moderate learning disability are able to manage their daily activities with support and also able to do simple work but they need guidance.

• During the school years Mild learning disability is usually identified. Those people suffering with mild learning disability are able to live alone and can do simple jobs and they can achieve limited in school.

There are many interchangeably terms used before the term learning disabilities was generally accepted which describes the children with disability in learning and behavior patterns. Disabilities like reading, writing, speaking, listening or mathematical ability are under Learning disabilities. As per law, the child with level of academic achievement of below the standard of his age by two or more years is called a disabled child. In fact, learning disabled children usually have above average intelligence or average intelligence, but their brain process information differently. This difference in brain processing lasts throughout life. It generally comes with attention deficit/hyperactivity disorder or other associated disorders. Low birth weights, alcohol, drugs, sensory deprivation, use of tobacco are fetal development or birth is also associated with learning disabilities. Simply, it is a neurological disorder that affects the brain process for information or ability to receive information, process, store, and respond them. Social skills, memory, attention, coordination, emotional maturity and academic areas can be affects the individual in the learning disability condition.

Learners with forgetfulness, taking unusually long time to complete tasks, lack of organization, are the other alarming signs of learning disability apart from underachievement. Difficulty in working independently, trouble shooting, lack of attention, slopping are some signs a teacher can notice in the child suffering from learning disability. Apart from signals from school or schoolwork performance indifference emotional features and behavior can be noticed in child suffering from learning disabilities. It includes frustration, poor self–esteem, distractibility, impulsiveness, restlessness, and poor physical coordination etc.

The learning disabilities are perfectly involved in wide variety of learning problems but this problem can’t relate with motivation and intelligence. Children with learning disabilities aren’t dumb or lazy. The brain and learning disabilities children
simply act differently. This difference produces that how information receives and process. But this information process affects new learning skills and also can lead in trouble. Reasoning, Writing, Mathematics, Reading, Speaking and Listening are most common types of this this learning disability which involve various problems. The process of information gathering from individuals is better when received through the ears than eyes. During the learning time some individuals face few mentioned difficulties related to breakdown in listening involvement, processes in learning, perceiving, thinking, expression and memory. These all difficulties termed as specific learning disabilities or specific learning disabilities.

- The population of learning disabled is heterogeneous. It affects many areas of performance and learning. Erroneously it is the describing term which describes the individuals that they have common causes of learning disorders, the same characteristics, and they all gain from the common teaching methodology.

- This type of disability is found within the students and it must be cured as learning disability is what it called. Our learning environment and curricular expectations are totally neglected and it may aggravate the disability. Society and schools relieve the responsibility for modifying the child’s way when blamed for abnormal behavior.

- Another demerit is that a student suffering from learning disabilities ignores general manifestations of learning disorders such as planning ability, problem solving strategies, social skills and organization. Adult who continues learning disabilities which require unique emotional, independent living, vocational and academic achievement are not specially recognized in the definition of learning disability.

- Generally an instant extent of odd development is normal but still learning disability regulations are appreciation of disparities development, every variation from the norm is in danger of being misinterpreted as disabilities. It extends to misidentification of general or let’s say normal people as disabled.

- It is believed that complicated service needs of the learning disabled are simple in learning disabilities. Mankind is still to explain and discover which and what type of technique and intervention strategies will work at
its best to help different types of learning disabled students as even after translations of laboratory research into practical classroom identified groups as taken under observation.

- Society’s valuing of academic achievement is defined by learning disabilities. This disability is not taken under consideration as school curricula doesn’t work to maximize the afterschool social adjustments and vocational requirements so they can become happy and responsible citizens after the school context.

**Types of Learning Disability:**

Three broad categories such as language disorders and developmental speech, academic skills disorders and others like coordination disorders are mentioned for learning disabilities. Hard work is in progress in identifying the types of learning disabilities. Below are the categories that identify the specific skill area for individuals having problem in learning?

- Severe reading disability (dyslexia)
- Severe problems with arithmetic and mathematics (dyscalculia)
- Severe problems with written expression and handwriting (dysgraphia)
- Severe spelling difficulties (dysorthographia)
- Severe problems in recalling names, symbols and vocabulary (dysnomia)

As above mentioned are not mutually exclusive and any individual may have problems in various types of specific learning disability. Such as dyslexia, now and again queer all aspects of articulacy improvement in combination for spelling, reading and writing – and many dyslexic learners in like manner acquire difficulties for mathematics.

- Dyslexia: A being for dyslexia has fair to middling to above fair to middling luminosity, but has deficits in visual, auditory, or motor method, which interfere for reading and reading comprehension. The being may in like manner acquire difficulties for knowledge to translate printed words into spoken words for ease.
- Dyscalculia: A being for dyscalculia has fair to middling to above fair to middling luminosity, but has distrace for numbers or remembering facts
over a long period of time. Some beings acquire spatial obstacle and
distrace aligning numbers into legitimate queue. Some beings may acquire
distrace and inverse numbers, and acquire distrace in mathematical
applications.

- Dyspraxia: A being for dyspraxia has obstacle for messages to body from
  brain of being legitimately. Dyspraxia might in like manner cause speech
  obstacle, poor posture, poor sense of directions, and/or distrace for actions
  such as throwing and catching.

Prevalence:

From 1 per cent to 30 per cent of the school residents (Fuchs et al., 2002;
Lyon, 2002) as per estimates of the prevalence of Vague Knowledge Incompetency
vary widely (and wildly). In terms of vague difficulties for Bradley, Danielson and
Hallahan literacy, (2002) suggest that some 6 per cent of with all other estimates and
as per), at 1.5 per cent to 3 per cent (such as, Vellutino & Scanlon, 2002). Putting the
figure for severe reading difficulties lower learners acquire a vague reading
incompetency (dyslexia this compares for an estimated 16 per cent to 20 per cent of
the general school residents having ‘garden-variety’ short term or longer-term
obstacle in acquiring articulacy skills. All with severe reading difficulties are reported
to occur in all languages, observed in English-speaking countries is the highest
frequency of reading incompetency. Estimates for prevalence of disabilities in written
language and mathematics are more difficult to obtain, perhaps because these problem
areas acquire not attracted as much attention from re-seekers. Some 8 per cent to 15
per cent of learners are reported to acquire significant obstacle for written expression
(dysgraphia). In addition, their difficulties, and the temperament of their errors, are
said to be qualitatively different from those found in the very much larger residents of
learners who find mathematics a tough subject to master. It is suggested that
approximately 6 per cent of learners acquire a vague incompetency in mathematics.
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different from those found in the very much larger residents of learners who find
mathematics a tough subject to master.

According to Silver & Hagin, 2002, the assorted forms are due to a continuing
lack of conformity on precise criteria for detection are called the marked variations as
reported prevalence rate of Vague Knowledge incompetency in its there is concern in
US such as, that existing criteria are not being applied when learners for difficulties are assessed – as a result too many learners are labelled as Vague Knowledge incompetency. Whereas low achievers, it is ‘OK’ to be identified as having a knowledge incompetency as per remarks that in our society today; it opens doors to extra services as label that parents, teachers, and society at large do not intent. It is rigorous not being applied by the particularly by the schools, because the diagnostic criteria However, emotional disturbance and performance obstacle and mild intellectual incompetency are being categorized as Vague Knowledge incompetency, The significant number of beings are misdiagnosed under the Vague Knowledge incompetency group and are receiving services all that they are poor learners for other reasons. It state that, we will never clean up the Knowledge incompetency group’. And ‘As long as the Knowledge incompetency group absorbs children for IQ scores in the 70–85 range, as fine as those for scores below 70, A major problem in reporting prevalence rates in like manner hinges on the interpretation of what we mean by ‘ordinary’ or ‘fair to middling’ luminosity. At one standard deviation below the residents fair to middling of 100) we say, ‘A student for vague knowledge distrace is of at least fair to middling luminosity’, do we mean an IQ of 100 and above? or do we mean IQ above 90? or above 85? (IQ 85 is. IQ 70 – that is, whatever above mild psychological handicap group. Some re-seekers appear to regard ‘ordinary luminosity’ as everything above Each of these cut-off points would produce very different residents of learners in terms of psychological competency and number of beings identified. Knowledge disabled’ as per further major haziness enters when some writers state that all low achievers are ‘Reasons of Knowledge incompetency. Assorted causes for knowledge disabilities may embrace prenatal, natal, postnatal, genetic, biochemical, and psychological features.

Pregnancies for complications such as prematurity and low birth weight toxemia and bleeding. As per Wallace and McLoughlin (1975) Prenatal, natal features: found that a group of children for reading difficulties were products of Rh-incompatibility, anoxia, and accidents during pregnancy consumption of drugs, alcohol and tobacco maternal endocrine disarrays, radiation, maternal age, were in like manner reported to be features influencing scholastic achievement in children.
Postnatal features: Some of the postnatal features are nutritional deficits, deprivation of sensory stimulation and maturational lag of central nervous system. Head injury, lead poisoning adopting neurological damage.

Genetic features: As per (Wallace and McLoughlin, 1975) that the presence of familial patterns does not imply that a given case of knowledge distract after an in depth review of literature in this aspect is a result of genetic features, but only that genetic features seem to operate in large number of cases. There acquire been studies indicating occurrence of knowledge difficulties more frequently in certain families. Studies on twins in like manner acquire demonstrated supports in support of this fact.

Biochemical features: Certain metabolic disarrays in combination for hypoglycaemia and hypothyroidism are reported to be found in some cases for knowledge disabilities.

Psychological features: The generally aware of disabilities in children having knowledge disabilities tend to develop psychological obstacle as secondary symptoms. At risk for knowledge disabilities certain environmental psychological features may in like manner contribute to causative features in children.

Differential diagnosis:

Intervention programs such as lead special programme for luminosity trying has been used in the past not only for initial detection purposes but in like manner for diagnostic purposes. Some psychologists and diagnosticians believe that luminosity test profiles can reveal cognitive and perceptual strengths and weaknesses in the student. Scatter analysis of WISC subtest scores programmes are recent re-seek studies acquire, failed to support the use of particular profiles of cognitive skills to identify Vague Knowledge incompetency learners. WISC-R or WISC-III can be used to identify particular subtypes of knowledge incompetency manner a popular notion that profiles based on the subtests. Blakely et al., 1994 studies informs about sequencing difficulties and poor short-term remembrance may identify a form of dyslexia that is different from one that reflects weaknesses in language skills. It is often reported that five or six different subtypes can be identified by profile analysis but Vague Knowledge incompetency learners show no significant profile deviations from the ordinary range found that at least 70 per cent of learners suffer from it.
Emotional Competence

**Emotion:** There is no fine-accepted definition of emotion exists. The human emotion is a combination of subjective, physiological and behavioural responses. The terms feelings and affect are combined and thus known as emotion. Moreover, the mood itself is an emotional state which is very much general. The affect which is encompassed as mood and sensitivity can be positive or negative affect

“Emotion” represents a meaningful and necessary concept as per psychological point of view. Indeed, the word “emotion” may give reasons for doubt as Magda Arnold wrote in 1970. The psychological perspective has two interconnected implications. First, it’s on phenomena conspicuous used or felt by beings. Second, the explanations for these phenomena hypotheses require about intrapersonal causal methods.

Explanations embrace operating characteristics such as sensitivities and attentional and energetic resources thresholds, method and response repertoires. The assorted kinds of information that these methods acquire to work for manner is generated by human being’s bodily methods, few information is also received from the environment; and few information comes from the being’s store of cognitive schemas, performance skills and representations of facts. A phenomenological or an intentional level (description in terms of desires, aims, expectations and sensitivity) has been distinguished. The psychological point of view focuses on intra being methods. Dennett (1987), legitimately psychological and a functional level (description in terms of programs, habits, there are gradations of integration of essentials, information-method procedures, and remembrance stores), and corresponding levels of description.

**Function of Emotion:**

- Organize and motivate performance
- Communicate with others
- Increase, decrease, or regulate arousal
- Direct perception and attention
- Influence knowledge and remembrance
Types of Emotion:

There are three types of emotions namely:

- Basic Emotions: - The analogous to the essentials of chemistry basis according to one view people acquire few basic emotions. Emotional sensitivity occurs along two or more continuous dimensions according to competing view, such as displeasure and activity vs pleasure vs inactivity. To embrace anger, disgust, fear, happiness, sadness, and interest emotion is widely agreed. The recognition and expression emerge in early stage of life but continue to develop through lifespan. Basic emotions show high cross-cultural recognition the facial expressions associated

- Identity-conscious and social emotions: - Embraces emotions such as envy, pride and shame, empathy, contempt and guilt. Theory of mind and sense of identity define that basic emotions develop initially than emotion develop fully because they depend on cognitive improvement landmark.

- Refined emotions: - The higher order wakefulness is totally new concept for emotional experience aspects that require the psychological methods in higher level.

Emotional Intelligence concept requires exploring its two component terms, intelligence and emotion. Since 18th century, psychologists have recognized effective three part segment of the mind into cognition, emotions, and conation. All three segments sphere includes such cognitive functions as human memory, judgement, abstract thought, reasoning and mental functions also includes such as emotions themselves, evaluations, moods, and other feeling states, including energy or fatigue. Emotional intelligence term can be related with ‘emotional literacy’; it means being aware that emotions can enforce our conduct and influence on people (positively and negatively). When the researcher looks on the brain science of emotional intelligence defines the understanding of human behavior and brain that how emotional intelligence impress our decision making powers and how to react under certain conditions. Emotional Intelligence is also defined as a potential to identify, understand and manage emotions in positive manner to relieve stress. In other words it is viewed as an ability to perceive and to generate the emotions in order to assist the thoughts, feelings, knowledge and emotions which regulate the intellectual emotional
growth. The emotional intelligence is expected to be involved in the home, in school, in work, and other settings. According to (Mayer & Cobb, 2000), emotional obstacles frequently are solved fine and influence into many of these settings.

Peter Salovey and John Mayer (1990) have explained emotional intelligence as the competency to manage the sensitivity and the relationship. Howard Gardner (1993) defined emotional intelligence as interpersonal and intrapersonal intelligence. Intrapersonal intelligence is a state of wakefulness of individual abilities, sensitivity and the motivation. However, emotional intelligence also includes abstract reasoning in relation to the ability to understand and perceive emotion and ability to understand how emotions facilitate interpersonal relationship and interaction with others.

Daniel Goleman (1995) has defined motivation, identity, empathizing emotions and managing one’s and other’s emotions as basic skills which are involved in emotional intelligence. While explaining basic skills, Gardner has explained the technique of modelling, coaching and instruction technique which an individual learns from parents and teachers in monitoring their own positive and negative thoughts. He has explained that such skills can be learnt just like others learning.

- Managing Emotions is only one aspect of emotional luminosity for being aware of one’s emotions. The emotionally intelligent being in like manner knows how to manage these emotions. Learners will sometimes be discouraged or anxious when they try to learn something that is difficult. To help learners learn to manage their Sensitivity teachers cannot eliminate discourage in the classroom. Learners can be taught to acquire more patience for themselves, and skills to work through conflict and discourage and each other and to develop perseverance.

- In empathy, we in light manner need to be aware of other’s sensitivity for classroom dynamic exchanges, and in life, we need not only be aware of our own sensitivity (Goleman, 1995; Milojkovic, 1999). Empathy is prerequisite for social problem-solving and conflict resolution. To take on and understand different perspectives and to take responsibility for their actions, teachers can help learners develop empathy by providing opportunities to put themselves in one another’s shoes.
Handling Social Relationships, Asher & Rose (1997) have explained emotional intelligence as working fine for others and developing meaningful personal relationships --- being aware of managing emotions, Identity-motivation, emotions, and having empathy for others—are involved as we engage in social relationships. Positive social relationships in school—are often associated for positive scholastic achievement. Learning is important both inside and outside of the classroom In addition, learners who develop social skills become team players and team builders. Positive relationships and effective group interactions teachers can facilitate when they encourage a commitment to working as a group, valuing each other’s participation, being mindful and caring of others, and showing appreciation for team members (Preskill & Torres, 1999).

Identity-Motivation, success is expected from the learners who are optimistic motivate themselves. An area of emotional luminosity is Identity-motivation, which is the competency to generate sensitivity of enthusiasm, zeal, confidence, and persistence, especially during setbacks (Goleman, 1995).

Emotional competence affects globally individual performance at work, physical and mental health and also the relationships in life. Emotional intelligence can be explained as a mean through which an individual achieves the desired goal and the motivation as well. The self or moral sense of the individual, ego strength and the development stages all contribute in the emotional competence. It is perceived that everybody has the feelings but everyone is not necessarily aware of one’s ability to manage the emotions with the feelings. It is also related to handle the ups and downs of relationships which involved to handling feelings, flexibility, relating, expectations, disagreements and forgiveness.

- Feelings start before the reactions
- Relating means being with other persons that how you may be able to establish trust is the difficult situations.
- Flexibility is based upon strong and weak behavior and would lead to the good relation
- Intimacy is the building relationships more closely based upon togetherness.
Disagreement is the staying out of controlling power or disagreement.

Expectations starts from listening to each other every time and one does not ask every time.

Forgiveness as regiment or revenge is not good, it is always good to forgive.

Saarni (1997) described emotional competence as the ability to express self-efficacy in emotion eliciting social relationship and interactions. Personal integrity is also very important in social relationships and emotional intelligence. Self-efficacy has been explained as individual beliefs and skills and confidence to achieve the desired goal and also the way of emotional expressiveness to relations with others.

According to McAdmas (1996), the ego identity functions for the individual is the coordination and mediation is requirement of the environment. Bandura (1989) has explained the self-efficacy as distinctly served when adaptive goal. The importance of moral sense develops the personal integrity in life because individual life reflects their emotional competence. Colby and Damon’s (1992) explained the moral ideals and moral action by their commitment of open-mindedness, truth-seeking, flexibility toward change, compassion for others, and a sensitivity to “doing the right thing” in their daily lives and finally their interaction. Wilson (1993) has suggested the role of moral dispositions, justice, wisdom and courage etc. in emotional competence. The role of developmental history is defined by social constructivist in a manner that this role how affects emotional competence. The sense of this social constructivist approach is highly individualized. Our social history comprises in our attitudes, cultural beliefs, our assumptions, and pattern of reinforcement significantly involved.

Emotional Competence constituted by skills, which can be learnt in social contexts, these skills presented people beliefs about social experience from childhood to late adolescents. The ethical values has been found in relationship to moral character, that effects the emotional responses of the individual which promote the personal integrity and wisdom and ultimately maturity and culture is also included in emotional competence. The self, ego identity, moral sense and the developmental stages of an individual are main contribution of the emotional state comprises the following abilities:
The ability to discern others emotions based on expressive and situational cues.

The ability to use the vocabulary of expression and emotions term commonly in acquires culture.

The capacity for sympathetic and emphatic intromission in others emotional experience.

The ability to feel inner emotional state need not correspond to outer expression for both in oneself and in others.

The capacity for adaptive coping with distressing and aversive emotions by using strategies of self-regulation.

Feeling capacity for emotional self-efficacy

“Emotional intelligence involves the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge’ and the ability to regulate emotions to promote emotional and intellectual growth” (p. 10).

To study the relationship of emotional competence with academic achievement substantial evidence has been found which is related to awareness and identification of one’s own emotions, empathy, and emotional regulation skills. Miles and Stipek (2006) have found social skills a literacy achievement relationship in the 1st, 3rd and 5th grades. “Research shows that young children with higher level of empathy tend to be less aggressive, better liked, and more socially skilled, and to make greater academic gains than children with lower levels.” (p. 4)

Linares et al., (2005) found that students exposed to the Unique Minds School Program, focusing on emotional competence, showed gains in self-efficacy, math grades and problem solving. The research literature revealed that young children who display anti-social behaviors do more poorly on academic tasks and are more likely to be held back in later years (Raver and Knitzer, 2002). Finally, poor emotional regulation and lack of empathy seem to be important reason to decline the relationship and in academic achievement leading to school failure and poor emotional control.

Every individual knows that everybody have feelings, but everybody is not aware about how to manage with those feelings. However, the skills of emotional competences refer that how people deal with emotions and how to understand, recognize, regulate and express their own emotions and interactions of others.
Researchers indicate that with the help of practice everybody should be empowering for success in life. For understanding deeply about the intrapersonal and interpersonal dynamics are three separate skills which are found in the emotional competence. For improving the emotional competence each skillful dimension includes the coordination of feelings, good judgement and action bringing out the results. The management of individual feelings results the balance of the attention between short and long term focus for achieving the target goal. In our lifelong developmental cycle our personal and professional growth response is based on our experiences which include self-development, self-awareness, self-responsibility, relationships, and reflection and feelings etc.

Academic Performance

According to Battle & Lewis (2002), in today’s technological revolution and globalization, education is considered as a primary path for every human behavior. It is considered to be important in human capital development and is linked with individual opportunities for better living and well-being. The academic performance of the students remains at top priority for the educationists this is most essential part of individual development and every individual have the opportunity to obtain her or his academic potential.

Learning disability students include almost two-third of those receiving the special services (special education) in secondary level (Levine and Wagner, and Cardoso 2003), but many learning disability students spend their day as part of life in the general education classroom and these students suffer from their academic performance and their social adjustment at school. Busari in 2000 has conveyed that it is generally regarded as display of knowledge attained or skills developed in their school curriculum or subjects. Academic achievement includes the results of school students for educational goals achievements which is generally measured by the regular assessment or the examination.

Today in education the school achievement of the students has become a current topic for discussion, especially with class room teachers. The overall goal of any school and school teacher is to prepare the students and improve the ability level for future need. The school achievements assess learning in determined time with the amount of academic content of student. In this process each grade level has
instructional standards or learning goals that teachers have a need to teach. There are so many variables which can impact successful student achievement, but the extremely critical are learning disabilities and classroom instruction. It is very meaningful to remember that all students don’t learn in the same way or at same rate. Classroom instruction is very meaningful factor that puts an impact on students’ achievement. As a teacher, set expectations for learning an individual can influence the quality of instruction and measure the level of understanding.

A learning disability is a term that causes a student to learn slow than students of the same grade and same age. In this issue it is very fact to remember that when it comes to student achievement all students can learn properly.

According to Ireoegbu (1992), academic performance refers to the level of performance in the school subjects individually by students. This performance on standardized tests receives heed in utterance of students’ academic performance, teachers’ assessments of performance as indicated in course or grades of subject representing a common metric of the performance of students which is mostly associated with the learning and teaching than the annual standardized test scores. The marks or grades attend a number of functions because it reveals the achievement of the students (Adedipe, 1985). These marks or grades assigned by school either high or low, which means the academic achievement of the students, could either be good or bad. It is related to expression which used to represent the students’ scholastic understanding. Many researchers, psychologists and educators alike, have recognized some of the factors or variables that have effects on the students’ academic performance. In term of intelligence the academic performance of an individual’s inherent potential which combined with other sociological factors. Ojerinde (1981) identified the personality factor in his study such as achievement, anxiety, level of interest and motivation as factors that affects academic performance of individuals.

In academic performance the differences in personality and intelligence both have been linked for individual difference. Higher mental ability students demonstrated higher levels in conscientiousness tend to achieve high in the academic settings. The findings of researches have been suggested that the mental curiosity has a very important impact on academic achievement in summation to conscientiousness and intelligence. The early academic achievement enhances later academic
achievement because in the early years of life, social skills and language development along with preparedness in school areas help the students adjust to the academic performance and also students adjust to academic expectancies. The physical activities can trigger neural activity in the brain because the exercise increase in particular executive functions such as working memory span of attention etc.

Students’ academic performance indicators considered through teacher only two indicators of the academic performance of students with disabilities such as course grades and teachers perceptions in general education academic classes. Course grades depends on the standardized tests those receives the very greatest attention in utterance of teachers, academic performance of students, and performance evaluated in the form of grades. General education academic classes reveal according to their teachers all students to keep up with the grading expectations of the class and the assignment of the class.

In achievement area the poor academic performance is not only the result of the low self-esteem of the child, but also cause related to their parental stress. In another way there are many reasons to underperformance of child at school, such as below average intelligence, medical conditions, learning disability, emotional problems, attention deficit hyperactivity disorder, a poor socio-cultural home environment, environmental circumstance and psychiatric disorder etc.

- Besides this, medical problematic circumstances have been pointed to have an independent effect which results in poor academic performance in the school.
  - Low birth weight and preterm birth
  - Nutritional deficiencies and malnutrition
  - Worm infestations
  - Hearing and visual impairment
  - Habitual snoring and other medical conditions etc.
- Below average intelligence is well known that level of intelligence of individual children is an important prognostic variable for academic outcomes. Children with borderline intelligence and below 70 intelligence quotients (mental retardation) presents with school failure or poor school performance.
Neurobehavioral disorders such as specific learning disability, attention deficit hyperactivity disorder, autism and Tourette syndrome also affect the performance of the students to achieve their success.

The school psychologists provide best information for cause to the parents for their awareness regarding the poor achievement in the academic areas. The following cause given by Rabinovitch: deficits in specific capabilities, lack of emotional freedom to learn, lack of developmental readiness, and lack of motivation.

- Deficits in specific capabilities are related with cognitive problems, attention deficits often present doubtful mixture of disabilities. Continuously, these pupils are found to have highly severe deviant behavioural problems in childhood.
- Lack of developmental disabilities is related to the starting phase of school. Many children starting school but they are not ready for formal instructions in general school subjects. In the last of the year when the kindergarten children were judged then they show following characteristic:
  - Concentration and memory poor
  - They found in poor ability to follow through on projects
  - Poor coordination level
- Lack of emotional freedom to learn new learning activities due to too high level of anxiety which cause unable to attend the learning process. This problematic emotional attitude blocked the entire learning process.
- Lack of motivation is strong evidence for poor academic performance of the children’s.

**Cognitive Behavior Therapy**

In the context of psychological intervention programme psychotherapy is best behavioral medicine to show the effectiveness for treating the mental health problems by talking with trained mental health professionals. It is the partnership between a trained therapist and an individual to understand their current feelings and assist them in changing their behavior with the help of ground of dialogue and with supportive environment for talking openly. During psychotherapeutic programme the relationship is highly systematic between therapist and clients to learn and produce the change in moods, feelings, thinking, and behavior. A psychologist can help in
individual work through such problems for all ages live healthier, happier and more productive lives. The language is used as a medium of communication and interaction. Besides this, other nonverbal techniques such as music, play, art, drama are also used. Moreover, the below mentioned three components of psychotherapy are used in clinical interventions and counselling.

- Firstly, the counselling programme more often used or applicable on normal population, but the psychotherapy programme is related to form treatment which is rendered for clinical problems. In this reason counsellors prefer to refer to individual seeking help as client, whereas psychotherapist fewer worried to identify those they help as patients.
- Secondly, a psychotherapist systematically use specific psychological theories to formulate and guide intervention programme.
- Thirdly, such psychological interventions are intended to create modification to resolve the presenting problems of the patients.

Psychotherapy used to describe a broad range of behavioral mental health treatment which is related to non-pharmacology. In all issues, psychotherapy reveals the meeting with trained professional to explore and work through problems. In general psychotherapy differs with a variety of different goals which are as follows:

- It is learning process that how to cope better with problems and challenges.
- It is based on reflection on feelings and experience with a supportive listener.
- It is related to develop, learn to recognize, and use personal strength.
- To have a safe environment and supportive place to talk about past experience and problems.
- Help in making decisions with difficulty level and getting through difficult time.
- It helps in direction findings and setting of future goals.
- It helps to improve relationships with others.
- It helps in coping with mental health and chronic medical problems.

In the field of mental health the revolution was initiated by Aaron T. Beck, in the early 1960s because he was fully trained and practicing as psychoanalyst. He developed a form of psychotherapy which is originally known as “cognitive therapy”.

It is now known as latest “cognitive behavior therapy”. Beck presumed cognitive therapy as talkative, short duration, structured and present-oriented psychotherapy for mental health issues, and is inclined to solve problems and modify the behavior which is not acceptable. Since this psychotherapy has been used by other persons to solve the problems on a large population, the cognitive therapy with time has been modified by some therapists. In this therapy, treatment for certain disorders is based upon the cognitive formulation and modification in which certain beliefs and strategies forming the disorder are treated. The basic aim of this therapy is to focus how a person’s feelings, thoughts and actions are. Moreover, in this therapy people themselves are made aware of their thoughts and how their thoughts can affect them. Such changes help the individuals to think about the past and also for the future problems. The therapist tries to bring a change in the cognition of the person through his thinking and belief system and thus helps in modification of his beliefs.

Ellis (1962), proposed rational emotive behavior therapy which emphasizes in the correction of irrational thoughts and behavior. Similarly, acceptance and commitment therapy (Hayes, Follette, & Linehan, 2004), problem solving therapy (D’Zurilla & Nezu, 2007) and exposure therapy (Foa & Rothbaum, 1998) are also used along with cognitive behavior analysis system of psychotherapy.

The combination of behaviour therapy and cognitive therapy defined as a form of cognitive behaviour therapy. Firstly, in the 1950s the behaviour therapy was emerged with the concept of idea that people or individual can cognize new behaviour to modify their problematic issues. In 1960s the cognitive therapy was developed. In the cognitive therapy it was new judgements behind that how an individual can think about own past experience which will have a significant influence on their feelings.

Generic CBT model of problem development:

This technique proposes that through commonly childhood experiences and sometimes experience of later life we develop core beliefs and thoughts which are to some extent functional and make sense of our world. Majority of individuals have mixed beliefs that are functional and dysfunctional, the functional beliefs allow us to cope most often and the dysfunctional beliefs may not cause for many years. However, if someone tries to encounter the event or a series of events that caused by notion in the core beliefs or assumptions cannot be handled by positive thoughts. In
such situations causing dysfunctional assumptions became more active, negative thoughts are evoked and unpleasant situations occur which cause anxiety and depression. The interaction between negative thoughts, emotions, behavior and physiological changes may result in dysfunctional behavior patterns. Cognitive behavior therapy is known as an appreciable therapy for patients or people for want to improve themselves, their self-esteem, self-confidence and want to move away for self-destructive behavior. The following features and the effects of cognitive behavior therapy are mentioned below:

- Cognitive Behavioral Therapy helps the individual to develop self-enhancing beliefs, flexibility and attitudes towards yourself, others and the world around you.
- Cognitive Behavioral Therapy is simple and goal-directed.
- Cognitive Behavioral Therapy offers skills and strategies for overcoming common problematic issues such as depression, anxiety and more.
- Cognitive Behavioral Therapy addresses your past with a view to understanding how your personal history may be affecting your present day beliefs and behaviors.
- Cognitive Behavioral Therapy focuses on how your problems are being perpetuated rather than searching for a singular reason or root cause.
- Cognitive Behavioral Therapy encourages you to try things out for yourself and practice new alternative ways of thinking and acting.

Cognitive Behavioral Therapy highlights prevention of relapse and personal development. Over time, both approaches behavior and cognitive therapy was merged in cognitive behaviour therapy. All forms of Cognitive Behaviour Therapy are based on individual ideas because our behaviors and thoughts show very important role to deal effectively in our sensitive experience. Occasionally, our behavior and thoughts can give to a negative sensitive experience. A key imagination behind Cognitive Behaviour Therapy is that the way we think about current and past episodes in our life has a very vital impact on how we experience and reaction to those current events—that is, how we believe and deal.
Cognitive Behavior Therapy interventions include:

- In the therapy initially setting realistic goals and learning how to solve these problems (e.g., engaging in more social activities, learning how to be assertive)
- Learning how to manage anxiety and other mental health issues (e.g., learning relaxation techniques such as deep breathing, coping self-talk such as “I’ve done this before, just take deep breaths” and distraction)
- Identifying problematic situations that are often avoided and gradually approaching feared situations
- Identifying and engaging in enjoyable activities such as social activities, hobbies and exercise
- Identifying and challenging individual negative thoughts process (e.g., “Things never work out for me”)
- Keeping track of thoughts, feelings and behaviors to become aware of symptoms and to make it easier to change thoughts and behaviors

Common features in Cognitive Behavior Therapy:

Cognitive Behavior Therapy is an evidence-based therapy. In this therapy many various kinds of intervention programme offered to help the individuals. Few treatments or interventions programme have been systematically and scientifically tested and others have not tested. In this way the treatment which is evidence based is a treatment which is estimated in a proper manner. This therapy is used in many different manners of mental health issues or psychological issues. Cognitive Behavior Therapy is global therapy, the patient and the therapist work together to understand and resolve the patient’s present level of difficulties.

Cognitive Behaviour Therapy is an educational psychotherapy; all forms of Cognitive Behaviour Therapy involve little educational procedure about the temperament of the patient’s problems and the elements of therapeutic intervention. This type of learning is often called psycho-education which can be provided in the first one or two sessions of the treatment. Occasionally, patients are given hand-outs or other reading materials regarding the current intervention programme and also provide them the information about their problem that how this therapeutic intervention programmes can help them. Cognitive Behaviour Therapy is goal oriented and short-term. The
total 5 to 20 sessions of Cognitive-behavioral therapy will usually last sessions. The intervention programme depends on the problem nature and the severity of the problem being treated and the sessions depend on the intervention programme. Sometimes sessions may be increased for effectiveness of the intervention programme, especially if the patient needs help with more than one kind of psychological problems. To make effectiveness the additional sessions, at times referred to as booster shot or refresher sessions, may also be included as part of intervention programme or part of this psychological treatment. For example, one or two additional sessions may be scheduled to take place in three and/or six months following the end of the weekly therapy sessions. Booster or refresher sessions may also be scheduled by the patient as need based. Booster sessions can help to ensure that progress or effectiveness in the therapy is maintained and continue. Also, any new issues that arise following treatment can be dealt with before significant problems develop.

In this intervention therapy the patient becomes his own therapist for achieving important solutions of the settled goals. This can be done partially through training, homework exercises and education. The therapist also in this therapy, teaches coping strategies and other intervention skills. The client learns new ways of doing things and new ways of coping that they can continue to use even after therapy has ended.

**Cognitive Behavior Therapy is structured:**

Therapy sessions in Cognitive Behavior Therapy are usually focused on reducing the client’s current symptoms and improving their functioning. In order to stay focused, the therapist and the client create a plan for the session to make sure that what they cover will be most beneficial to the client.

**Cognitive Behavior Therapy and home assignment:**

Cognitive Behavior Therapy focus on teaching the client new ways of dealing with their emotions and behaviors. The therapist will ask the client to apply what they learned in the therapy sessions to their life outside the therapy. Generally, the client and the therapist will work together to set homework tasks at the end of the session for the week to come.
Cognitive Behavior Therapy focuses on thoughts, behaviors and feelings, in addition to education and skill development, the client’s thoughts, behaviors and feelings are a key focus of therapy.

**Thoughts:** In Cognitive Behavior Therapy, the therapist helps the client examine and evaluate their thoughts in problematic situations. This may involve teaching the client to become aware of their thoughts, monitor their thoughts and come up with ways to test the accuracy of their thoughts. Testing beliefs may take place in the therapy session (e.g., a client with panic disorder may engage in breathing exercises to test the belief that symptoms of panic lead to fainting). Or a client may test beliefs as part of their homework for the week (e.g., disclosing something personal to a friend to test the belief that this will lead to rejection).

**Behaviors:** Clients sometimes develop certain patterns of behavior in an effort to experience less distress. These patterns may be helpful in the short-term, but they can be unhelpful in the long-term. For example, it is common for people who feel anxious in social situations to avoid these situations. In the short-term, this approach can help reduce anxiety. But in the long-term, his way can lead to social isolation and worsening anxiety. The therapist’s job is to help the client come up with new ways to handle social situations that improve coping and reduce anxiety.

**Feelings:** Some of the techniques used in Cognitive Behavior Therapy focus on directly changing how people feel. For example, relaxation techniques can significantly reduce feelings of tension and stress. Most of the time, however, it is the focus on beliefs and behaviors that lead to important changes in feelings. Even though the goal of therapy is to improve how people feel, Cognitive Behavior Therapy tends to spend most of its time on beliefs and behaviors.

**Cognitive Behavior Therapy is adaptable:**

Cognitive Behavior Therapy can be given in a number of formats and by a range of providers. For example, Cognitive Behavior Therapy can be given to individuals or groups. Often, Cognitive Behavior Therapy is provided by a trained
therapist, but it can also be facilitated by a peer or a coach. Many high-quality Cognitive Behavior Therapy self-help materials are also available and may be used on their own or as an adjunct to treatment. Structured Cognitive Behavior Therapy treatments for many different types of problems have been developed. Some variations of Cognitive Behavior Therapy have included other therapeutic approaches or techniques. These are mindfulness and acceptance and commitment therapy, which involve a collaborative assessment of the client’s values and goals. Cognitive Behavior Therapy is also very well suited to being adapted to each client’s specific concerns. Structured protocols can be modified or blended to provide clients with treatment that is tailored to their specific needs.

**Principles and Elements of Cognitive Behaviour Therapy:**

- There are several different types and/or applications of Cognitive Behaviour Therapy. They focus on cognitive restructuring, modifying behavior, and/or developing alternative coping skills. Most share some common principles and elements, such as:
  - Brief and Time Limited yields positive results for a client in a relatively short period of time. The average number of sessions clients receive is approximately 16. Cognitive Behaviour Therapy is brief because it is instructional and makes use of homework assignments.
  - Present centred what is happening with the client in the “here and now?”
  - Thought Focused Help client recognize and understand personal thoughts that can lead to irrational fears and worries.
  - Practice and Homework Develops new skills by teaching different ways to understand situations and their responses. The counsellor acts as a teacher and coach. Home work (including reading assignments) encourages the client to practice the techniques learned.
  - Sound Therapeutic Relationship Establishes a trusting relationship and builds rational self-counselling skills in the client that helps the client learn to think differently. The counsellor’s role is to listen, teach, and encourage, while the client’s role is to express concerns, learn, and implement that learning.
Advantages of Cognitive Behavior Therapy:

- Structure that reduces the possibility that sessions will become “chat sessions”, and more therapeutic work may be accomplished,
- An emphasis on getting better by learning how to recognize and correct problematic assumptions, the root cause of many problems, and clearly defined goals and methods that can be evaluated using scientific methods

Limitations of Cognitive Behavior Therapy:

The cognitive behavior therapy solves the problems easily through short term but for severe disabled and long-standing patients this therapy has got its own limitations. But there are certain principles of this therapy which improves the quality of life and increases the changes of further progress. The experts who used cognitive behavior therapy know very well where the problems lies and how they have to used, but again there is one limitation in using cognitive behavior therapy that is expert do not know much about how cognitive behavior therapy would have an average persons. Cognitive behavior therapy becomes less suitable if at place someone feel unhappy or unfulfilled but does not have troubling symptoms.


In functional analysis later on when used for substance used it is used in identify the situations or the states in which the persons feels difficulty in coping. The counsellor in the beginning conducts a functional analysis of the episode which has recently being conducts for substance used. The counsellor asks a series of questions which are mentioned towards the insight building in the thoughts and recollection of ideas of the individual. For example how the thoughts occur and questions are asked:

- To get an idea of how all this works, let’s go through an example. Tell me all you can about the last time you used cocaine.
- Where you and what were you doing?
- What happened before?
- How were you feeling?
- When was the first time you were aware of wanting to use?
- What was the high like at the beginning?
• What was it like later?
• Can you think of anything positive that happened as a result of using?
• What about negative consequences?

Certain skills are inculcated in the individual during training programme in order to help the clients to unlearn the old habits and learn the new habits through skills. Cognitive behavior therapy is most commonly used in reducing the habits association with drug using life style by getting the substitute of positive activities and rewards the clients, in this therapy; client learns to cope and recognize to use new substances. Moreover, such skills also improve interpersonal relationships and enhance the social support and also help learn in tolerance, anger and depression etc.

**Cognitive Behavior Therapy in Schools:**

Cognitive behavior therapy which is parallel to other educational services is commonly used and accepted among educators. Cognitive behavior therapy is also used by school based clinicians during the intervention programme and a continuation – for prevention, to early identification and to direct individual services. The educational environment plays important role in the delivery of cognitive behavior therapy where both time and resources are limited.

The components and possible service-delivery options of CBT are consistent with the educational environment, where both time and resources are often limited. The present-oriented and solution-focused approach of CBT is also appealing in school settings, as it addresses the student’s issues without overly relying on diagnosing a specific pathology. In addition, the structure of CBT, focuses on psychoeducation, skill building, between-session work (i.e., homework), agenda setting, and progress monitoring, is congruent with most activities that already exist in today’s school settings. These components not only help in intervention but would strengthen the relationship between counselling of other services given in schools.

School-based clinicians have their access to the combination of teacher interaction, peer influence, and personal-performance efforts and outcomes, all of which offer an insight into a student’s perceptions and thought processes that many outside clinicians do not have access. The school setting is viewed as a “natural laboratory” for observing interpersonal dynamics and gathering data about the
problems facing students, as well as a “safe” and pure setting for students to “experiment” with newly-learned skills from counselling sessions. Often, the problems associated with the generalization of skills learned in counselling or therapy services are that the skills are being taught in a setting far removed from the child’s daily environment. Goldstein and Goldstein (1998) noted that for interventions to have the greatest effect they must be implemented in close proximity to the target behavior. Thus, services offered within schools rather than outside settings (e.g., outpatient clinics, inpatient units, etc.) has major advantages, especially given the opportunity for immediate generalization during the sessions.