

Cognitive Behavioural Therapy in treating persons with learning disabilities

Zafer Bekirogullari*

Bahcesehir Cyprus University, Faculty of Educational Sciences, Guidance and Counselling Psychology Department, Betrettin Demirel Caddesi 155, Nicosia, Cyprus

Abstract

Based on the recent research, Cognitive behavioural therapy (CBT) has extensively popularised particularly in the last three decades. As a standard therapeutic approach, CBT has been widely applied in solving numerous mental-related problems. As will be seeing later in the paper, majority of persons with learning disabilities are the ageing population and this population is on the rise. This implies that the evidence base of their mental problems requires intensive care, therefore, the world countries ought to ensure that there is a comprehensive range of psychotherapies who would cater for the increasing population of persons suffering with learning disabilities. Cognitive Behavioural therapy (CBT) is contemporary an accepted and effective method of treating people with learning disabilities, this is evidenced by the reducing numbers of persons suffering from learning disability illnesses. However, as the paper shows, there is an immediate need to support the education practices as well as developments contributing to the emotional requirements of persons with learning disabilities.

Keywords: Cognitive Behavioural Therapy; Anger; Emotions; Psychotherapy; Clients

1. Introduction

Aaron Beck in 1976 posed a critical question regarding CBT-which by then was a newly invented therapeutic method that accentuated on altering the dysfunctional cognitions of the patients. In his question, he asked whether fledgling psychotherapy would challenge the behavior and psychoanalysis therapies which the giants in the field were then. Since then, CBT emerged as a dominant modality in psychotherapy surpassing the variants of Aaron Beck. In this regard, one would question the responsible factors that can be attributed to the meteoric augmentation in the utilization of the CBT approach in treating the psychotherapeutic challenges of learning disabilities, particularly in the last 30 years. In this journal article, therefore, I comprehensively discuss the attributing factors responsible for the increased popularity of CBT in treating cases of learning disabilities as well as evaluate significant criticisms that have recently emerged concerning the treatment approach. Additionally, describe the recent innovative works especially the application of CBT in learning institutions where its form is essential for children with learning disabilities.

1.1. Literature Review

Understanding Learning Disabilities

As a neurological disorder, learning disability consequences from the diverse ways “Wiring” ways of a person. Beck, Davis, and Freemann (2015) disagree that children with learning disabilities are no smart, they are smart similarly to their peers or even

* Zafer Bekirogullari. Tel.: +44 7761 909517
E-mail address: zafer.bekirogullari@cyprus.bau.edu.tr

smarter than them. However, persons with learning disabilities have challenges with spelling, difficulties in reading, reasoning, recalling and reflecting the already absorbed information. Guipers et al. (2013) explain that learning disabilities are long life psychological issues, therefore, persons with learning disabilities cannot be healed. Nonetheless, if children with learning disabilities are accorded the right interventions and support, they can thereafter succeed in their studies and other distinguished professions in the better part of their later life. Fairburn et al. (2015) argue that it is the responsibility of parents to help their children suffering from learning disabilities in accomplishing their goals by enhancing their strengths, comprehending the education system subsequently helping them adapt effectively, knowing the weaknesses of their children and working closely with psychological professions in issuing critical learning strategies.

In the USA, there have been numerous cases of learning disabilities. For example, Beck, Davis, and Freemann (2015) say that 15% of the United States populace represents the number of persons learning from learning disabilities. In fact, this implies that one person in every 7 Americans suffers from learning disabilities. In Figure 1 below, the paper has compared the relationship of persons suffering from learning disabilities on sex and age.

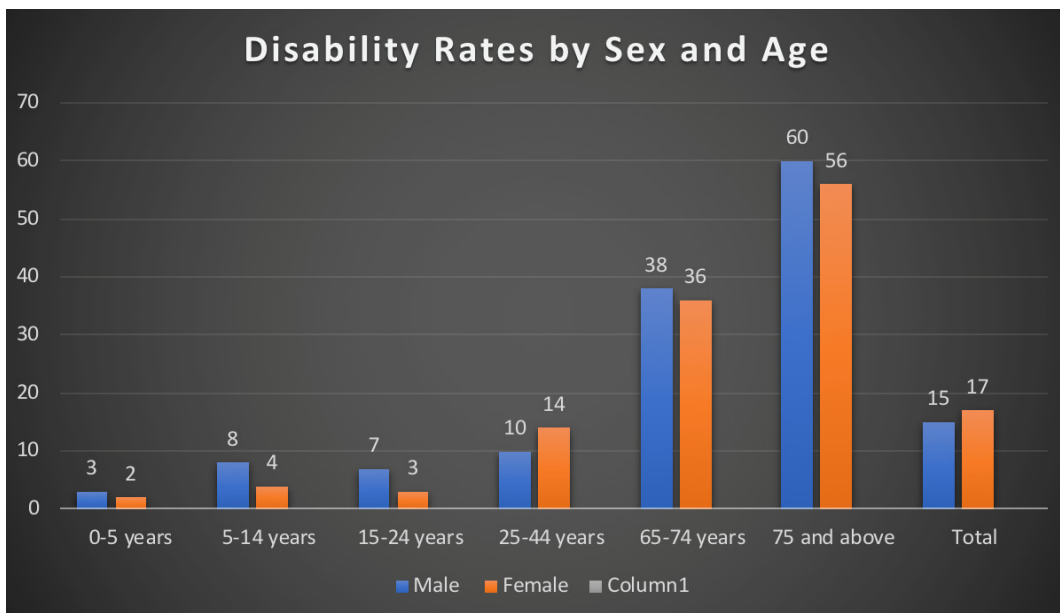


Figure 1

Of all the difficulties of learning disabilities, basic language and reading skills are the common and most notable learning disabilities. In this regard, Hofmann and Otto (2017) state that approximately 80% of persons with learning disabilities suffer from the above mentioned two difficulties. However, as Guijpers et al. (2013) argues, learning disabilities should not be equated or rather confused with other disorders such as blindness, intellectual disorders, behavioral disabilities, and deafness. Also, learning disabilities are not similar to other challenges such as lack of opportunities to learn or school attendance challenges. Lastly, for students with difficulties in learning English, they necessarily do not have a learning disability. Earlier in this paper, I have explained various types of learning disabilities.

1.2. Understanding Cognitive-Behavioural Therapy (CBT)

Cognitive-behavioral therapy (CBT) epitomizes an exceptional category of psychological interventions founded on emotions, cognition and scientific approaches of human behaviors (Willner, 2007). There are numerous treatment approaches included in the contemporary knowledge regarding the maintenance as well as etiology of diverse mental disorders (James et al., 2013). According to Anderson et al. (2013), therapists and their patients work together in understanding and identifying the challenges concerning the alignment between behavior, feelings, and thoughts. Also, CBT purposes to directly reduce the patient's stress, target the disorder's symptoms, re-evaluate the cognitive abilities of the patients as well as promote a helpful response to behavioural changes. Van, Valmaggia, and Smit (2015) Say that there are particular practical as well as psychological skills that are required for a therapist to help the patient tackle the disorders they might be suffering. The patients should, therefore, harness these skills, for example, re-evaluating and reflecting the meaning aligned to a particular situation with subsequent changes in behaviours. Richards et al. (2016) add that the roles of the therapists in CBT is actively promoting modifications especially on psychotherapy and 234 CBT in addition to putting what the patient has learned within the sessions, this is called "Homework." However, as Muse et al. (2016) says, despite the patient accomplishing self-efficacy through augmenting his or her efforts, that is not the primary vehicle of healing particularly in performing behavioural improvements, in this regard, Lloyd, Bond, and Flaxman (2013) says that clinical intervention of learning theories are essential.

1.3. History of CBT Application in Clients with Learning Disabilities

As evidenced by the literature review, the use of CBT in treating patients with anxiety and depression attributed to learning difficulties has been extensively limited to a few case studies. Nonetheless, based on the few modifications induced in the therapeutic approaches and styles of communication, the early attempts to use CBT on patients with learning disabilities have indicated that the intervention of CBT is a success (VanDuijvenbode et al., 2015).

1.4. Approaches used in CBT Treatment in Learning Disabilities

There are two major frequently used approaches in CBT including operant and classical conditioning. Regularly, the two methods are integrated with modelling as part of observational learning (James et al., 2015). For instance, through observational learning, patients mainly learn to systematically reward themselves on particular occasions when they have successfully shown adequate and new reactions towards crucial situations. Freemann et al. (2015) Say that certain behaviours such as reduced activity or avoidance are problematic because, in most cases, they act to sustain the worsening of the problems. Therefore, if the patients circumvent the situations that prompt phobias, such including travelling in a train or within large crowds. Then, the therapists would help them feel safe enough in facing the feared situations as an approach purposed in assisting them to learn new behavioural approaches through which their future similar problems will be tackled and reducing anxieties. Patients establish meanings about situations, life events and symptoms in diverse ways, these ways are referred to as cognitive interventions. According to Smit et al. (2014), the roles of the therapists in assisting the patients to heal is helping them intensify their consciousness in becoming more maladaptive in automatic thoughts that emerge to the mind and reduce negative personal elucidations such as "I am in danger." Guided recovery is also known as Socratic dialogue is a trained questioning style that is used in gently probing for patient understanding, the method also excites alternative ideas and viewpoints (Cuijpers et al., 2013). Speek (2007) explains that it is through these alternatives that the patients execute behavioural experiments in assessing the precision other behaviours and therefore, espouse a more accurate methodology of acting and perceiving. Zipfel et al. (2015) Emphasize that CBT is fundamentally not

about trying to prove that the therapist is right and the patient is right, but it is used to determine the accomplishment of an accurate direction that can result to a skillful collaboration between the patients and the therapists. CBT can, therefore, be applied to any patients notwithstanding their cultures, gender, sexual preferences or race, all that is dependent is the nature of every patient's problems (Kennerly, Kirk and Westbrook, 2016).

2. Methodology

As a researcher, I designed this study to assess the efficacy as well as the synergy between the use of CBT in treating psychological-related illnesses and other methods of treatment approaches.

Research Question 1: Since its implementation over three decades ago, has the effects of using CBT in treating Learning disabilities impactful?

Research Question 2: What are the efficacies of applying CBT treatment to people with learning difficulties? Will its implementation be effective?

A qualitative research method was used in this research paper. According to McHug, Hearen, and Otto (2010), a qualitative research method is a study methodology that extensively lays emphases on the qualities of the entities encompassed in addition to research meanings that are not empirically measured in terms of quantities, frequency or intensity. In regard to this paper, the method was used to seek answers to particular questions (stated above) that have stressed how social experience is established. Also, the qualitative research methodology was used in this study to assess whether embedding CBT directly to people with learning disabilities would be impactful through the creation of an instructional environment that will better the learning outcomes of all the people, predominantly those with learning disabilities. When conducting the study, three students with different levels of learning disabilities including high, low and mild were included. They were also accorded similar support, work logs and equal forum for discourse. Through the interviews, the diverse effects of CBT treatments between the three people were recorded.

3. Results

Qualitative data was collected, subsequently, a qualitative method approach was used in analyzing the data. The analyses of this study were mainly on the levels of the people suffering from different levels of learning disabilities.

3.1. Efficacies of CBT Application on Clients with Learning Disabilities

Learning disability is a significant deficiency of the intellectual capabilities. As shown in Table 1 below, there are different types of learning disabilities.

Table 1. Types of Learning Disabilities

Type	Related Difficulty	Explanation
Dyslexia	Difficulty in reading	Challenges in reading, writing, speaking as well as spelling.
Dyscalculia	Difficulties in Maths	Problems related to doing maths, using money and understanding time.
Dysgraphia	Difficulties in Writing	Poor handwriting, poor organization of ideas and spelling.
Dyspraxia (Sensory Integration Disorder)	Challenges with appropriate motor skills.	Difficulties related to manual dexterity and hand-eye coordination.
Dysphasia	Difficulty in Language	Poor reading skills,

		challenges understanding spoken language and poor comprehension abilities.
Auditory Processing Disorders	Difficulties in hearing diverse sounds.	Comprehension of different languages and reading abilities.
Visual Processing Disorder	Problems in Interpretations of visual information.	Challenges reading maps, interpreting images, symbols and pictures.

The World Health Organization adds that when one has learning disabilities, there are difficulties in both adaptive and social functioning that are present from the childhood life of the individual (WHO, 2016). The IQ of students with learning disabilities used in this study was less than 70%. Recent research by Bek, Davis, and Freemann (2015) shows that the world populace with learning difficulties is most vulnerable to effects of anxiety and depression. In fact, Meichanbaum (2017) as shown in Table 2 below, says that there are approximately about 3.8% and 6.6% prevalence rates of anxiety disorders and depression respectively that have been reported. On the other hand, 1.5% and 7.7% incidence rates have also been reported (Dobson and Dobson, 2016).

Table 2

	Anxiety	Depression
Prevalence Rates (%)	3.8	6.6
Incidence Rates (%)	1.5	7.5

Unfortunately, based on research pieces of evidence, the history of people suffering from learning disabilities shows that majority of these people have been taken as an exclusion standard for psychoanalysis thus cutting out those suffering from such disorders few limited opportunities for treatment (Birchwood, 2014). In both the broader social sphere and the psychotherapeutic community, a growing interest in establishing therapies that specifically are designed to persons with disabilities in learning. Thus providing them with an opportunity and services that the other part of the population accesses and enjoys. For example, in UK, 2001, the government designed a white paper that was intended to augment the lives of people living with learning disabilities, the white paper explained that the persons with learning disabilities should have the same access to health care similar to those persons without learning disabilities (Hofmann and Otto, 2016). Such movements in collaboration with other ever-growing bodies that support the utilization of CBT among persons with learning disabilities have been in the forefront in leading other therapists to utilize for patients with learning disabilities. This section, therefore, reviews the use of CBT in this particular population.

3.2. CBT Treatment for Persons with Learning Disabilities

As earlier discussed in the text, CBT is concerted between the therapist and the client. The therapist works closely and collaboratively with the client to understand as well as identify the alignment between his or her cognitive abilities and the feelings in pursuit of changing the maladaptive understandings in the “here and now.” The therapist consequently provides essential strategies to the client to help him or her in effectively coping with situations, reducing the levels of distress, considering alternative explanations for beliefs and identifying errors in the style of thinking (Fairburn et al., 2015). Based on the numerous studies earlier discussed, the majority of the studies concluded that for persons with learning disabilities, they should posse the prerequisite skills that are imperative in engaging various interventions aligned to CBT (Willner, 2007; Zipfel et al., 2015; Ledford and Gast, 2018). The prerequisite skills needed include the capability to differentiate between feelings, thoughts, and behaviours, the capacity to align emotions to situations and the propensity for

accurately ascertaining sentiments (Safren et al., 2010). More and Davis (2010) found out that just as the ascertainment of thoughts is linked with thoughts, behaviours, feelings and the general IQ, and only as the identification of emotions and reactions is associated with the verbal capabilities, then, the attitudes, thoughts and behaviours have a higher potentiality to be accurately identified and understood by persons whose verbal abilities and IQ are higher (Gilbody et al., 2015).

For persons with trifling learning disabilities, their performance betters when they associate their situations directly to their emotions than when they attempt to align their feelings, the triad of beliefs and circumstances McHug, Hearon, and Otto (2010). Such is all to support that while CBT seems to be valid on persons with learning disabilities, some of the techniques as well as approaches used may not be entirely appropriate (Jauher et al., 2014). For instance, a formal proposal including utilization of schema-driven approach in conventional cognitive involvements in cases where a guided discovery is used to evaluate fundamental beliefs (Reaven, 2012). However, such an approach is unlikely going to be practicable on persons particularly who are impaired or of great abstract judgments (Safren et al., 2010). Therefore, as pointed out by Moree and Davis (2010), numerous factors are essential in evaluating the suitability of CBT for persons with learning disabilities. These factors include the person's levels of expression, the levels of comprehension, and the individual levels of regulation and the capabilities of self-report (Reinholt and Krogh, 2014)). This suggests that the particular techniques and approaches used are conditional on the cognitive capacity of every individual (Willner, 2007). Basically, Smit et al. (2014) argue that learning disabilities occur on a range, in this respect, for those clients with mild impairment forms, a different treatment will be required from those with adverse learning impairments. While Hofmann and Otto (2017) argues that cognitive factors such as feelings of hopelessness, frequency of automatic unfavourable thoughts and self-approaches are mainly found in clients who feel depressed as a result of learning disabilities, Zipfel et al. (2015) contrasting the arguments says that the healthy population particularly those with mild and moderate learning disabilities possess more difficulties in comprehending the cognitive mediation mainly as the task complexities in understanding upsurges. In this scenario, Reaven (2012) says that for persons with adverse categories of learning disabilities, then, it would be difficult for them to comprehend such an intervention, thus, making candidate CBT not a valid form of intervention. It is, for this reason, that WHO (2016) suggests for a more pragmatic procedure in the utilization of CBT among people with learning disabilities. In this case, Johnson and Fribog (2015) says that the initial step that every therapist should apply is assessing the client individually to evaluate whether or not he or she possesses the prerequisite cognitive skills that we earlier discussed, the skills will be the determinant of whether the client should undergo therapy (McHug, Hearon and Otto, 2016)). Thereafter, for patients who have qualified for CBT, the therapists should learn how to appropriately use the treatment to persons with learning disabilities (Cuijpers et al., 2013). Such implies that an extensively didactic and specific method that presents essential concepts more concretely is used (Johnson and Friburg, 2015).

Based on the above arguments, when providing CBT treatment to patients with learning disabilities, it is particularly useful if the therapists offer additional support. Such additional support includes issuing of visual aids including drawings, signs, and pictures that are effective in monitoring the moods of the clients, identification of negative automatic thoughts and highlighting the temporal concepts that the client may possess (Willner, 2007). Other crucial modifications suggested by Meichanbaum (2017) includes issuing therapy to the clients at a gentler and relaxed pace, harnessing over-learning in particular instances and increased use of repletion. In a more likely manner, Kennerley, Kirk and Westbrook (2016) argues that these approaches and techniques will augment the motivation and engagement of the clients to the therapeutic healing process.

4. Discussions

In summing up the review of research studies that explained the use of CBT in treating numerous illnesses and its efficacies in the same operations, the works of the literature demonstrated that many of the psychological problems apply the use of CBT as their treatment approaches (Smith et al., 2014). The evidence-based application of CBT in mental disease treatment particularly in treating psychotic disorders, anxiety disorders, anger, aggressiveness, general stress, depression and schizophrenia is robust. Nonetheless, regardless of, of the enormous research support base, there is still need for scholars to conduct a high-quality study assessment evaluating the efficacies of CBT in treating psychological problems mainly based on its long-term effects (Meichenbaum, 2017). Such suggests that there is still a need to improve the utilization of CBT approaches in treating illnesses.

Notwithstanding the weaknesses that the reviewed kinds of literature in particular areas have demonstrated, it is evident that the effects of using CBT in treating psychological problems are imperative. However, based on the extreme cost-effectiveness that is attributed to the use of CBT, it is unanticipated then, that so many global states particularly those in the developing countries are yet to adapt to the CBT driven approaches in treating mental disorders Spek et al. (2007).

The studies used in the research review above indicates that an improved category of CBT can be practical and feasible mainly as an approach towards the treatment of anxiety, mood disorders, treatment of depression as well as a broader populace of students with learning disabilities. In the below section, the attention of this paper has subsequently been turned to the application of CBT approach in easing the lives of students with learning disabilities.

In conclusion, it is clear that Cognitive behavioural therapy (CBT) has widely been applied in healing different psychological problems including its increased application on people suffering from learning disabilities. This paper has extensively reviewed the evidence-base for the practical use of CBT particularly to clients with learning disabilities in controlling their anxiety, depression, and acquisition of anger. As a recommendation, therefore, since CBT due to its high-cost ineffectiveness has resulted to slow absorption rates particularly in the developing countries, the world governments should establish incentives in pursuit of reducing the expenditures accrued, and this will subsequently reduce the costs of the whole process thus making it affordable to every patient.

References

1. Andersson, G., Hesser, H., Veilord, A., Svedling, L., Andersson, F., Sleman, O., & Lamminen, M. (2013). Randomised controlled non-inferiority trial with 3-year follow-up of internet-delivered versus face-to-face group cognitive behavioural therapy for depression. *Journal of affective disorders, 151*(3), 986-994.
2. Beck, A. T., Davis, D. D., & Freeman, A. (Eds.). (2015). *Cognitive therapy of personality disorders*. Guilford Publications.
3. Birchwood, M., Michail, M., Meaden, A., TARRIER, N., Lewis, S., Wykes, T., ... & Peters, E. (2014). Cognitive behaviour therapy to prevent harmful compliance with command hallucinations (COMMAND): a randomised controlled trial. *The Lancet Psychiatry, 1*(1), 23-33.
4. Cuijpers, P., Berking, M., Andersson, G., Quigley, L., Kleiboer, A., & Dobson, K. S. (2013). A meta-analysis of cognitive-behavioural therapy for adult depression, alone and in comparison with other treatments. *The Canadian Journal of Psychiatry, 58*(7), 376-385.
5. Dobson, D., & Dobson, K. S. (2016). *Evidence-based practice of cognitive-behavioral therapy*. Guilford Publications.
6. Fairburn, C. G., Bailey-Straepler, S., Basden, S., Doll, H. A., Jones, R., Murphy, R., ... & Cooper, Z. (2015). A transdiagnostic comparison of enhanced cognitive behaviour therapy (CBT-E) and interpersonal psychotherapy in the treatment of eating disorders. *Behaviour research and therapy, 70*, 64-71.

7. Freeman, D., Waite, F., Startup, H., Myers, E., Lister, R., McInerney, J., ... & Foster, R. (2015). Efficacy of cognitive behavioural therapy for sleep improvement in patients with persistent delusions and hallucinations (BEST): a prospective, assessor-blind, randomised controlled pilot trial. *The Lancet Psychiatry*, 2(11), 975-983.
8. Gilbody, S., Littlewood, E., Hewitt, C., Brierley, G., Tharmanathan, P., Araya, R., ... & Kessler, D. (2015). Computerised cognitive behaviour therapy (cCBT) as treatment for depression in primary care (REEACT trial): large scale pragmatic randomised controlled trial. *Bmj*, 351, h5627.
9. Hofmann, S. G., & Otto, M. W. (2017). *Cognitive Behavioral Therapy for Social Anxiety Disorder: Evidence-Based and Disorder Specific Treatment Techniques*. Routledge.
10. James, A. C., James, G., Cowdrey, F. A., Soler, A., & Choke, A. (2013). Cognitive behavioural therapy for anxiety disorders in children and adolescents. *Cochrane Database Syst Rev*, 6.
11. James, A. C., James, G., Cowdrey, F. A., Soler, A., & Choke, A. (2015). Cognitive behavioural therapy for anxiety disorders in children and adolescents. *the cochrane library*.
12. Jauhar, S., McKenna, P. J., Radua, J., Fung, E., Salvador, R., & Laws, K. R. (2014). Cognitive-behavioural therapy for the symptoms of schizophrenia: systematic review and meta-analysis with examination of potential bias. *The British Journal of Psychiatry*, 204(1), 20-29.
13. Johnsen, T. J., & Friberg, O. (2015). The effects of cognitive behavioral therapy as an anti-depressive treatment is falling: A meta-analysis. *Psychological Bulletin*, 141(4), 747.
14. Kennerley, H., Kirk, J., & Westbrook, D. (2016). *An introduction to cognitive behaviour therapy: Skills and applications*. Sage.
15. Ledford, J. R., & Gast, D. L. (2018). *Single case research methodology: Applications in special education and behavioral sciences*. Routledge.
16. Lloyd, J., Bond, F. W., & Flaxman, P. E. (2013). The value of psychological flexibility: Examining psychological mechanisms underpinning a cognitive behavioural therapy intervention for burnout. *Work & Stress*, 27(2), 181-199.
17. McHugh, R. K., Hearon, B. A., & Otto, M. W. (2010). Cognitive behavioral therapy for substance use disorders. *Psychiatric Clinics*, 33(3), 511-525.
18. Meichenbaum, D. (2017). Teaching thinking: A cognitive behavioral perspective. In *The Evolution of Cognitive Behavior Therapy* (pp. 85-104). Routledge.
19. Moree, B. N., & Davis III, T. E. (2010). Cognitive-behavioral therapy for anxiety in children diagnosed with autism spectrum disorders: Modification trends. *Research in Autism Spectrum Disorders*, 4(3), 346-354.
20. Muse, K., & McManus, F. (2013). A systematic review of methods for assessing competence in cognitive-behavioural therapy. *Clinical Psychology Review*, 33(3), 484-499.
21. Reaven, J., Blakeley-Smith, A., Culhane-Shelburne, K., & Hepburn, S. (2012). Group cognitive behavior therapy for children with high-functioning autism spectrum disorders and anxiety: A randomized trial. *Journal of Child Psychology and Psychiatry*, 53(4), 410-419.
22. Reinholt, N., & Krogh, J. (2014). Efficacy of transdiagnostic cognitive behaviour therapy for anxiety disorders: A systematic review and meta-analysis of published outcome studies. *Cognitive Behaviour Therapy*, 43(3), 171-184.
23. Richards, D. A., Ekers, D., McMillan, D., Taylor, R. S., Byford, S., Warren, F. C., ... & O'Mahen, H. (2016). Cost and Outcome of Behavioural Activation versus Cognitive Behavioural Therapy for Depression (COBRA): a randomised, controlled, non-inferiority trial. *The Lancet*, 388(10047), 871-880.
24. Safren, S. A., Sprich, S., Mimiaga, M. J., Surman, C., Knouse, L., Groves, M., & Otto, M. W. (2010). Cognitive behavioral therapy vs relaxation with educational support for medication-treated adults with ADHD and persistent symptoms: a randomized controlled trial. *Jama*, 304(8), 875-880.
25. Smith, N., Hill, R., Marshall, J., Keaney, F., & Wanigaratne, S. (2014). Sleep related beliefs and their association with alcohol relapse following residential alcohol detoxification treatment. *Behavioural and cognitive psychotherapy*, 42(5), 593-604.
26. Spek, V., Cuijpers, P. I. M., Nyklíček, I., Riper, H., Keyzer, J., & Pop, V. (2007). Internet-based cognitive behaviour therapy for symptoms of depression and anxiety: a meta-analysis. *Psychological medicine*, 37(3), 319-328.
27. Van der Gaag, M., Valmaggia, L. R., & Smit, F. (2014). The effects of individually tailored formulation-based cognitive behavioural therapy in auditory hallucinations and delusions: a meta-analysis. *Schizophrenia Research*, 156(1), 30-37.
28. van Duijvenbode, N., VanDerNagel, J. E., Didden, R., Engels, R. C., Buitelaar, J. K., Kiewik, M., & de Jong, C. A. (2015). Substance use disorders in individuals with mild to borderline

- intellectual disability: current status and future directions. *Research in Developmental Disabilities*, 38, 319-328.
29. WHO (2016). Acceptance and Commitment Therapy, Relational Frame Theory, and the Third Wave of Behavioral and Cognitive Therapies—Republished Article. *Behavior therapy*, 47(6), 869-885.
 30. Willner, P. (2007). Cognitive behavioural therapy for people with learning disabilities: focus on anger. *Advances in Mental Health and Learning Disabilities*, 1(2), 14-21.
 31. Zipfel, S., Wild, B., Groß, G., Friederich, H. C., Teufel, M., Schellberg, D., ... & Burgmer, M. (2014). Focal psychodynamic therapy, cognitive behaviour therapy, and optimised treatment as usual in outpatients with anorexia nervosa (ANTOP study): randomised controlled trial. *The Lancet*, 383(9912), 127-137.