

The effectiveness of a mental-behavioral therapeutic program in reducing depressive symptoms in children with chronic renal failure

Amgad Mohamed El kalaf

Post Graduate Student: Clinical Psychology Unit
University of Tabuk

Corresponding Author's Email: eenglish51@yahoo.com

Abstract

Purpose: The purpose of the present study is to verify the effectiveness of a mental-behavioral therapy program in reducing the severity of depressive symptoms in a sample of children with chronic renal failure..

Methodology: The researcher will use the experimental approach. The sample will be selected and selected by applying the PIK Scale for children with chronic renal failure, The sample will be selected from the highest scores on the children's scale, and will be divided into two equal groups. An experimental group of 10 children will undergo the sessions of the mental-behavioral therapy program The researcher will use the appropriate statistical methods through the statistical package program SPSS.

Findings: The results will be extracted and interpreted in the light of the literature, and then the recommendations will be extracted based on the results Search.

Keywords: mental-behavioral, therapeutic program, symptoms, chronic renal

Introduction

1.1 Background of the Study

The World Health Organization (WHO, 2013), which uses data on access to chronic disease-related mental illness rates, has pointed to a rising trend at the moment, based on international indicators that close scientific studies are needed to provide psychological services and care for people with chronic diseases. In which patients with renal failure are included (WHO report, 2016).

Psychological intervention to improve the

organic side by supporting the effectiveness of the problem of depression is necessary, because depression negatively affects the efficiency of patients' lives and how to deal with the disease, because it may not appear on people who try to show flexibility in front of others, but its psychological and behavioral effects may be serious despite The symptoms of depression do not appear on the individual, and therefore remember (Kenzi, 2013), but depression is a disease of the mind and body, and therefore shows physical symptoms on depression, but the real nature varies from person to person and the symptoms of depression vary and show clear in

some people and hidden in some people do not suffer from any symptoms at all, their behavior becomes a bit strange.

While (Fletcher) believes that the patient's follow the instructions of the attending physician, the specialist is an important factor in achieving healing for many diseases, or control for others, especially in the case of chronic diseases, has led to cultural variables of medicines, or control for others. Especially in the case of chronic diseases, the variables of the civilizations of drugs and therapeutic treatments have led to an increase in life expectancy in many countries of the world, including the Middle East and the increase in the proportion of chronic diseases, where it became an urgent and increasing need to deal and control these diseases, including kidney failure disease.

1.2 Statement Problem

Chronic diseases of human beings are the most important signs of the emergence of psychological symptoms and behavioral morbidity in individuals in communities, where chronic diseases vary according to the degree, type, severity and level of infection, and the associated clinical symptoms, and the synchronization of many of the organic and psychological diseases. The high incidence of chronic diseases in industrial and developing societies, which is in the development of both technical and industrial progress, where these statistics indicated that the presence of clear clinical indicators for the synchronization of psychological and physical symptoms of the matter Chronic.

The main reason for the deterioration of the level of individual adaptation and social integration is

that the rates of mental illness associated with chronic diseases are on the rise. The report recommended - based on international indicators - the need for close scientific studies to provide psychological services and care for people with chronic diseases where patients with failure Renal (WHO, 2013).

1.3 General objective of the study

The objectives of the research are:

- 1- Detection of the effectiveness of a mental behavioral therapeutic program to reduce depression in children with chronic renal failure.
2. Providing psychological services to this group of patients in order to receive appropriate psychological support to achieve good mental health.

2.00 THEORETICAL REVIEW

Depression in kidney failure

Ellis's theory assumes that mental disorders arise from wrong or illogical thinking patterns. Alice believes that humans share two basic goals: first, to maintain life, and second, to feel the relative happiness and freedom from pain, and that irrational thinking becomes a stumbling block in Rationality can thus be defined as the logic in achieving current and distant goals. (William Mark et al., Williams, G. Mark, al. Et.)

The basic rule in the theory of rational emotional therapy is that the emotional behavior of the individual results from the internal dialogue, in the ideas generated internally in the individual's existence on a

particular topic. Where the individual thinks words and sentences subjective, and what the individual contains for himself during this self-dialogue of perceptions and actions is what constitutes his own emotions and shapes his behavior in the situation.

Alice also assumes that thinking is the most important cause of emotion and aims to identify the causes of turbulent behavior of irrational thoughts and beliefs, and the therapist helps to get rid of the patient through persuasion and return the patient to realistic thinking. Rational therapy is the therapeutic method that moves the patient from irrationality, irrationality and reasonable reality.

The theory of Ellis suggested that depression address the causes of emotion because mental disorders arise from wrong or illogical thinking patterns.

A number of previous studies suggest the basis of Ellis's theory as follows:

- 1- The study (Gerald et al., 1988) aimed to verify the effectiveness of psychological compatibility in children with chronic kidney failure, on a sample of patients of children undergoing blood purification treatment, numbered (22) children, and concluded the most important results of the study that children suffer from Physical complications are lower than adults, while they have more difficulties and problems related to school compatibility, and have shown a sense of loneliness, depression and isolation more than others.

The study (Rosenkranz and Ponzi et al., 1992) aimed to verify the extent of psychosocial adaptation in children and adolescents with chronic kidney failure, on a sample of children and adolescents with chronic kidney failure, numbered (479) adolescents and children, the most important results of the study concluded that Psychosocial adjustment is impaired in patients, especially in children who undergo continuous dialysis.

The study (Hemate and Ali Dost) aimed to verify the relationship between depression and blood bacterial poisoning diseases of patients with kidney failure. The level of education, high age and the incidence of depressive symptoms early, and that the decline of functional activity and family support and loneliness and social acceptance among the study sample, and that workers with patients with kidney failure do not have the ability to alleviate the depressive symptoms of Their knowledge of mental and mental illnesses.

The study (McFarlins et al., 2011) to investigate the effectiveness of the relationship of depression and kidney disease and that there is a correlation between the incidence of kidney failure or depression, on a sample of adolescent children with kidney failure, ranging in age (12-16 years), and concluded the most important results of the study There was a significant correlation between the low mean scores of the study sample on the measure of self-efficacy and the appearance of depressive symptoms in patients with

renal failure of adolescent children, and a correlation between suicidal thoughts in patients undergoing hemodialysis in advanced stages. As to age, where the study showed that the more progress the age of patients has also increased the feeling of depression and a sense of spiritual emptiness and high death anxiety among patients.

The study (Goldstein et al., 2011) aimed to identify the quality of life and emotions in children in the final stage of kidney disease for more than two years, the number of (53) patients, they applied the quality of life test to measure the physical and emotional and social functions, especially in females who do dialysis since Long periods compared to males. The most important results of the study concluded that the kidney patients of children who do dialysis feel the impact of this washing on them negatively as a result of its impact on them physically, emotionally and socially.

The study (Abdul Muti, 2015) aimed to verify some mental disorders in children with chronic kidney failure, on a sample of children with kidney failure before the age of five, the most important results of the study concluded that the average IQ in children with kidney failure before the age of five (45.3%) is significantly lower than the average IQ in children with renal failure after the age of five (86.2%). And the proportion of depressed (72.2%) in patients with chronic renal failure.

The study (Khalil, 2016) aimed to investigate the effectiveness of the most important psychological variables associated with kidney failure, and to try to identify the patient's attitudes towards the disease and towards the treatment method and towards the treatment team, as well as trying to identify the family's attitudes towards the patient and towards the treatment method followed with him and also towards the team The study concluded that the most important results of the study to the importance of the existence of a psychological service provided to these patients so that the treatment process yields the desired results.

The study (Gerald et al., 1988) found that children suffer less physical complications than adults, while they have more difficulties and problems related to school compatibility, and showed a sense of loneliness, depression and isolation more than others. She explained the impact of psychological harmony in children with chronic kidney failure on the feeling of loneliness, depression and isolation more than others, while confirmed by the study (McFarness et al., 2011), while the current study adds the way to treat depression of patients with kidney failure. While the study (Rosenkranz, Ponzl et al., 1992), Goldstein et al. (2011) and Khalil (2016) in the availability of symptoms of depression in children. The study (Hemate and Ali Dost) as well as the study (Goldstein et al, 2011) method of treatment of depression in patients with kidney failure. The study (Khalil, 2016)

agrees with the current study in trying to identify patients' attitudes towards the disease and towards the treatment method and towards the treatment team.

- Mental behavioral therapy for depression in kidney failure:

Beck Theory (Beck, 1993): It is an applied theory that works to formulate a specific cognitive model for each of the disorders that have been addressed recently and depends on the fundamental idea in such applications as follows: -

A) The general framework of epistemological theory: that there is a bias in the processing of information resulting in dysfunctional behavior and imposed tension or both.

B) There are certain beliefs grouped together in relatively stable epistemological structures that lead to such difficulties, and therapists look for, discover and explain dysfunctional beliefs.

A number of previous studies suggest that this theory has developed a specific cognitive model for each of the disorders that have been addressed recently, as follows:

1- The study (Tamimi, 2006) aimed to verify the effectiveness of a training program to reduce depression for patients with kidney failure, using the descriptive survey method to match this approach to the nature of the study, the most important results

of the study found that there are statistical differences in both adaptation, anxiety and depression between the experimental group The control group was attributed to the training program where the adaptation level of the experimental group improved and the level of anxiety and depression decreased compared to the control group.

The study (Bakiri, 2012) aimed to verify the effectiveness of mental behavioral therapy program in reducing the symptoms of depression of children with diabetes and improve self-esteem and social skills and reduce irrational thoughts and despair have been studied on a sample of children suffering from depression, the number of (16) children in the stage The most important results of the study concluded that there was a statistically significant effect of the mental behavioral therapy program in reducing the degree of depression in the sample of children with diabetes failure.

The aim of the study (Hanour, 2012) to verify the effectiveness of a cognitive behavioral program to reduce the level of guilt in a sample of depressed blind, as well as to detect the continuation of the effectiveness of this program on the experimental group after the follow-up period of two months. A sample of 20 blind people who were depressed between the ages of 18-23 years who suffer from high feelings of guilt. Divided into two groups: Experimental group (10) students from the blind. A control group (10) students from the

blind and depressed. By applying the following tools: Test feelings of guilt. (Amal Abdel Samie Abaza (1996), Beck Depression Scale (Gharib Abdel Fattah Gharib (2000), Program (Cognitive Behavioral Therapy), the main findings conclude the effectiveness of treatment based on CBT techniques and applications in lowering feelings Neurological or abnormal guilt, as well as the possibility of using cognitive behavioral therapy and techniques with some special groups, especially the blind and benefit from it in improving their mental health by getting rid of their suffering from some of the mental problems and disorders, especially the feelings of high abnormal guilt or neurotic.

The study (Anzi, 2013) aimed to verify the effectiveness of a counseling program to play in reducing the level of depression in children with kidney failure while undergoing treatment, the most important results of the study concluded that the program was effective, and that it has already contributed to reduce the degree of depression in children. The results of the study showed no differences between male and female children on the degrees of depression due to kidney failure. A study (Abani, 2013) to verify the effectiveness of a mental behavioral program for the treatment of depression in a sample of young patients with cancer, and concluded the study to the effectiveness of the mental behavioral therapeutic program in the relief of depression in cancer patients.

The study (Awadallah, 2014) aimed to verify the effectiveness of a program to improve the emotional state of patients undergoing renal ascites, and study the emotional state in patients with chronic renal failure compared to healthy, and concluded the most important results of the study the most appropriate programs to try to achieve psychological compatibility of patients with environmental changes associated with the disease failure Renal, in order to try to mitigate the negative effects of these variables on patients, study the impact of the program on the emotional state of patients, and contribute to the development of awareness and awareness of the causes leading to kidney failure and methods of prevention and treatment of this the disease.

The study (Awadallah, 2014) aimed to verify the effectiveness of a program to improve the emotional state of patients undergoing renal ascites, and study the emotional state in patients with chronic renal failure compared to healthy, and concluded the most important results of the study the most appropriate programs to try to achieve psychological compatibility of patients with environmental changes associated with the disease failure Renal, in order to try to mitigate the negative effects of these variables on patients, study the impact of the program on the emotional state of patients, and contribute to the development of awareness and awareness of the causes leading to kidney failure and methods of

prevention and treatment of this the disease.

the study (Anzi, 2013) concluded that the program was effective, and that it has already contributed to reduce the degree of depression in children, and the results of the study also showed no differences between male and female children on the degrees of depression due to kidney failure. The study (Abani, 2013) concluded the effectiveness of the mental behavioral therapeutic program in the relief of depression in cancer patients. The study (Awadallah, 2014) concluded the most important results of the study the most appropriate programs to try to achieve psychological compatibility of patients with environmental changes associated with kidney failure disease, and this recent study agrees with our current study in trying to mitigate the negative effects of these variables on patients.

The researcher also investigated the role of psychological compatibility in children with chronic kidney failure in the occurrence of anxiety, depression and isolation, a cognitive behavioral program to reduce the level of guilt in a sample of depressed blind, and mental behavioral therapy program in reducing symptoms of depression of children with diabetes and improve self-esteem and skills Reduce the irrational thoughts and despair they have, as well as verify the extent of psychosocial adjustment in children and adolescents with chronic renal failure, the relationship of depression to kidney disease and that

there is an association between the incidence of kidney failure or depression In children with chronic renal failure, and to identify the quality of life and emotions of children in the final stage of kidney disease for more than two years.

Checking some mental disorders in children with chronic kidney failure, checking the effectiveness of the most important psychological variables associated with kidney failure, and trying to identify the patient's attitudes towards the disease and towards the treatment method and towards the treatment team, as well as trying to identify the family's attitudes towards the patient and towards the treatment method. The effectiveness of a program to improve the emotional state of patients undergoing renal ascites.

The researcher benefited from this study to know the most important psychological variables associated with kidney failure disease, anxiety, depression and fatigue, as was the use of theoretical material of the study and the tools used. This study is the closest to the current one.

3.00METHODOLOGY OF THE STUDY

3.1 Methods and data

For the research, The study sample consisted of 14 patients aged (7 to 15 years) who were randomly divided into two equal groups (experimental and control) and were selected through the scale (D) for child depression.

A scale of D for depression of children was applied, high scores were selected on the scale, and randomly assigned to two equal groups (experimental and an officer).

The researcher applied the following tools to achieve the research objective:

- 1- Clinical interview.
2. CDI scale for child depression.
- 3- Mental and behavioral therapeutic program.
- 4- Preliminary data form: Prepared by the researcher.

The researcher or psychotherapist is provided with a quick and honest assessment of the level of depression in the examiner. -Each set consists of three phrases

CDI Scale for Child Depression

Prepared by Maria Kovacs (Kovacs, 1983, 1985). Gharib Abdel Fattah prepared and codified in the Arabic language and the preparation of national standards for him under the supervision of his original equipment and with the written consent of them (1985, 1986). The measure covers a wide range of depressive symptoms including: mood disorders, enjoyment, developmental functions, self-esteem, and personal behavior with others. The measure revolves around the effects of depression in child-related areas such as school. The scale is suitable for children aged 7 to 17 years. The scale consists of 27 sets of statements, each of which consists of three phrases that the examiner should choose one of them. The phrases take degrees from 0 to 2 in the direction of increasing the intensity of the display, thus the degree on the scale ranges from 0 to 54.

Validity of the scale:

The validity of the arbitrators: The scale was presented to a group of specialized arbitrators, as shown in Appendix No. (3), where they gave their opinions and observations on the suitability of the paragraphs of the scale and the suitability of each paragraph of the scale, as well as the clarity of its language and in the light of those views Some paragraphs.

Internal consistency validity: Refers to the strength of the paragraph or item correlation of the instrument and grade.

Clinical Interview:

It is a social, professional, dynamic, and face-to-face relationship between the mentor and the mentor, in an atmosphere of mutual trust between the two parties interspersed by meaningful social interaction, exchange of information, experiences, feelings and trends. It is a purposeful professional activity, not an ordinary conversation. (Zahran, 35: 2001).

Objectives of the interview:

1. Building a professional relationship between the guide and the guide based on mutual trust.
2. Help the guide to uncover possible solutions in a collaborative manner.
3. Help the guide to adapt to himself and his environment.

Help the guide to adapt to himself and his environment.

Mental Behavioral Therapy Program: Researcher Preparation

The program consists of ten sessions over the course of a month and a week, two sessions per week, ranging from one hour to an hour and a half, which will be applied individually to the sample.

Mental Behavioral Program to Reduce Depression in Kidney Failure Patient.

statistical analysis :

Results related to tribal measurement and group parity:

Prior to the introduction of the Mental Behavioral Therapeutic Program, it was important to verify the equivalence of the experimental and control groups for depression in children with renal failure in order to ascertain the effectiveness of the Mental Behavioral Therapy Program applied to the experimental group compared to the control group that did not receive any therapeutic or training program. We examined the differences in the median ranks for pretest measurement in scale D for

child depression of the experimental and control groups using the Mann-Whitney test.

1.0 FINDING AND DISCUSSIONS

Results associated with the study hypothesis: mental-behavioral treatment program reduces depression in patients with kidney failure at Al-Amal Complex for Mental Health Hospital in Dammam.

To validate this hypothesis, CDI was applied to the experimental group of (7) children with renal failure before and after the application of the behavioral mental therapeutic program; the data were then entered into the SPSS statistical program using Wilcoxon test.

There is a difference between the pre- and post-measurement of the D scale of child depression in the experimental group of children with kidney failure. The effect of the therapeutic program in reducing symptoms of depression and emphasize the effectiveness of the mental behavioral therapeutic program in reducing depressive symptoms.

It was established that there were differences between the members of the experimental and control groups of the scale (D) for depression after applying the program to the experimental group (telemetry).

To verify this, the experimental and control groups of post-depression measurement in children with renal failure were studied using the Mann-Whitney test.

There were differences in the mean ranks between the experimental and control groups in the post measure of depression, where the average value of the D-scale for depression was observed in the control group and lower in the experimental group. The U value was zero, which is statistically significant at the significance level (0.05). We confirm that there are differences between the experimental and

control group in the post-measurement of depression. The result of this can be explained by the fact that the effect of the treatment program was clear and tangible in the experimental group compared to the control group whose depressive symptoms are still high, and that the effect of reduced symptoms of depression It was attributed to the treatment program and not to other factors because the control group still had elevated depressive symptoms.

There are also differences between pre- and post-depression measurement in the control group of children with renal failure.

To validate this, the Child Depression Scale (D) was applied to the control group and after a period of time (equal to the duration of the therapeutic program) the scale was reapplied again to the same group of 7 children with renal failure; The results of the measurements were then entered into the SPSS statistical program using Wilcoxon test.

The value of Z is zero and is not statistically significant at 0.05. Thus, there is no difference between the pre- and post-measurement of D scale for depression in the control group of children with kidney failure. This finding shows that no other factors have been shown to help reduce depressive symptoms in children with renal failure compared to the experimental group whose behavioral mental therapeutic program had a significant effect in reducing their depressive symptoms.

3.1.2 Findings from the samples:

The results showed that patients with chronic renal failure suffer from severe emotional disorders that affect the personal characteristics

of the patient, the most important depression, which results in a state of loneliness, isolation and separation. In light of the above results, patients suffer from depression. This is due to poor health conditions, low income and problems surrounding the patient. This is confirmed by Ellis's theory of emotional therapy, which assumes that mental disorders arise from wrong or illogical thinking patterns. To check the effectiveness of psychological compatibility in children with chronic kidney failure, and the relationship between disease and depression, some of these studies besides this, other things, Verify the effectiveness of psychological compatibility in children with chronic renal failure, on a sample of patients of children undergoing blood purification treatment, numbered (22) children, the most important results of the study concluded that children suffer from physical complications less than adults, while they have more difficulties and problems The study (Rosenkranz, Bonzel et al., 1992) sought to investigate the extent of psychosocial adaptation in children and

adolescents to chronic kidney failure, and concluded that psychosocial adaptation weakens Patients, Especially in children who undergo continuous dialysis, a study (Hemate and Ali Dost) deals with the relationship between depression and blood bacterial poisoning diseases of patients with kidney failure, and concluded that there is a statistically significant relationship between the incidence of kidney failure and high scores of the study sample on the scale of depression, and that There is a correlation between low educational level, high age and early depression symptoms, reduced functional activity, family support, loneliness and social unacceptability among study sample, and those with renal failure patients do not have the ability to Alleviating depressive symptoms of lack of knowledge of mental illness, also it dealt with a study (Mac Vlarenc et al., 2011) To investigate the effectiveness of depression relationship with kidney disease and that there is a correlation between the incidence of kidney failure or depression, I concluded that there is a statistically significant correlation between the

low mean scores of the study sample on the self-efficacy scale and the appearance of depressive symptoms in kidney failure patients of adolescent children, And the existence of a correlation between suicidal thoughts in patients undergoing hemodialysis in advanced stages, depending on age, where the study showed that the older the patients also increased the feeling of depression and a sense of spiritual emptiness and high anxiety death The patients. Goldstein et al., 2011 seek to identify the quality of life and emotions in children in the final stage of kidney disease for more than two years, where the quality of life test was applied to measure the physical, emotional and social functions, especially in females who do dialysis for long periods compared to males, On a sample of (53) children. The most important results of the study concluded that kidney patients who do dialysis feel the impact of this dialysis on them negatively as a result of its physical, emotional and social impact on them, and the study (Abdul Muti, 2015) to check some mental disorders in children with chronic kidney failure, It is

significantly lower than the average IQ in children with renal failure after the age of five (86.2%). The percentage of those who suffer from depression (72.2%) in patients with chronic kidney failure, and the study (Khalil, 2016) to verify the effectiveness of the most important psychological variables associated with kidney failure, and to try to identify patients' attitudes towards the disease and towards the treatment method and towards the treatment team.

Identify the family's attitudes towards the patient and towards the method of treatment with him and also towards the treatment team.

The study concluded to the importance of the presence of psychological service provided to these patients so that the treatment process yields the desired results.

3.2 Discussion

Here we find that the previous studies have been consistent with the subject of our current study, as well as the title of this research, which deals with depressive symptoms in children with chronic kidney failure. Although some studies differed with this theory studies in verifying the

extent of psychosocial adaptation in children and adolescents with chronic renal failure, checking the relationship between depression and bacterial blood poisoning diseases for patients with renal failure, and to identify the quality of life and emotions in children in the final stage of diseases For more than two years, check some mental disorders in children with chronic renal failure, on a sample of children with renal failure before the age of five.

To check the effectiveness of the most important psychological variables associated with kidney failure, and to try to identify the patient's attitudes towards the disease and towards the treatment method and towards the treatment team, as well as trying to identify the family's attitudes towards the patient and towards the method of treatment with him and also towards the treatment team.

As for Beck's theory (1993) as an applied theory that formulates a particular cognitive model for each of the disorders that have been addressed recently and adopts the fundamental idea in such applications, We find that theories

address these applications by demonstrating the effectiveness of a mental-behavioral program that seeks to reduce depressive symptoms in children with chronic kidney failure. These studies include: a study (Tamimi, 2006) that seeks to verify the effectiveness of a training program to reduce depression for patients with kidney failure, using The descriptive survey methodology for adapting this approach to the nature of the study, and the study (Bakiri, 2012) to check the effectiveness of the mental behavioral treatment program in reducing the symptoms of depression of children with diabetes and improve self-esteem and social skills and reduce irrational thoughts and despair have been studied The study (Hanour, 2012), which sought to verify the effectiveness of a cognitive behavioral program to reduce the level of guilt in a sample of depressed blind, As well as disclosing the continued effectiveness of this program on the experimental group after the follow-up period, which reached two months. A sample of 20 blind people who were depressed between the ages of 18-23 years who suffer from

high feelings of guilt. Divided into two groups: Experimental group (10) students from the blind. A control group (10) students from the blind and depressed, The study (Anzi, 2013), which sought to verify the effectiveness of a counseling program to play in reducing the level of depression in children with kidney failure while undergoing treatment, the most important results of the study concluded that the program was effective, and that it has already contributed to reduce the degree of depression in children, The study also showed that there are no differences between male and female children on the degrees of depression due to kidney failure, and a study (Abani, 2013) to verify the effectiveness of cognitive behavioral program for the treatment of depression in a sample of young patients with cancer. Mild depression in cancer patients, study (Awadallah, 2014). The most important results of the study concluded the most appropriate programs to try to achieve the psychological compatibility of patients with environmental changes associated with kidney failure disease, in order to try to

alleviate The severity of the negative effects of these variables on patients, study the impact of the program on the emotional state of patients, and contribute to the development of awareness and awareness of the causes leading to kidney failure and methods of prevention and treatment of this disease.

Here we also find that this theory and the previous studies attached to it have been consistent with our current study, The study also seeks to demonstrate the effectiveness of a mental-behavioral therapeutic program in reducing depressive symptoms in children with chronic kidney failure. Although some studies in this theory have dealt with the implementation of other programs such as reducing symptoms of depression of children with diabetes and improve self-esteem and social skills and reduce irrational thoughts and despair have, and the effectiveness of a cognitive behavioral program to reduce the level of guilt in a sample of depressed blind, as well as to detect the extent of Continuation of the effectiveness of this program on the experimental group after the follow-up

period of two months, and the effectiveness of a counseling program playing in reducing the level of depression in children with kidney failure while undergoing treatment, The effectiveness of a cognitive-behavioral program for the treatment of depression in a sample of young cancer patients, the effectiveness of a program to improve the emotional state of patients undergoing renal ascites, and the study of emotional state in patients with chronic renal failure compared to healthy.

In general, Ellis and Beck (1993) and their studies have been successful in our current study of the effectiveness of a mental-behavioral program in reducing depressive symptoms in children with chronic renal failure.

4.00. Summary

Through this study, we have presented a comprehensive summary on a very important and important topic at the scientific and medical level, which is related to the depressive symptoms in children with chronic renal failure from the age of (6) years, and this study was entitled: A mental-behavioral program in reducing depressive symptoms in children with

chronic renal failure, in which the introduction contains the study problem, study question, relevance, objectives, terminology, previous research and studies, study hypotheses, methodology, study sample and community, and tools, Then.

5.00. Conclusion

The body of the research was discussed, a statement of validity and reliability of the metrics, a mental and behavioral therapeutic program prepared by the researcher, a statement of the study budget, statistical analysis and results, and then interpret and discuss the results, and the development of recommendations dealing with the subject of the study.

5.1. Recommendations

The researcher has made several recommendations:

1- psychological intervention to improve the organic side by supporting the effectiveness of the problem of depression is a necessity.
2 - the importance of early detection on children aged (7 - 15) years because kidney failure psychological and behavioral effects may be serious despite the absence of symptoms of depression on the individual.

3 - the need to follow the patient's instructions to the physician, the specialist is an important factor in achieving healing for many diseases, or control for others, especially in the case of chronic diseases.

4- Doctors and specialists should detect signs of psychological symptoms and behavioral impairment in children so that their complications and consequences, including depressive symptoms, can be avoided and reduced.

5 - The importance of psychological education (educational) and mental re-intention of children with kidney failure hospital hope for mental health in Dammam from the age of (7 - 15) years so that they can avoid depressive symptoms of this disease.

6- The importance of the subject of depression in patients with chronic kidney failure requires the need for specialists, academics and researchers related to the subject of our current study to prepare researches, studies and scientific messages due to the small number of studies, researches and messages addressed in both the Arab environment in general and the Saudi environment in particular.

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Appendix

Scale D for young (CDI)

Sometimes young people and young people feel some feelings and think about some ideas, and in this booklet some feelings and ideas are written in groups, each group consists of three phrases, you have to choose one of each set of phrases you see that this phrase describes you during the two weeks Then put a tick (✓) in the box next to the phrase you selected, and then go to the next set of phrases, and so on until all groups finish. You should note that there is no correct answer and wrong answer, but you are required to choose one phrase from each group, which is what you think describes your situation in the last two weeks including the day. And the following example.

- I read books all the time
- I sometimes read books
- I have not read books in my life

If the first statement applies to you and describes you in the last two weeks including the day, put a check mark (✓) in the box next to it exactly as you saw in the previous example. Remember that you have chosen a phrase that describes your feelings and thoughts in the last two weeks.

- I sometimes feel sad.
- I feel sad many times.
- I feel sad all the time.
- All that concerns me does not go well.

- I'm not sure things and conditions are going well.
- Things and circumstances will go well for me.
- I do most things well.
- I do many things the wrong way.
- I do everything wrong.
- There are many things that entertain me.
- Some things and needs amuse me.
- There's nothing amusing me.
- At all times I am bad.
- Many times I am bad.
- Sometimes I am bad.
- . Sometimes I think of bad things (unpleasant) that happen to me.
- I'm worried and busy with some bad or unwanted things happening to me.
- I'm sure bad or undesirable things will happen to me.
- . I hate myself.
- I don't like myself.
- I love myself.
- . All bad or undesirable things happen because of me.
- Many bad or undesirable things happen because of me.
- Bad or unpleasant things don't always happen because of me.
- I do not think to kill myself.
- I'm thinking of killing myself but I won't.
- I want to kill myself.
- Every day I feel that I want to cry.
- Many times I feel like crying.
- Sometimes I feel like I want to cry.
- . There are things that always bother me.
- There are things that bother me many times.

- There are things that sometimes bother me.
- I love being with people.
- I don't like being with people many times.
- I never want to be with people.
- I cannot decide or express my opinion on things.
- It is difficult for me to decide or decide on things.
- I decide or make an opinion on things easily
- I am good form.
- There are some things in my form that are not good.
- I am a non-good formality.
- I have to pay myself all the time to complete the duties of school.
- I have to pay myself more than once in order to complete school duties.
- School duties are not a big problem for me.
- every night difficult to sleep.
- On many nights it is difficult to sleep.
- I sleep well.

- Sometimes I feel tired or tired.
- I often feel tired or tired.
- All the time I feel stressed or tired.
- Most days I have no appetite.
- On many days I have no appetite for food.
- I eat in a good way.
- I am not worried about any pain or aches.
- Many times I am worried about some aches and pains.
- All the time I worry about aches and pains.
- I don't feel lonely.
- Many times I feel lonely.
- All the time I feel lonely.

Children's Depression Inventory. Developed by Kovacs M. Available from Multi-Health Systems (MHS, Inc.), 65 Overlea Blvd., Suite 10, Toronto, Ontario M4H1P1 Canada; phone: 800-456-3003.

Title: Children's Depression Inventory (CDI).

Author: Kovacs, Maria

Abstract: The Children's Depression Inventory (CDI) is a 27-item self-rated symptom oriented scale suitable for use by children and adolescents ranging in age from 7 to 17 years. It discriminates between those with a psychiatric diagnosis of major depressive or dysthymic disorder and those with none or other psychiatric conditions. It is sensitive to changes in depression over time and is acceptable as an index of the severity of depressive disorder. It quantifies a range of depressive symptoms including disturbed mood, hedonic capacity, vegetative functions, self-evaluation, and interpersonal behaviors. There is also a 10-item short form to provide an

assessment of the extent to which a person exhibits depressive symptoms and can be used when there is a need for a quick screening device or when the examiner's time with the subject is limited. (MH)

Test Acronyms: CDI

Material Notes: 1. 27-item inventory 2. 10-item

short form inventory 3. manual

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