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### The Efficacy of Training life Skills on Reducing Depression of the Students

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#### ABSTRACT

The current research was conducted with the aim of the efficacy of training life skills on reducing depression among the Payame Noor University students, Divandare branch. The research population included all the PNU students, Divandare branch who were studying in the educational year of 2013-2014. In this research 40 students were selected through the random sampling method available as the research sample volume. The statistical sample of the experimental group included 20 people who participated in the educational workshop of life skill voluntarily. The statistical sample of the control group included 20 people who did not participate in the educational workshop of life skill. (They were selected through the random sampling method available as the research sample volume). The method applied in this research is semi empirical with two groups of experimental and control. The experimental group was placed under 8, 120 minute sessions of training life skills. To collect data, the Beck BDI-II 28 question depression questionnaire was used. To analyze data, the descriptive statistics (average, standard deviation...) as well as inferential statistics (covariance analysis) were applied. Results indicated that the average depression scores in the experimental group's posttest are lower than that of the posttest in the control group. It is concluded that training life skills is effective on reducing depression of then students.

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#### INTRODUCTION

Today, according to some socio-cultural changes, most people lack certain abilities to deal with life problems. Consequently, they will become vulnerable in facing life problems. Academic years are the most important and most valuable periods of life for each person. The term life skills refers to a larger group of social-mental and interpersonal skills that could aid people adopt their decisions consciously, communicate effectively, expand their coping skills as well as the personal management and have a healthy and fertile life [7]. As a result, life skills are a set of abilities that would increase the power of adaptability and efficient and positive conducts and results in people to assume responsibilities related with their own social roles, to face life challenges and problems without hurting themselves and others and to have appropriate choices and conducts throughout their lives [11].

Life skills are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. Life skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way; it contributes to the promotion of personal and social development, the projection of human rights, and the prevention of health and social problems. Life skills education is a holistic approach to the development of values, skills and knowledge in the learner, which assists young people to protect themselves and others in a range of risk situations. A life skills approach can be integrated into a variety of settings, including schools. The surrounding social, cultural, political, and economic and public health issues need to be reflected, as well as the local environment. It can be delivered as a specific subject or carefully placed within other subjects of the school curriculum, and needs to be sequentially developed and age appropriate. Life skills education needs to provide the opportunity to practice and reinforce psychosocial skills.

The depressive disorders comprise a heterogeneous group of illnesses that are characterized by differing degrees of sad mood and associated cognitive, neurovegetative, and psychomotor alterations. Depression is

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currently the fourth most disabling medical condition in the world and it is predicted to be second only to ischemic heart disease with regard to disability by 2020 [9]. There is a broad spectrum of depressive disorders characterized by the presence of sad mood and varying degrees of other depressive symptoms [13]. According to the American Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition (DSM-IV), disturbance of mood is the predominant feature of mood disorders. The lifetime suicide prevalence for mixed inpatient/outpatient populations was 2.2%, and for the nonaffectively ill population less than 0.5%. These data demonstrate that there is an increased risk of suicide with increasing intensity of suicidal ideation and suggest that suicide risk increases with depressive illness severity. Dualistic theories separating mind and brain are being replaced with more integrated models that consider the biological, psychological, and social influences that produce depression [3].

MDD is a highly prevalent disorder. The most recent US estimates of the prevalence were 16.2% for lifetime and 6.6% for the 12 months before the survey. The age of onset varies with birth cohorts, with a fairly low risk until the teenage years, after which it rises in a linear fashion, and more steeply in more recent age cohorts. Prevalence seems to be lower outside the US and varies between countries, but global rates are still high, with one meta-analysis of 23 studies from countries across Europe, Asia, North and South America, and Australasia finding pooled rates of 6.7% lifetime prevalence and 4.1% 12-month prevalence (Waraich *et al*, 2004). Depressive disorders are the fourth most important cause of disability worldwide, and are expected to become the second most important cause by 2020. Sociodemographic correlates of increased risk of MDD in the USA include age, female gender, nonwhite race/ethnicity, employment status, not being married, having less education, lower income, and urban city. Nearly all MDD respondents reported at least some role impairment and three-quarters of respondents with lifetime MDD reported at least one comorbid medical disorder [4].

Depression does exist in childhood too, but depression symptoms will rise by the time of puberty. If we consider the challenges the adolescents face and their competencies in focusing on their own, this change will be more comprehensive. In female adolescents depression occurs two times as many as the male peers, while this differences will persist to the rest of life. Depression won't allow the adolescents to overcome their critical growth duties. If the depressed adolescents are not treated, they in adulthood will highly likely become more depressed. Adolescence depression is also related with continued anxiety, drug abuse, law breaking and car accidents. This will predict prompt problems in the educational performance, employment, marital life, and child rearing [2].

Of course, the depression the adolescents face is not of a clinical one rather, it is of a predominant first and second level type (mild depression and depression symptoms). Depression among the adolescents and younger people is generally in a form of sadness, impulsivity and feeling of vanity. This feeling prompts the adolescents to consider him as bad and to seek changes to that. A combination of unpleasant feelings and negative assessment of the status quo is the driving force of changes and growth of identity and conducts and of his renewed social relations with family, university and the society as a whole. Depression is predominantly the cause of problems and such problems as nervous lacking of appetite, addiction, sexual abuse, learning dysfunctions, and the like. Diagnosing depression in adolescents is usually a relatively tricky task. Findings by Khoadaee *et al* [7], with the subject of training life skills on reducing depression of the addict people indicated that training life skills is effective on reduction of depression. Wais and Alyson [14], considered a shortage of social skills necessary for obtaining enhancement from the social setting among the depressed patients as a depression causing factor. Generally speaking, most social-mental problems like depression, addiction, delinquency and interpersonal problems are related with weak life skills and establishment of social communications [1]. Moradi and Kalantari [10] in a research with the subject of training life skills on the mental profile of women with physical and movement disabilities concluded that training life skills increased mental health and reduced anxiety and social incompatibility of women with physical and movement disabilities. Findings by Naseri and Nickparvar [12], with the subject of training life skills on the students' mental health indicated that training life skills were effective on the mental health of the students. Thus, it can be concluded that training life skills could affect positively different aspects of life. The academic years of the students are a critical growth period. Their self-assessment will be challenged and their judgments will be criticized by some external factors.

Hence, training life skills thought to be effective and helpful on reducing the students' depression is of high importance. Generally, findings of the various researches indicate that one can strive for a reduction of students' depression through a channel of life skills. Due to the fact that the students account for a huge part of our society, thus the aim of the current research was to determine the efficacy of training life skills on reducing the students' depression. The effects of training life skills in promoting social adaptability, interpersonal communication, increasing problem-solving skills, coping strategies and increasing mental health has long been approved.

*Methodology:*

The research population included all the PNU students, Divandare branch who were studying in the educational year of 2013-2014. In this research 40 students were selected through the random sampling method available as the research sample volume. The statistical sample of the experimental group included 20 people who participated in the educational workshop of life skill voluntarily. The statistical sample of the control group included 20 people who did not participate in the educational workshop of life skill. (They were selected through the random sampling method available as the research sample volume). The method applied in this research is semi empirical with two groups of experimental and control. The experimental group was placed under 8, 120 minute sessions of training life skills. To collect data, the Beck BDI-II 28 question depression questionnaire was used. [8]. For analyze data, the descriptive statistics (average, standard deviation...) as well as inferential statistics (covariance analysis) were applied.

*Measurement tool:*

Depression questionnaire is a revised Beck's BDI-II depression form with 21 self- report items designed for evaluating depression. Each question group includes 4 choices and sentences scores that vary between zeros to 3. The trainee should mark a choice adaptable with its present status. The overall score is from zero to 63. Beck has performed an investigation with relation to the revised form and states this tool shows the presence and intensity of depression signs among the patients and the normal people well as adults and adolescents. The internal consistency of this tool is 0/73 -0/92 with a 0/86 average and a 0/86 alpha coefficient for patients and 0/8 for non-patients [6].

*Summary of sessions:*

First session: Preparation and goal setting, familiarity with the members of the group

Second session: Expressing problems, discussing the life skills, and talking on depression effects on mental disorders

Third session: Training self - empathy

Fourth session: Training communication-interpersonal relationship (with emphasizing on interpersonal skills and expressing oneself)

Fifth session: Training decision making-problem solving

Sixth session: Training coping with negative mood

Seventh session: Training containing emotions –coping with stress

Eighth session: Summary and summing up of the session s and ending, speaking of what has been learned, reviewing the life skills training.

*Findings:*

Here, in this section, the findings and results related to the current research analyzed by statistical analyses and formulae as well as SPSS programs are going to be presented .In other words, descriptive statistics results and those of the inferential statistics along with the results of the research hypotheses are also provided. The current research was conducted with the aim of the efficacy of training life skills on the students' depression. Furthermore, descriptive information of scores related to depression in the pretest and posttest of the control and experimental groups.

**Table 1:** Descriptive information of depression scores in the pretests and posttest of the control and experimental groups

Group	N	Control		Experimental	
		Average	SD	Average	SD
Pretest	20	32.55	5.46	32.75	4.3
Posttest	20	32.2	4.96	17.35	3.04

The content of the table (1) shows the descriptive information in the pretest and posttest with regards to depression among the control and experiment groups. The average depression of the people in the experimental group in the pretest is 32.75 and 17.35 in the posttest while the same numbers for the depression in students' in the other group (control) are 32.55 and 32.2 respectively.

**Table 2:** The results of the homogeneity of slopes assumption test

Variables	Sum of Squares	d.f	Mean Square	F	Sig	Eta square
Group	12.64	1	12.64	3.209	0.082	0.082
Pretest	432.64	1	432.64	109.832	0.001	0.753
Pretest group	9.982	1	9.982	2.534	0.12	0.066
Error	141.808	36	3.939			

Findings of table (2), indicate that the homogeneity of slopes with the value of  $F(1, 36) = 2.534$  for depression has not been significant, hence, the homogeneity assumption of the regression slopes has not been fulfilled for the variable of depression. Given the above data, to examine the hypothesis in question the covariance was used whose results have been provided in the following table (3).

**Table 3:** Results of the covariance analysis on the average pretest and posttest averages in the control and experimental groups with regards to depression.

Variables	changes sources	Sum of Squares	df	Mean Square	F	Sig	Eta square
depression	Pretest	491.96	1	491.96	119.919	0/001	0.764
	Group	2247.974	1	2247.974	547.96	0/001	0.937
	Error	151.79	37	4.102			

The content of table (3), indicates that the F value ( $F=547.96$ ) and significance level of (0.001) in the variable of group shows that there is difference between the two groups in the posttest. Based on the results, training life skills are effective on the depression of the students.

#### Discussion:

The current research was conducted with the aim of the efficacy of training life skills on reducing depression among the Payame Noor University students, Divandare branch where in accordance with the findings of the research we can say that training life skills is effective in reducing depression of the student. The findings are in line with those found by Khodaei et al [7], Amiribramkoohi [1], Moradi and Kalantari [10], Naseri and Nikparvar [12] and Wais and Alyson [14]. Depressed people have a negative attitude towards them and consider themselves as inefficient, good for nothing, humiliated and sinister. They reproach themselves for any negative eventuality while they might not have any relation with those signs. Another sign of depression is negative attitude towards the future. They are usually convinced nothing will be made better and feel they are unable to control and change their lives. The depressed people are predominantly complaining about their reduced subjective abilities. They feel confused and cannot handle the affairs. They become easily disturbed as a result of external noises and cannot manage problems. For them time lapses slowly and they persistently feel they can do nothing. Training life skills can eliminate this feeling and replaces it with a positive one. One of the main social aspects of the social setting of the depressed people is his performance in his jobs with his friends and peers at home and other places.

Beck maintains the depressed people observe themselves, the world and the future as negatively (cognitive triad). This negative knowledge is a gateway for the cognitive therapist for understanding the phenomenological understanding of the depressed people. While training life skills of coping negative disposition the patient is taught to deal with identification and challenging of inefficient thoughts, to understanding self-guiding thoughts and to reform his attitudes [3]. This will too cause to reduce depression. It can also be said that in training life skills of coping negative disposition thought to be one of the main skills the depressed people are taught to identify their negative consequential thoughts and identify what they have done when they have been busy working; When this is done the people are demanded to replace a positive thought and to write their beliefs as to how they feel positively where this set of activities could in the course of time lead to a change of negative thoughts and reduced depression. Also, since people have identified their own negative thoughts they will be trained to investigate their cognitive errors and this understanding will help them change their own attitudes.

In conceptual terms, life skills are a set of abilities that provides the background of adjustment, positive and useful behavior. This capability enables individuals to accept their social responsibility and without hurting themselves and others face to desires, expectations and daily problems, especially in interpersonal relationship. It is necessary to mention that development of social skills leads to promotion and acquisition of new and complex skills, and creation of a positive self-understanding and finally an individual establishment of good relationships with the people around him, and it will also enhance his social adjustment. Psychologists in recent decades, by evaluating of behavioral disorder and social corruptions have found that some of disorders and injuries in individual's disability have rooted in the correct analysis of their self and their own position, lack of self-control and unpreparedness to solve life problems in an appropriate way. So, due to growing changes and complexities of society and expansion of social relations, preparedness of individuals especially the young generation to cope with difficult situations seems necessary. Life skills training are a program whose usefulness has been demonstrated in numerous studies. Given the fact that life skills are trainable and are up for acquisition it is hoped since there is no such research in Divandare that this research paves the way for future researches in relation with Kurdish culture and language so that the students of this city are regarded as important. It is hoped these students are made familiar with training life skills and the way they can reduce their depression so that they can be guided towards identification of ways for increasing the variables and the abilities to use their own capacities and also the application of life skills. Failure to access the IQ levels and accurate economic and cultural situation and their impacts on the students' depression and hopelessness and also, the dropout of the

subjects in workshop classes are the limitations of the researches. Also, unawareness of the students' lack of access to the appropriate and principled education, and insufficient documented access to emotional problems of the students are some other limitations. It is recommended that this subject be done at different junior and high school levels and some other places.

#### *Conclusion:*

Training life skills is effective on reducing the students' depression. Since, it is possible for depression to be one of the effective personal factors in mental disorders and also a factor of failure in education, hence, ways to reduce depression is of high importance. In fact, life skills, by challenging negative thoughts and planning will enhance the objectives and result in a reduction of depression.

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