



The Effect of Cognitive-behavioral Treatment on Depression Symptoms and Adaptability of the Students with Abnormal Grief

Fateme Taghva

Department of Psychology, Fars Sciences and Research Branch, Islamic Azad University,
Marvdasht, Iran

E-mail address: ftaghvae81@yahoo.com

ABSTRACT

Death of an important person is one of the main events in the children's life which children or teenagers may experience. Indeed, children losses his/her parents, sister, or brother have to achieve a method by which he/she be able to avoid its pressure. The purpose of this study is to examine the effect of cognitive-behavioral treatment on depression symptoms and adaptability of the students with abnormal grief. The research is a semi-experimental pretest-posttest study with control group. In order to this, a sample of 20 students, who had symptoms of research variables, was selected from statistical population after primary study through convenience sampling method. The sample members were appointed to the control and experimental groups randomly. Data-measurement tools were California individual-social adaptability test and depression test. The reliability and validity of the tests have already been examined and confirmed in past studies. The research data was analyzed in the SPSS through COVARIANCE analysis. The findings of this study revealed that there is a significant difference between performances of experimental and control groups in terms of individual-social adaptability test and depression test after adopting cognitive-behavioral treatments ($p \leq 0.05$). Based on the findings of this study, it can be said that cognitive-behavioral treatment can be effective on decreasing depression symptoms and improving adaptability of the students with abnormal grief significantly. It can be said that the use of such a method can be effective on the students' mental health.

Keywords: Abnormal Grief; Cognitive-Behavioral Treatment; Depression; Adaptability; Teenagers

1. INTRODUCTION

Death is an inevitable reality and we have to accept it as a part of our life, as we will be died. So we should accept death and its effects in our life. Indeed, death of an important person is one of the main events in the children's life which children or teenagers may experience. It should be noted that children's death can be influenced by many factors such as age, affective mature, adaptability ability, and soon (Dowdney, 2001), (Shaw, 2007). Grief is not a mental disorder, but it is considered as one of the main reasons that many people's refer to psychologists because of it. A natural period of grief starts some days after death for relatives. There are several symptoms for such a period such as sadness feeling, mental involvement with died person, cry, lack of focus in daily activities, and so on. Indeed, length of such a period depends on the cultural characteristics and usually is not more than 6 months. However, normal grief may result in depressed disorder which requires treatment (Kaplan et al., 2008). Since grief leads to depression symptoms, its long-term, emergence can be considered as a symptom of depression. It may result in many destructive outcomes such as suicide and other mental diseases (Kaplan et al., 2008).

A mental state of illness which is characterized by rejection, despair and tiredness and tedium. In most cases, it is followed with less severe anxiety. Depression in the person is a state of sadness, fatigue and impatience. Diagnostically speaking, it involves a widespread range of temperamental disorders with various sub branches. The main feature of depression state is a deep reduction of desire toward enjoyable activities like companionship, sports activities, food and sexual inclination. Inability for enjoying has a reliable state, while its severity depends on the number of symptoms and the extent of its penetration.

For Beck et al, depression is essentially a thinking disorder than a temperament disorder. In the cognitive perspective, depression could best be described as the cognitive triangle of negative thoughts about oneself and the future situation: A depressed person misinterprets realities quite negatively and concentrates on negative aspects of any situation or has disappointing and pessimistic views about the future. Depression are the salient example of undue decision and definition about thoughts. Periods of fear which is not at all based truth, including person's fear of being left away by his/hers family. Beck defines clinical depression (unipolar) as a phobic disorder that includes changes in five emotional, motivational, behavioral, cognitive and physical areas .

Emotional symptoms

The majority of people who are depressed are severely heartbroken and sad and they describe themselves as misfortunate people (humiliated). The depressed state that they enjoy little from everything and tend to lose their feelings in recreation and also, they always experience anxiety, anger and restlessness.

Motivational symptoms

The depressed people often lose their interest in participating ordinary activities. Almost all of them have reported a lack of motivation, spontaneity and internal obsession and may compel themselves for going to work, speaking with friends and having sex relations. One of these people states (that I don't want to do anything; I just want to be with them).

Behavioral symptoms

Peoples' activities reduce growingly, they lose their own effectuality more than ever before, they spend much of their time in loneliness and may spend longer times in the bed. The depressed people also, may speak slowly and walk slowly and seem to be lackadaisical or lack energy.

Cognitive symptoms

The depressed people have a negative attitude toward themselves and they appraise themselves as good for nothing, humble and sinister. They rebuke themselves for any negative event, while they maybe have nothing to do with them. Another sign of depression is the negative attitude toward the future. They usually become convinced nothing will be made better and feel they are unable to control and change their life styles. Th depressed often complains of his own reduced subjective abilities. They have a feeling of dizziness and are unable to recall things. They simply become agitated as a result of external noises and are unable to solve simple problems, time lapses slowly for them. They continually feel they can't do anything properly.

Physical symptoms

The depressed people have often physical problems like headaches, indigestion, constipation and instant dizziness and complain about general illnesses and unpleasant feelings. In fact, some of these people who should be treated via drugs for their physical problems will get improper diagnosis. These people have problem with sleeping and appetite, they also complain about continued fatigue, while this will persist even after sleeping and resting. Generally the depressed people sleep less than others and during sleeping times wake more and those who stand at the other point of the spectrum and include %90 have oversleep. Totally, we can say that depression is a mental state which is specified with a feeling of sadness, loneliness, hopelessness, weakness, self-esteem and self-denunciation. The symptoms of depression also include kinetically and mental retardation or even excitation, withdrawing from interpersonal contacts and vegetative signs like insomnia and anorexia. Generally speaking, depression depends on the number of symptoms and their severity level. In the mildest form, maybe a handful of the symptoms ever exist.

Major depression periods

The main characteristic of the major depression period is a minimum time period of two weeks, while depressed disposition or apathy or lack of feeling enjoyment almost exist in all activities. In children and adolscents temperament may be irritable than sad. Also, the person should have at least four other symptoms of the following list. Changes in appetite or weight, sleeping, and movement mental activities, reduced energy, feeling worthlessness, problem with thinking, concentration or generalization or relapse thoughts (recidivism) about death and suicide and scheming a plan or plan for suicide. For diagnosing the major depression, the symptom should either be recently appeared or clearly get worse in comparison with the previous period. Symptoms should persist almost every day for at least two consecutive weeks during the day. This period should be followed by distress or substantial considerable

disorder in the occupational social or other main functional areas. In regard to some people, the milder periods of functions could be apparently normal, but they need growing efforts.

Depression and adolescence

Depression is the feeling of sadness, frustration about life along with losing interest in most activities and sleeping, concentration disorder and it is the most prevalent disorder among the juveniles. Depression exists in childhood too, while depression symptoms increase by the time of puberty. If we consider the challenges the adolescents face and their growing abilities in concentrating on themselves, this change will be more comprehensible. Girl adolescents are two times as much to contract depression than their boy counterparts, while this difference will continue throughout life. Depression does not allow the adolescents to master their life assignments. If the depressed adolescents are not treated, they will highly likely become depressed by adulthood. The adolescents depression is related with continued anxiety, drug abuse, lawlessness and car accidents. Depression also predicts immediate problems of educational performance, employment, marital life, and child rearing. Unfortunately, parents and teachers do not pay attention to depression; because there is stereotypical conception adolescence is turbulent period of stress. Most adults consider depression responses as natural and temporal. Diagnosing depression among the juveniles is difficult, because it shows itself in various manners. Some of them are introspective and are concerned about their health and deal with restless and purposeless behaviors. Some others expose depression through hostility and rebellion that would deepen and disrupt relations with parents, teachers and peers. The first state occurs more often in girls while the second type is more common in boys.

From cognitive perspective, death is an inevitable event in which person has not his own control. Also it is should be noted that person's beliefs, behaviors, and affects will be changed during this period. As a result, grief not only is an affective process, but it is considered as one of the main causes of behavioral and cognitive adaption with death. Unfortunately, the role of cognitive factors is considered less than affective ones. This may results from explicit nature of affects in comparison to implicit nature of cognitive ones. Another reason is that affects influence after-death critical period. Especially, when a person is died suddenly (such as suicide, accident, natural and human disasters), affective factors are more effective on the person in comparison to cognitive ones (Rando, 1993). With respect to the importance of this issue, the purpose of this study is to examine the effect of cognitive-behavioral treatment on depression symptoms and adaptability of the students with abnormal grief. Indeed, the authors were determined to answer the following question. Is cognitive-behavioral treatment effective on depression symptoms and adaptability of the students with abnormal grief?

2. RESEARCH METHODOLOGY

This study is a pretest-posttest research with control group. The forma of such studies are presented in the following section.

Experimental group	RQ ₁	X	O ₂
Control group	RQ ₂		O ₂

Statistical population and sample

The statistical population of this study includes all of the students with abnormal grief in the city of Eghlid in 2010. A sample of 20 students was selected from this population based on the research variables. These characteristics were educational level (including guidance school and high school, an experience of grief (for three or six months), depression (based on the DSM-IR-IV measure), and lack of a certain physical disease. The sample members were selected randomly and then were appointed to the experiment and control groups. The sample members were deported because of the following characteristics: infected by a certain physical disease and consuming in the cognitive-behavioral mediation period. In addition, the sample members were included in the study voluntarily.

Data-collection tool

In order to collect the research data, the questionnaire of demographic characteristics, California adaptability questionnaire, questionnaire of children and teenagers' depression were used. California adaptability questionnaire were described in the following section.

California adaptability questionnaire

The questionnaire has already been developed in 1953. It consists of 180 items. Indeed, it measures individual and social adaptability of the students in terms of 12 dimensions. From these dimensions, 6 dimensions refer to the individual adaptability and remaining 6 ones refer to social adaptability. Mosavi Shoshtari (1998) examined and confirmed validity of the questionnaire. On the other hand, Shafer indicates that reliability of the questionnaire is 0.89-0.90 for individual adaptability, 0.87-0.91 for social adaptability, and 0.92-0.93 for overall questionnaire. The coefficients were 0.60 to 0.87 for micro-measures of the questionnaire.

Questionnaire of children and teenagers' depression

In order to develop questionnaire of children and teenagers' depression, approaches and views of famous theorists were collected in terms of children and teenagers' depression. They include Toolan and Glasser, Weiner, Malmquist, and Bakwin. This questionnaire was normalized by Bozorgi. Also its validity has already been examined and confirmed by Him. The questionnaire includes 42 diseases symptoms and many of them have overlap with each other. The items, which have many overlap, were delimited from questionnaire based on the DSM criteria.

Finally, 12 items were developed in the scale. Reliability of the questionnaire was examined and confirmed. For this purpose, 10 clinical experts were asked to review and modify questionnaire. In the next step, the questionnaire was indicated by 1546 students with 7-18 years old and the present version of questionnaire was designed. Cronbachs' Alpha Coefficient was 0.861 for this questionnaire.

The questionnaire has been used in many studies. In order to use this questionnaire in the present study, its Cronbachs' Alpha Coefficient was measured. The coefficient was 0.89 and 0.80 for overall questionnaire.

As indicated previously, an experiment research method was used for collecting research data. For this purpose, the following steps were passed.

1. Selecting sample members randomly from statistical population based on the research variables
2. Dividing sample members into two groups including experiment and control groups
3. Distributing questionnaires of individual-social adaptability and depression among sample members in both experiment and control groups in order to collecting data of participants' depression and adaptability
4. Applying independent variable (cognitive-behavioral mediation)

In the next step, cognitive-behavioral mediation was done in eight sessions individually. The sessions are presented and described in the following section. In the first session, the authors have attempted to interview students with grief and create a friendly relation with them in a secure and safe environment.

They have attempted to inform students about research purposes, present conditions in a qualitative method, and expression of senses and emotions. In the second session, authors have attempted to make students' responses natural, moderate their emotions in a supported environment, explore their senses, emotions, and reactions in the exposure step. In the third session, authors have attempted to inform students with concept of emotion and depression and their effect on participants' grief in a simple manner.

In remaining sessions, the contents of past sessions were reviewed and their success or failure of homework was examined. In the fourth session, a physical relaxation was used for decreasing symptoms of excitation. In the fifth session, projective techniques were used such as pleasant thoughts and memories to mind their own replacement in recall of intrusive thoughts and memories.

In the sixth session, techniques of avoiding sad events and memories such gradual desensitization were used. In the seventh session, role relocation methods were used so exactly that participant expresses their expectations and emotions. In the eighth session, training skills and day-today activities were done. The use of such a method helps participant to replace grief with day-today activities.

After these sessions, California questionnaire of individual-social adaptability and depression questionnaire were used. The questionnaires were used for collecting data about respondents' depression and adaptability in posttest.

Data analysis methods

In order to analyze the research data and test the research hypotheses, both descriptive and inferential statistics were used. For this purpose, COVARIANCE analysis has been done in the SPSS.

3. FINDINGS

The findings of this study were presented in this part of paper. For this purpose, descriptive and inferential findings were presented relatively.

Descriptive findings

Table 1. Descriptive measures of control and experiment groups in terms of adaptability and depression.

Variables	Steps	Statistical measures	Average	Standard deviation	Minimum	Maximum
		Group				
Depression	Pretest	Experiment	25.13	10.27	11.44	39.00
		Control	21.31	12.47	2.00	39.00
	Posttest	Experiment	12.30	9.62	5.00	32.70
		Control	20.49	12.52	0	35.66
Adaptability	Pretest	Experiment	89.20	21.03	47	120
		Control	102.50	31.90	67	153
	Posttest	Experiment	142.70	8.79	125	158
		Control	110.00	33.25	69	166

First hypothesis: cognitive-behavioral treatment influences depression symptoms of students with abnormal grief negatively.

Table 2. The results of COVARIANCAE analysis

Source of variations	Sum of squares	df	Average of sum of squares	F	Sig	Eta	Statistical power
Pretest	1526.04	1	1526.06	36.07	0.0001	0.68	1.00
Group	616.30	1	616.30	14.57	0.001	0.46	0.949
Error	0.9719	17	42.30				

Based on the results of Table 2, it can be said that there is a significant negative relationship between cognitive-behavioral treatment and depression symptoms of students with abnormal grief. In other words, the difference between two groups of participants refers that cognitive-behavioral treatment can be effective on decreasing depression symptoms of students with abnormal grief. Also Eta of this hypothesis is 0.46.

Second hypothesis: cognitive-behavioral treatment influences adaptability of students with abnormal grief significantly.

Table 3. The results of COVARIANCAE analysis

Source of variations	Sum of squares	df	Average of sum of squares	F	Sig	Eta	Statistical power
Pretest	5764.04	1	5746.04	19.91	0.001	0.56	0.987
Group	8065.88	1	8065.88	27.96	0.0001	0.62	0.999
Error	4904.06	17	288.47				

The results of Table 3 revealed that there is a significant negative relationship between cognitive-behavioral treatment and individual-social adaptability of students with abnormal grief. In other words, the difference between two groups of participants refers that cognitive-behavioral treatment can be effective on increasing individual-social adaptability of students with abnormal grief. The F is of this hypothesis is 27.96.

4. DISCUSSION AND CONCLUSION

The relationship between parents and children is the main basis of educational achievement and educates them in terms of adaptability in the future situations. On the other hand, death of parents is one of the painful events in child and teenagers' life. The results of different studies revealed that child who cannot express their grief will have behavioral disorders and destroys. Ability of suffering a grief depend cognitive growth, perception, and sense of child (Peterson, 1994), (Izadfar, 2001). Indeed, personality traits influences person's grief period. There is not any good or bad method in grief. In other words, there are some people who do not cry in the collective situations. But some others cry for many times even in collective situations. Indeed, speaking about grief and expressing senses of grief can be effective on person's health and vice versa. It depends on different factors such as identity of the relationship between person and died person and so on. All in all, as much as the relationship between person and died person, the grief relation will be more dangerous for person (Niomer et al., 2003).

This is why that the present study was aimed to examine the effect of cognitive-behavioral treatment on depression symptoms and adaptability of the students with abnormal grief. The findings of this study revealed that there is a significant difference between performances of experimental and control groups in terms of individual-social adaptability test and depression test after adopting cognitive-behavioral treatments. The findings of this study are in consistency with findings of many authors such as Stick (2008), Cohen (2006), Mosen (1981), Gasir and Marshal (1977), Mahmodi Gharayi et al. (2006), and Najafi (2005). Sajadinejad et al. (2008) studied the effects of cognitive-behavioral therapy on decreasing

depression and inability feeling among female students of Shiraz University (Sajjadi Nejad et al,1998). Bahrinian et al. (2008) examined the effects of cognitive-behavioral therapy on decreasing patients' depression (Bhrynyan and Davoudi, 1998). Mokhtari et al. (2008) examined the effects of group-based cognitive-behavioral therapy on decreasing depression and physical complaints (Mokhtari et al, 1998). Omidi et al. (2008) studied the effects of combinative therapy of cognitive-behavioral therapy on the symptoms of depressed patients (Omidi et al, 1998). Khodayarifard et al. (2008) examined the effects of cognitive-behavioral interventions on the psychological health of captives (Khdyary Far et al, 1998).

Fakor et al. (2006) and Mahmoghherani et al. (2006) studied the group-based therapy on the methods of supportive and cognitive-behavioral therapy among patients with stress disorder (Far Qaraie et al, 2006) (Mahmoudi Qaraie, 2006). Najafi (2005) examined the effects of cognitive-behavioral therapy on self-perception and perception of depression among females with 15-18 years old (Najafi, 2005). Attari et al. (2005) examined the effects of collective education of social skills on individual-social compatibility of the juvenile offenders (Attari et al, 2005). Naseri (2004) studied the effects of cognitive-behavioral therapy on decreasing depression, perceived pain intensity, and inability of the illness (Naseri, 2004). Farhodian (2004) indicated that early cognitive-behavioral therapy decreases the symptoms of stress (Farhodian, 2004). Poshmashhadi et al. (2003) examined the effectiveness of cognitive-behavioral therapy on the perfectionism, approval-seeking, and depression symptoms among patients with pain disorder (Poshtmashhadi et al, 2003). Narimani et al. (2002) examined the effectiveness of cognitive-behavioral therapy on decreasing the students' depression (Narimani and Roshan, 2002).

Hanasabzadeh et al. (2001) examined efficiency of cognitive-behavioral therapy in decreasing symptoms of depression and unhealthy attitudes of teenagers with depression disorders (Hanna Sabzadeh Isfahani, 2001). Rafeinia et al. (2000) examined the effects of personal consulting with cognitive-behavioral approach on treating patients with stress disorder (Rafiania, 2000). Heydari Pahloyan et al. (1997) examined efficiency of long-term visualization therapy with a cognitive-behavioral therapy technique among patients with obsessive compulsive disorder (Heidari Pahlavian et al, 1997).

All in all, it seems that the use of cognitive-behavioral therapy is beneficial and effective clinically. However, it is expected that the future studies focus on the samples from different regions of country and also focus on the respondents with different ages and genders. Also it is suggested that other characteristics of painful individuals will be examined through other tests.

References

- [1] Ashjzadeh, N. (1998). Effect of cognitive - behavioral group therapy on depression and feelings of disability caused by headaches in patients with migraine and tension headache. *Journal of Clinical Psychiatry and Psychology*. 4(4): 418-411.
- [2] Attari, S., & Kochaki, B. (2004). The effect of group social skills training on personal adjustment - social of juvenile offenders in the GonbadKavus city, *Journal of Psychology and Educational Sciences*, Uni29- Naseri, H. Evaluate the effectiveness of cognitive – behavioral therapy on reducing depression and pain and disability resulting

- from perceived pain in patients with Rheumatoid Arthritis. MSc thesis Clinical Psychology, University of Social Welfare and Rehabilitation Sciences.
- [3] Bhrynyan, S. A. M., & Davoudi, M. S. (1998). Compare the effect of cognitive behavioral therapy methods and behavioral on depression in heart patients rehabilitation. *Research Journal of Medicine*. 32(4): 96-89.
- [4] Cohen, J. A., Mann arino, A. P., & Staron, V. R. (2006). Apollot study of modified cognitive – Behavioral. Therapy for childhood Traumatic grief (CBT _CTG). *Journal of the American Academy of child and adolescent*.
- [5] Farhodian, A. (2004). Early Cognitive - behavior therapy, on reduce traumatic stress symptoms (after lobbying physical injury). *Journal of New Cognitive Science*. 6(3): 4-16.
- [6] Gauthier, Y., & Marshall, W.L. (1977). Grief: A cognitive behavioral analysis. *Cognitive therapy Research*, 1: 39-44.
- [7] Hanna Sabzadeh Isfahani, M., Yazdandoost, R., & Mohammadian, M. (2001). Effectiveness of cognitive - behavioral Therapy on signs of depression and reduce unhealthy attitudes in adolescents with depressive disorders. *Journal andysheh and behavior*. 7(1): 1-14.
- [8] Heidari-pahlavian, A., Zolfaghari, F., & Mehrabi, F. (1997). Comparison Performance of treatment with long exposure to visualize the treatment techniques of cognitive - behavioral treatment of Obsessive Disorder. *Psychological research*. 2(3): 107-98.
- [9] Izadfar, D. (2001). Comparing social growth and personality traits of orphan students with normal students in the city of Shahrekord high schools, M.A. thesis, Faculty of Educational Sciences and Psychology, University of Isfahan.
- [10] Khdyary Far, M., Abedini, Y., Zrdkhaneh, A., QobariBonab, B., Sohrabi, F., & Younosi, J. (1998). Effectiveness of cognitive - behavioral psychological health of prisoners. *Journal of Behavioral Sciences*. 2(4): 251-242.
- [11] Mahmodi Gharaei, J., Mohamadreza, B., Mahdi, Y., Mohamadtaghi, F., & Yousef Naderi, F. (2006). the effect of group game-therapy on the happiness of children with 3-6 years old, *Journal of especial child diseases*, 16(1): 26-33.
- [12] Mahmoudi Qaraie, J., Fakour, Y., Mohammadi, M., & Mmtazbksh, M. (2006). Effect of individual counseling with the approach of cognitive - behavioral treatment of patients with post traumatic stress of Bam. *Research Ethics, Law, Shahid Beheshti University of Medical Sciences*. 9(2): 69-63.
- [13] Mawson, D., Marks, I. M., Ramma, L., & stern, R. S. (1981). Guided Mourning for morbidgrief: A rolled study. *British journal of psychiatry*, 138: 185-193.
- [14] Mokhtari, S., Taherneshat dost, H., & Molavi, H. (1998). Evaluate the effectiveness of group cognitive - behavioral approach on depression and somatic complaints of patients with multiple sclerosis (MS). *Psychology*, 47(3): 251-242.
- [15] Naderi, F. (2006). Group play therapy effect on symptoms associated with grief and trauma caused by earthquake damage in Bam, children 3 to 6 years. *Journal of Pediatrics*. 16(1): 33-26.

- [16] Najafi, S. (2005). Examining the effect of cognitive-behavioral therapy on the self-perception and depression of girls with 15-18 years old, M.A. thesis, Tarbiat Moalem University of Tehran, Faculty of Educational Sciences and Psychology, pp. 172-184.
- [17] Najafi, S. (2005). The effect of cognitive - behavioral on depression of their perception of girls aged 18-15 living in boarding center in Tehran. MSc thesis. Teacher Training University, Tehran, Faculty of Psychology and Education.
- [18] Narimani, M., & Roshan, R. (2002). Prevalence of depression and the effectiveness of behavioral - Cognitive therapy on reduce depression in students. *Journal of Psychology*, 6(3): 22-34.
- [19] Nieuwmeyer, S. M., Difilippi, K., Marcus, C., & Nasaba, R. (2003). A clinical guide to supportive and palliative care for HIV/AIDS in sub-saharan Africa: loss, grief, and Bereavement. chapter 17(24): 249-260.
- [20] Omidi, A., Mohammad Khani, P., Dolatshahi, P., & pour Shahbazi, A. (1998). Efficacy of combined treatment methods of Based presence of mind on cognitive and cognitive - behavioral symptoms of psychiatric patients with major depressive disorder. *Journal - Research Faiz*. 12(2): 245-234.
- [21] Poshtmashhadi, M., YazdanDoost, R., Asgharnejad, F., & Morid pour D. (2003). Effectiveness of cognitive - behavioral on perfectionism, approval seeking and depressive symptoms in patients with pain disorder. *Thought and Behavior*. 9(3): 31-43.
- [22] Rafiania, A. (2000). Effect of individual counseling with the approach of cognitive - behavioral treatment of patients with PTSD resulting from war.MScthesis.Teacher Training University, Faculty of Psychology and Education.
- [23] Rando, T. A. (1993). Treatment of complicated Mourning. Research press, Feb, 22.
- [24] Sadock, B. J., & Alkot, S. V. (2008). Summary of psychiatry: behavioral sciences/clinical Psychiatry, translated to Persian by Rezaei and Rafiei. Tehran: Arjmand publication.
- [25] Sadock, B. J., & Alkot, S. V. (2008). Summary of psychiatry: behavioral sciences/clinicalPsy
- [26] Shaw, J. A., & Espinel, Z., & Shultz, J. M. (2007). Children: stress trauma and disasters, children bereavement.
- [27] Stice, E., Rohde, P., Seeley, R., & Gou, M. (2008). Grief cognitive – Behavioral depression for adolescents. *Journal of consoling and clinical psychology*. 76(4): 595-606.

(Received 05 April 2016; accepted 19 April 2016)