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The Effectiveness of a Group Training Program in Reducing Depression And Improving Adjustment of the Elderlies in Amman City

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Abstract
The purpose of this study is to investigate the effects of a group training program in reducing depression and improving adjustment of the elderly in Amman City. The study sample consisted of (68) elderly people in the social development center in Amman. The sample was distributed into two groups: an experimental group which received group training program to reduce depression and improve adjustment with an average of two sessions a week for four weeks, each session lasted (90) minutes, and a control group that didn't receive any treatment.
Two instruments were applied on the entire study sample; the first one was Beck's Depression inventory, and the other was the scale of psychological adjustment (a pre-test), then a group training program was applied on the experimental group. By the end of the training program, the same study instruments were reapplied on all the study sample members (post-test), then ANCOVA to investigate the effect of the experimental treatment on both depression and adjustment. The results indicated the existence statistically significant differences between the experimental group and the control group on both of the study tools, as the level of depression decreased and the level of adjustment increased on the part of the experimental group compared to the control group.
Keywords: Group training program, Depression, adjustment, the Elderly

1- Introduction:

Despite its major signifecence and the large number of problems associated with it, aging phase hasn't recieved the appropriate attention of researchers compared to other age stages. This is due to the common materialistic or economical perspective, which is based on benefit- loss relationship . Human beings going through this stage are of little production and the stage itself shows a relatively slow progression as well as individual's loss of biological and functional integration with oneself and his\ her srroundings. Add to that the deterioration in the economical, social and psychological relations.(Sherron & Iumsden, 2000). Aging has become a source of fear and anxiety to the extent that (Monk, 1999) called it "Gerontophobia" : the fear of aging .(Monk, 1999) Aging is a period that is associated with retirement, a word that indecates that the elderly in this late age are unable of learning new skills or activities, and are incapable of offering any more.
Aging or elderly stage is a critical period in the course of human development. Still, it can be either a normal developmental stage, or a stage of crisis depending on the attitudes of the elderly surroundings toward them on the one hand, and the attitude of the elderly themselves towards their own progression in age on the other. The widespread of some stereotypes and negative attitudes towards the elderly affects their psychological and social adjustment, as they become less capable of control and feel less socially and psychologically harmonious. They simply view themselves as useless and valueless (Hurlock, 2004).
Statistics in the Arab world shows that the number of the elderly people(above 65) reached 3,5 millions in 1960, 4,8 millions in 1970, and 6,5 millions in 1990, having in mind that the percentage of old people is 26% of the globe population. It is expected that the number might hit 17, 5- 20 millions in 2025 given the constant development of health services and thus the chances of longer lives (Akroosh, 1999). The general census of the Statistic Department in Jordan in 1994 shows that the percentage of old people above 60 is 4,3 % of its population, while the issues of the department in 2003 shows that the percentage of the elderly was 3.5%, and the expected age of individuals at the age of birth reached 71.5 years. Although the percentage doesn't seem that large if compared to the percentage of elderly in developed countries such as France, it is likely to increase

during the next years due to some social changes as well as the demographic factors referred to above, especially that the results of these factors and results haven't occur in a country like Jordan so far.

Psychologically, the elderly stage is a stage of decline in both psychological and social adjustment of the individual, reducing one's ability to use his/her physical, mental and psychological potentials inorder to face the pressures of life to the extent that they become unable to fulfill their own various demands or those of their environment (Qenawi, 1987). The most important psychological disorder of the elderly is depression, which is widly diagnosed in the elderly home care centers. Katz, Parmlelee and Lawton (2005) report that 30-50 % of the elderly suffer from depression, and that cases vary depending on the intensity and severity. Depression may be accompanied with thought processes, lack of speech and body movements as well as loss of appetite and insomnia, to the extent that severe depression may lead to suicide. Miller, when he reviewed suicide cases after the age of 60 years found that they suffered lack in self confidence in addition to health problems that neither they nor their doctors could deal with (Kimmel, 1990). The age category of 75-84 years shows the highest percentage of suicide cases, followed by 85+ years old then 65-74 years old (Bootzin, Acocella& Alloy, 1999).

A study conducted by A hmad (1998), which adresses the problem of introversion (missing paragraph)

Depression is the most psychological disorder that can affect human life and expose it to danger. Even though, there are clear differences about the magnitude of the problem of depression, its meaning, and its symptoms depending on the different theoretical approaches, yet the majority agree that depression is one of the most serious psychological disorders. There is also a kind of disagreement on the the size of the problem and its symptoms depending on differences in the theoretical appraoches applied. However, the magority agree that depression is one of the most serious psychological disorders. It is also hard to determine the percentage of deppression spread, generally speaking the rates range between (1-5 %) among members of society, while it rates (23,5 %) among frequent visitors of psychiatric clinics. Depressive episodes usually involve cases of low mood, low-levels of energy or a decline of activeness,the disability to enjoy, show interest and focus in things, feeling exhausted , sleep disturbance and anorexia. Furthermore, these symptoms are usually accompanied with low self-esteem or self-confidence, feelings of guilt,and loss of self-value even in the less severe cases. Pacients view future as dull, and tend to have suicidal thoughts and acts. Their moods change constantly with no responding to the surrounding circumstances. These may be accompanied with the so-called physical symptoms, such as loss of interest and weak delightful sensations, or waking up several hours earlier than normal (Al Absi, 2007).

Al Gharib (2001) defines Depression as “the existence of lots of negative emotions, such as low spirits and disappointment, as well as a group of major depression symptoms including not only a mood disorder, but other symptoms associated with such disorder in appetite and sleep, and disorder of psychomotor activity, low energy, feelings of loss of value, difficulty in concentration and memory, and ideas related to death and suicide”. While The Fourth Diagnostic and Statistical Manual for Mental Disorders (DSMIV, 1994) defines depression as “a soured case of mood, expressive of loss of interest and pleasure in most cases, as the patient feels guilt, difficulty in thinking, loss of appetite, weight change and thoughts related to death and suicide”.

The following guide identifies the diagnostic criteria for major depressive disorder, these are:

1. Five or more of the following symptoms apparent during a two week period and represent a change in the functionality of the individual, namely:

- Depressed mood most of the day, almost every day.
- Loss of interest or pleasure all day or most of it for almost every day.
- A significant weight loss or weight gain without diet.
- Insomnia or excessive sleep almost every day.
- Psychomotor delay, and slow movement in almost every day (self-feelings of tirdness).
- Exhaustion , fatigue or loss of energy nearly every day.
- extreme feelings of self-wothless and guilt, in almost every day.
- A decline in the ability to think or concentrate in almost every day.
- Frequent thoughts of death or suicide and constant thinking of suicide without planning for it

2. symptoms do not match the criteria of the mixed episode.

2. These symptoms Cause essential suffering in the areas of social and professional performance and other important areas.

4. These symptoms are not due to the physicall effects of a certain drug (abuse of drugs), or a general health condition (deficiency of the thyroid gland).

5. These Symptoms are not interpreted as normal sadness.

If two of the major symptoms of depression appeared, and were separated by a period of at least two months during which the individual was not depressed, then depressive disorder is diagnosed as major frequent depression, since the frequency of the period of depression is important for the predection of the future path of the disorder, in addition to its importance in the selection of the appropriate treatment. If it happens that the

major depressive period is repeated, then the pacient is more likely to experience a third period of depression with a percentage of 80%. This calls for the need to plan for a way of treatment rather than a way of prevention. Furthermore, patients who have experienced recurrent periods of sikness descend from families in which medical history depression is common more than those of pacients who experience a sole period of depression . About 50% of those who have experienced major single or mono period of depression disorder are likely to experience a second period, and their status will match the criteria of major recurrent depressive disorder (Al Iraqi, 1991).

Clark, Beck, and Afford (1999) see that the individual when depressed finds himself reluctant to do activities, and shows symptoms of sadness, sleep disturbance, and fatigue, all of which lead to to a reduced level of energy and activity, and hence a low level of adjustment with events, as the relationship between depression and adjustment is an inverse one, the more depressed an individual is ,the less adapted he is, and vice versa. Here we can refer to three types of activities that help patientsl to reduce the level of depression, and increase the level of adjustment, namely:

1. Involvement of the individual in pleasant social activities, through training him\her in social skills, volunteer work. Studies indicate that training on social skills, family guidence, and communication skills all help to reduce the level of depression and improve the level of adjustment.
2. Personal activities, such as the doing activities to promote achievement and efficiency, independence and self-fulfillment, theis includes reading, touring , and writing.
3. Anti-depression activities, such as trying to reduce the level of depression, and improve the level of adjustment through laughter, watching comfortable things, and thinking positively.

Adapting to life is the top demand of human biengs , and psychologists and sociologists use terms and concepts in their studies and measurements to describe the level of adjustment to life, such as happiness, Sense of well-Being, and Perceive Quality of Life. (Malkosh, and Bakeer, 1994).The concept of adjustmentt has five dimensions:

a- Fun and vitality against carelessness, which is the degree of immersion in the activity with other people or with a certain idea.

b - Determination and persistence, which is the extent to which people are responsible for their own lives.

c- Harmony, which refers to the goals that have been completed, and to believe that is what is happening now is more important than what happened in the past or what will happen in the future.

d- Self-concept, the extent to which a person holds positive self-evaluation physically, psychologically and socially.

Al Rifai (2009) defines adjustment as “a group of reactions through which the individual modifies his psychological construction or behavior to respond to the surrounding conditions or a new experience”. Furthermore adjustment process involves a combination of factors that are related to the elderly such as primary needs, personal needs, physiological factors, personal and physical features, mental abilities and the individual’s perspective of himself.

Rapkin and Fisher (1992) classified the personal goals for the elderly into: already accomplished goals, continuous preserved goals, broken dropped away goals, and general compensative goals. To improve the perceived quality of the life of the elderly, harmony and adjustment should be achieved between the desired goals and the existing ones, or those that are achievable, in addition to finding a meaning to existence in life and a relentless pursuit to achieve them.

Despite all human beings sence of the importance of the elderly stage, most people look away from that stage of their lives, especially when they are young and active. These physiological changes in the human body happen gradually through stages of growth leaving different psychological and social effects. It is in the mid-forties that human start to feel accumulated effects of ageing, and this appears more clearly in the late fifties, accompanied with a state of adjustment that differs among individuals.(Mohafiza, 1993).

Aging phase is one of the stages phenomena of life, once it starts it continues its bath unmarkedly, but it is not a disease, rather is a period of change where human whitness physiological changes tell a person has a tottaly different look, no at all better than its formers. This new look is accompanied by atrophy of a number of organs, and an apparent loss of strength and vitality accompanied by the absence of youth manifestation. As a result, a number of new urgent needs and desires appear.(Al Abadi, 2000).

2-The Problem and the Importance of the Study:

Interest in the elderly has increased recently, especially in the last three decades . The subject of elderly guidance has became one of the important and defining subjects in the preparation and training of psychologist counselor at many universities. This is due to the large increase in the number of elderly and the accompanying problems added to the various new needs of the elderly themselves and those who are related to them in a way or another. This increase has led to the creation of new challenges in the field of psychiatric services and

psychological counseling, the matter which led to an intense focus on guidencing the elderly by the means of establishing specialized programms that help the elderly to cope with the problems associated with this stage.

Due to the lack of some elderly to the factor of social authority and their roles change their ideas and cognitive structure are negatively inflowenced. This has also led to many other difficulties that affected their lives, including a decline in their levels of motivation to participate in any activity and their frustration and depression. Hence, the importance of this study lies in indicating the problems faced by the elderly during this critical stage of life. This study will address the effectiveness of a group training program in reducing depression and improving the level of adjustment on a sample of the elderly in the city of Amman. The importance of this study lies in its attempt to draw attention to the employment of group training programs in reducing the level of depression and improving the level of adjustment using different strategies, and therefore the importance of the study is determined by the following:

1. Effectiveness of a Group training program in reducing depression and improving the level of adjustment of a sample of elderly in Amman. It is expected that this study will come out with benifetial results for those who prepare and develop programms in the field of guidance and counseling.
2. This study will help to evaluate the effectiveness of the programs offered to the elderly and their success in achieving their goals.
3. Lack of the psychological studies, both theoretical and applied in the field of treatment of depression for the elderly in home care centers through group training programs.

3- The study Hypotheses:

1. There are no statistically significant differences in the level of depression among the elderly who have been subject to group training program to reduce depression and improve the level of adjustment and those who were not exposed to the program.
2. There are no statistically significant differences in improving the level adjustment calculated by the total degree on the scale and its sub dimensions among the elderly who have been subjected to group training program to reduce depression and improve the level of adjustmentt, and the those who were not exposed to the program.

4-Definition of terms:

The Elderly:

individuals whom are over the age of sixty-five and do not have any job on a regular institutional basis, and their conditions permits their collaboration with the researchers.

Depression:

An Emotional condition where an individual suffers from extreme sadness, delayed responses, pessimistic tendencies, and he/she may reach up to the tendency to commit suicide (Hamdi, Abu Hijleh, and Abu Talib, 1988). It is procedurally defined in this study by the degree scored by the individual on the Beck Depression Inventory

Adjustment:

A process that falls into three categories: the first is biological, the second is social, and the third is personal. The psychological adjustments characterized by self control and appreciation of responsibility (Hamdi, Dawood, and Abu Talib, 1992). It is procedurally defined in this study by the degree scored by the individual on adjustment scale.

Group training program:

Is a group cognitive training program that consists of eight sessions, where the elderly are guided through mental cognitive skills.

5- Previous Studies

In Abu Donya study (2002) on Egyptian society, which aimed to identify with elderly people with negative attitudes towards aging, and intervention through applying a training program in order to modify the elderlies attitudes towards aging. The study relied on the experimental approach where the independent variable was the training program and the dependent variables were the attitudes towards aging, and the morale of the elderly. The study sample consisted of (30) individuals residing in one of the infirmaries in Imbaba. The sample members were devided into two groups; an experimental group and a control group with 15 member for each. The age range of the group members was 65-71 years. A scale for elderly trends towards aging, and the Philadelphia measure for morale among the elderly were applied as pre-tests on the members of the two groups, then a counseling program was implemented based on cognitive behavioral counseling and training method on self-help and the use of problem-solving method on the experimental group. The program consisted of 12 meetings aimed to give the elderly some information about the stage, a proving wrong some ideas , listening to the elderlies and help thrm out of their isolation and training them on the behavior of self-talking and inner-feelings expressing. Implementing of the program lasted for six weeks, two sessions per week, 90 minuites for each session. Then a post-test was applied after the end of the program. The results of the study indicated the presence of significant differences between the pre and post-performance of the experimental group on the scales

of both the elderly attitudes towards aging and Philadelphia morale. The differences were all in favor for the experimental group.

While Al Shawa study (1995) dealt with the relationship between the method of taking care of the elderly and the level of depression they have. It aimed to uncover the bond between the level of depression in the elderlies and the type of care provided to them, and whether the level of depression varies according to sex of the elderly, or the educational level. The sample consisted of (150) elderly (female and male), (75) of them living in infirmaries, and (75) living in their own houses. The results indicated that there were statistically significant differences in the degree of depression among the elderly in infirmaries contrasted to the elderly living in their own homes, as it found that the level of depression in the elderly living in care homes is higher than it of the residents with their own families, but the study shows no significant differences in the level of depression at the elderly due to sex factor or educational level.

Myles (2000) conducted a comparative study between the elderly who receive institutional care and those who live in their homes regarding evaluating their own health status. The Group consisted of (472) people of those receiving institutional care who were selected from 92 infirmaries, and a group of (378) elderies whom are living in their own homes. Adjustment inventory was applied to the members of the two groups, where the results indicated that there were statistically significant differences in favor of those staying in their homes, and the results also indicated a correlation between adjustment and the subjective and objective health status of members of the two groups.

The study by Mcbee; Weistreich & Lihorezos (2001) on a Model of group treatment of pressure and pain management in the elderly care homes, used relaxation techniques, physical awareness and targeted interventions. The study sample consisted of (71) elderly people . The results showed that there is a greater decrease in the amount of pressure and pain of the group that was exposed to group treatment using the method of relaxation, physical awareness and targeted interventions, compared to treatment that used entertainment and recreation.

Kunik, Stanley, Molinari, and Staobner (2001) study aimed to investigate the effect of group behavioral cognitive treatment in reducing anxiety and depression, and improving the level of adjustment and life satisfaction. The sample consisted of two groups of elderly: the experimental group consisted of (56) older people. The results indicated a decrease in depression, anxiety, and improvement in the level of adjustment and life satisfaction at members of the experimental group that was exposed to cognitive behavioral treatment, but there were no changes in bodily functions of the study sample.

Panish(2002) study dealt with the level of satisfaction and adjustment with life and the role of sex ,sense of humor and health in the elderly and so on the grounds that there is a lot of confusion and myths about sex in the elderly minds. The study sample included 75 care homes residents, and these measures were applied: satisfaction and adjustment to life, care, and the trend towards sex at the members of the study. The results indicated that there is a strong correlation between love of humor and the high degree of satisfaction and adjustment to life in the elderly, while the results did not indicate a relationship between attitudes towards sex and life satisfaction. It was found that sense of humor and health, in addition to their relationship with satisfaction and adjustment to life, are significant predictors to life satisfaction in older people, and this is not in the case of attitudes towards sex.

Blohm (2003) conducted a study on the use of a training program to review memories as a treatment for a group of elderly residents in the elderly care homes, in order to help them adapt and satisfy with the quality of life, in addition to evaluating the effectiveness of the treatment using memories revision. The study sample consisted of (40) participants randomized into three groups. Experimental group, on whom memories revision was applied, counting (14) people, and a second experimental, which focused on current events and counted (13) people, and the non-subject to treatment control group counting (13) people. The treatment lasted for four weeks by two sessions per week and session length of (45) minutes. Pre and post test was conducted for the participants using self-report, the scale of depression for the elderly, the scale for adjustment and satisfaction with quality of life, and death anxiety scale in addition to nursing notes measure. The results indicated that the experimental group showed a greater decrease in depression and improvement in the level of adjustment and satisfaction compared to the other groups.

In a study conducted by Tabolski (2004) on a sample of elderly counted (239) male and female, who were divided into groups according to sex and age (64-79 years), and (80 years and older), and place of residence: residents in their normal community, and residents in the care homes. The study aimed to examine the relationship between self-assessment of health and variables that form the affecting factors in the elderly and their activities such as health status, psychological status, or depression in old age. The results indicated that the elderly in care homes suffer from psychological problems represented in depression, and this depression results from living in care homes, the study also noted that males suffer from psychological problems more often than females.

The study by Bevers and Miller (2005) aimed to determine the effectiveness of the cognitive treatment in getting rid of depressive symptoms, and cognitive distortions at (17) of the elderly who visit psychiatric clinics. The sample was randomly distributed into three groups: the first experimental group consisted of five older people who received cognitive treatment program; the second experimental group consisted of five older people who used drugs to treat depression, while the control group consisted of seven of the older people who did not receive any kind of treatment. The results showed the existence of statistically significant differences among the elderly in the first experimental group who received cognitive treatment programs and the people in the second group who used depression drugs. Improvement was also noted in the elderly who received cognitive treatment program compared with the control group and the group that used drugs depression.

Through review of previous studies, we note that the studies have indicated the relationship between the elderly and depression, as the studies have addressed different areas, such as depression, negative attitudes toward aging, training programs for the treatment of the elderly, the impact of all this on the elderly and the level of their adjustment to the community in which they live. Therefore it can be noted here that the construction of a group training program, to which this study aims, may help older people improve their adaptability and reduce their level of depression.

6- The Methodology and the Procedures

6.1 The study population and the sample:

The study population consisted of all the elderly who are frequant visitors of the Social Development Centers in Amman, counting (97) members, all male and above the age of (65)

Table no (1) shows the distribution of the study sample participants according to the group and the scale.

Table (1)

The distribution of the study sample participants according to the group and the scale.

group / scale	Beck's Inventory for Depression		Adjustment Scale	
	Pre	Post	Pre	Post
Control Group	35	35	35	35
Experimental Group	33	33	33	33
Total	68	68	68	68

6.2 The Study Tools:

a. Beck's Inventory for depression:

The original list consisted of (21) items, measuring depression in its different cognitive and behavioral aspects , with a degree ranging between (0-3) in each item , while the total score on the list ranged between (zero -63), having in mind that the boundary between normal and depressed participants in the original image of the list was (10) .

Beck, referred to in Hamdi, Abu Hijleh, and Abu Talib (1988), conducted a study on a sample of (1000) patients who were clinically diagnosed as depressed, showing that the list distinguishes between depressed and non-depressed. He also calculated the list validity with the clinical diagnosis test, showing that there is a correlation of (0.67) between the degrees of the study sample on Beck Depression Inventory and the test of the clinical diagnosis. For the purpose of the current study, the research calculated logical validity for the list, and that was through presenting it to a number of specialists arbitrators of Ph.D. and MA digree holders in Psychological Counseling in the University of Jordan, to verify the clarity of the items and their suitability of the environment in Jordan. Most of them recommended keeping the Arabic-modified list in its current form. For the purposes of this study, the researcher calculated the reliability coefficient using internal consistency using Cronbach's Alpha equationon a sample of (20) elderly from outside the study sample, as the value of consistency was (0.85).

With regard correcting Beck's inventory list of depression, it was done by collecting degrees obtained by the individual on all the items, as the total score on the list ranged between (zero -63). Degrees on the scale are explained as follows:

Not depressed (zero -9), mild depression (10-15), medium depression (16-23), severe depression (24-63). According to Beck (1967) the degree (10) is the boundary between depressed and non-depressed participants.

b- Psychological Adjustment Scale:

The Scale developed by Jibril (1994) consisted of (40) items measuring four dimensions, that are:

1. The Personal dimension, which includes items (-37, 33, -29, 25,- 21, 17, -13, 9, -5, and 1).
2. The emotional dimension, which includes items (38, -34, 30, -26, 22, -18, 14, -10, 6, -2).

3. The Familial dimension,which includes items (-39, 35, -31, 27, -23, 19, -15, 11, -7, and 3).
4. The social dimension, which includes items (40, 36, 32, -28, 24, -20, 16, -12, 8, and- 4).(- negative items).

Jibril (1994) verified the validity of the test by presenting it to a group of specialists arbitrators in the field of counseling and psychological health, as well as by comparing the performance of the test for two groups that differ in the characteristics that the measurement was set for. After the application, it was found that the test was able to distinguish between the two groups. Jibril also calculated reliability coefficient by retesting method with an interval of (12) days on a sample of (40) students from the tenth grade and the first secondary, as the reliability coefficient of the total degree of test was (0.94).

The researcher and for the purposes of the current study calculated the logical validity of the test through presenting the test to a number of specialist arbitrators, whom points of view were taken in consideration. The way to answer each item of the measurement was on a scale of three options: (Yes) (3), and (sometimes) (2), and (no) (1), and the mark is reversed in the negative items. The total score on the entire scale ranged from (zero -120), where a zero represents the minimum degree of psychological adjustment, while the degree (120) represents the maximum degree of it. The lower degrees obtained by the elderly refer to low level of psychological adjustment. The researcher also calculated the reliability coefficient for the scale using Cronbach's Alpha equation, as the value of reliability was (0.88) through the application on (20) of the elderly from outside the study sample.

6.3 The Group Training Program:

The program was constructed based on the theoretical literature, relying on the cognitive theories, such as Beck's theory that focuses on cognitive distortions, as well as the theory of Ellis, which focuses on the individual's ability to learn new methods to control his thinking, and the ability to distinguish between positive and negative thoughts, which in turn leads to helping the individual in positive adjustment. The program focused on five dimensions: positive thinking, negative thinking, depression, psychological problems, and positive adjustment.

The Program Objectives:

1. Developing the elderly's abilities to identify negative thoughts.
2. Training the elderly to reduce the level of depression by modifying ideas.
3. Improving the level of elderly's adjustment with the requirements of the life stage in which they live.

Program Counseling Strategies:

1. Giving instructions: It means giving the elderlies clear, specific instructions about depression.
2. Playing the role: this includes acting roles with the elderlies to present a number of imaginary ideas and attitudes.
3. Feedback: this means the researcher's comments on the performance of the elderlies and modifying their ideas.
4. Dialogue and discussion: encouraging the elderlies to talk about their thoughts and feelings and how to express them from their own perspectives.

Content Validity of the Program

To ensure content validity of the program as an effective tool in reducing the level of depression and improving the level of adjustment for the elderlies, it was presented to a group of ten specialists arbitrators in counseling and psychological health in order to to verify its suitability and the validity of procedures application, then some modifications took place according to the notes of the arbitrators.

Program Components:

The program consists of (8) group training sessions, the duration of each session is (90) minutes at a rate of two sessions per week, as the elderly were trained on the cognitive skills, and the application of the program lasted for a whole month.

The program consisted of the following sessions:

The First session: positive thinking and its relationship to depression and adjustment.

The session focused on the four aspects of thinking: emotions, behavior, physical reactions and thoughts, and how they affect the individual within the environmentl in which he lives. Attention was given to focus on the relationship between the patterns of positive thinking and depression, as positive thinking reduces the level of depression and improves adjustment.

The Second Session: negative thinking and its relationship to depression and adjustment.

The session focused on the so-called core ideas, and how they lead to mediating ideas and then branch into automatic attitudes and ideas. Then it focused on the responses of individuals, and then individuals were shown how negative thinking leads to depression.

The Third session: depression: its causes and types.

The session focused on depression as a thinking disorder reflected in emotional, cognitive and behavioral aspects, and that a depressed individual has depressive triangle since he looks at the world , himself and the future with pessimism. Then it was clarified that depression has different types and levels.

The Fourth Session: depression and its relationship to aging

The session highlited the fact that depression affects a large number of the elderlies, as a result of the changes that occur in their lives in physical, social, economic and psychological aspects. Those combined factors drag the elderlies to feel depressed due to this radical shift in their lives.

The Fifth Session: physical and social problems of the elderly.

The session focused on the physical changes and their impact on the elderlies, such as deterioration in muscles strength, hearing and vision weakness, teeth loss, hair loss and hair getting grey. The session also focused on changes in social positions, since retirement and its problems highly affect the personality of the elderly.

The Sixth Session: psychological and economic problems of the elderly.

The session focused on the elderly's limited income due to retirement and the retreat in their economic situation as well as psychological frustration due to the death of some of one's friends, which all lead to depression.

The Seventh Session: positive adjustment with physical and social problems.

The session focused on elderlyies' need to keep monitoring their health problems, practice certain types of sports, eat orderly and participate in social events and clubs, in order to avoid their surrender to depression.

The Eight Sessions: positive adjustment with economic and psychological problems.

The session focused on the need to change burchacing habits to cope with the lack of financial resources and the whole new situation. Moreover, the session highlited the importance of participating in the voluntary social activities so as not to yield to isolation.

7-The Study procedures:

The study procedures are presented in the following steps:

First: determining the study community (all the elderly visiting Social Development Center).

Second: the development of a group training program to reduce depression and improve adjustment, as the program was presented to a group of arbitrators.

Third: defining the scales of the study and calculating validity and reliability significances.

Fourth: the application of Beck's Depression Inventory and the Psychological Adjustment Scale before and after the treatment on all members of the study sample.

Fifth: the application of the training program on the experimental group, as it took place in the Center for Social Development from 13/8/2011 to 13/09/2011, as the experimental group was met twice a week, while the control group was placed on a waiting list, and was not met or trained.

8-Research Design and Statistical Analysis:

This study used the experimental design in order to determine the effectiveness of the group training program in reducing depression and improving adjustment of the experimental group compared with the control group. In statistical analysis, analysis of covariance (ANCOVA) was designed to investigate the effect of experimental treatment through comparison between the experimental and control group. Here we define the study variables:

The Independent variable: The group training program.

The Dependent variables: 1 - depression.

2 – Psychological adjustment.

Based on this, the experimental design is as follows:

Experimental group: pretest, -a group training program –post test

O1 × O2

The control group: pre test–no treatment–post test.

O1 O2

9-Results and Discussion

Results related to the first hypothesis:

There are no statistically significant differences in the level of depression among the elderlies whom have been subject to group training program to reduce depression and improve the level of adjustment and those who were not exposed to the program.

To examine this hypothesis, means and standard deviations for each the experimental and control groups were calculated, and Table (2) shows the means and standard deviations for Depression Scale on pre and post measurements.

Table (2) The means and standard deviations for Depression Scale on pre and post measurement.

Group	Mean	Standard Deviation	Mean	Standard Deviation
	pre	Pre	Post	post
Experimental	9.3714	7.10462	5.5429	5.15262
Control	15.1714	9.45729	15.6286	8.97738

As shown in table (2) the mean of the experimental group was (5.5429) and that of the control group was (15.6286). To verify the fact that the difference between the two means in the post test was statistically

significant, the researcher used analysis of covariance (ANCOVA), and Table (3) shows the results for the covariance analysis.

Table (3) The results for the covariance analysis to show the differences between the experimental and control group on the depression scale

Source of variance	Sum of Squares	Degrees of Freedom	Mean of Squares	P Value	Significance
Group	431.636	1	341.636	81.207	*0.000
Pre-test	2386.736	1	2386.736	618.360	*0.000
Error	356.121	67	5.315		
Total	5422.986	69			

* Statistically significant at (α≥ 0.05)

As shown in table (3) the differences between the means reached a level of statistical significance, as the value of statistical (P) was (81.207), which is statistically significant at a level lower than (0.05). The table of means shows that the differences were in favor of the experimental group, which were subject to group training program, as their level of depression decreased with statistical significance. This leads to the rejection of the first hypothesis.

Results related to the second hypothesis:

There are No statistically significant differences among elderlies whom have been subject to group training program to reduce depression and improve their level of adjustmentt and those who were not exposed to the program in improving the level of adjustment calculated by the total degree on the scale and its sub dimensions. To examine this hypothesis, the researcher calculated means and standard deviations for each of the experimental and control groups on the total degree of the scale and the four sub-dimensions, and Table (4) shows means and standard deviations for the adjustment scale on the pre and post tests.

Table (4) Means and standard deviations for the control and experimental groups for the pre and post test on the adjustment scale.

Group	Mean	Standard Deviation	Mean	Standard Deviation
	Pre	Pre	Post	Post
Experimental	94.9147	10.53390	98.1429	12.62384
Control	91.5143	9.84997	91.2286	9.63781

Table (4) shows that the mean for the experimental group is (98.1429), and that of the control group is (91.2286). To verify that the difference between the means is statistically significant, the researcher used analysis of covariance (ANCOVA), and table (5) shows the results of the analysis covariance.

Table (5) The results of (ANCOVA) to indicate that the differences between the experimental and control group on the adjustment scale (total degree)

Source of variance	Sum of Squares	Degrees of Freedom	Mean of Squares	P Value	Significance
Group	264.220	1	264.220	5.588	* 0.021
Pre-test	5408.445	1	5408,445	114,383	0.00
Error	3168.012	67	47.284		
Total	9413.086	69			

* Statistically significant at (α≥0.05)

As shown in table (5,) the differences between the means reached a level of statistical significance, as the statistical value of (P) was (5.588) which is significant at a lower level than (0.05), and by reference to the table of arithmetic means, we note that the differences were in favor of the experimental group who received group training program, as the level of psychological adjustment decreased in a statistically significant way.

Table 6 Means and standard deviation for the control and experimental groups on the pre and post adjustment scale (first dimension; the personal)

Group	Mean	Standard Deviation	Mean	Standard Deviation
	pre	Pre	Post	Post
Experimental	24.4000	3.21028	25.1143	2.86738
Control	23,0857	3.31105	22.9714	3.42024

As shown in table (6) the mean of the experimental group was (25.1143), and that of the control group was(2.9714) in order to verify that the difference between the means was statistically significant the researcher used analysis of covariance (ANCOVA), and Table (7) shows the results of that.

Table 7 Results for (ANCOVA) to show the differences between the means of the control and experimental groups on adjustment scale (first dimension; personal)

Source of variance	Sum of Squares	Degrees of Freedom	Mean of Squares	P Value	Significance
Group	24.0504	1	24.504	6.070	*0.016
Pre-test	366.035	1	366.670	90.670	*0.000
Error	270.479	67	4.73		
Total	716.871	69			

* Statistically significant at (α≥ 0.05)

As Seen from table (7) the differences between the means reached a level of statistical significance, as the value of statistical (P) was (6.070) which is statistically significant at a level lower than (0.05), and by reference to the table of arithmetic means, wit is noted that the differences were in favorof the experimental group which received group training program as their level of adjustment improved in a statistically significant way.

Table 8 Means and standard deviation for the control and experimental groups on pre and post adjustment scale (the second Dimension; the emotional)

Group	Mean	Standard Deviation	Mean	Standard Deviation
	pre	Pre	Post	Post
Experimental	22.0517	3.74906	22.4000	4.62477
Control	20.7714	3.58170	20.7429	4.5154

As Seen from table (8), the mean of the experimental group was (22.4000), and that of members of the control group was (20.7429). To verify that the difference between the two means was statistically significant, the researcher used analysis of covariance (ANCOVA), and Table (9) shows the results.

Table 9 Results for (ANCOVA) to show the differences between the means of the control and experimental groups on adjustment scale (the second dimension; the emotional)

Source of variance	Sum of Squares	Degrees of Freedom	Mean of Squares	P Value	Significance
Group	4.669	1	4.669	0.984	0.334
Pre-test	709.206	1	709.206	144.43	0.000
Error	329.879	67	4.924		
Total	1078.134	69			

As seen in table (9), differences between the means did not reach the level of statistical significance, as the value of statistical (P) was (0.948) which is not significant at a level lower than (0.05).

Table 10 Means and standard deviation for the control and experimental groups on the pre and post adjustment scale (the third Dimension; the familial)

Group	Mean	Standard Deviation	Mean	Standard Deviation
	pre	Pre	Post	Post
Experimental	23.800	4.26890	24.4857	4.41502
Control	25.1714	3.13881	25.0857	3.02316

As seen in table (10), the mean of the experimental group was (24.4857), and that of members of the control group was (25.0857). To verify that the difference between the means was statistically significant, the researcher used analysis of covariance (ANCOVA), and table (11) shows the results.

Table 11 Results for (ANCOVA) to show the differences between the means of the control and experimental groups on adjustment scale (the third dimension; the familial)

Source of variance	Sum of Squares	Degrees of Freedom	Mean of Squares	P Value	Significance
Group	60226	1	6.226	1.779	0.178
Pre-test	738,979	1	738.979	211.131	0.000
Error	234.507	67	4.500		
Total	979.786	69			

As seen in table (11), the differences between the means did not reach the level of statistical significance, as the value of statistical (P) was (1,779), which is not significant at a lower level than (0.05).

Table 12 Means and standard deviation for the control and experimental groups on the pre and post adjustment scale (the fourth dimension; the social)

Group	Mean	Standard Deviation	Mean	Standard Deviation
	pre	Pre	Post	Post
Experimental	24.6571	2.15492	26.1429	5.25885
Control	22.4857	2.58242	22.4286	2.48863

As Seen from table (12), the mean of the experimental group was (26.1429), and the mean for the control group was (22.4286). To verify that the difference between the means was statistically significant, the researcher used analysis of covariance (ANCOVA) and table (13) shows the results .

Table 13 Results for (ANCOVA) to show the differences between the means of the control and experimental groups on adjustment scale (the fourth dimension; the social)

Source of variance	Sum of Squares	Degrees of Freedom	Mean of Squares	P Value	Significance
Group	52.928	1	52.928	3.997	*0.050
Pre-test	263.623	1	263.623	19.908	0.000
Error	887.235	67	13.242		
Total	1392.286	69			

* Statistically significant at ($\alpha \geq 0.05$)

As Seen in table (13), differences between the means reached a level of statistical significance, as the value of statistical (P) was (3.997) which is significant at a lower level than (0.05), and by reference to the table of arithmetic means, it is noted that the differences were in favor of the experimental group which received group training program as their level of adjustment to the fourth dimension has improved in a statistically significant way.

10-Discussion and recommendations

The aim of this study was to investigate the effectiveness of a group training program in reducing depression and improving the level of adjustment for a sample of elderly in the city of Amman.

The results showed that the training program was effective in lowering depression levels , as these results indicated a significant decline in the level of depression among the experimental group members who received a group training program, while these results did not show a significant reduction in depression among members of the control group.

These findings are consistent with some previous studies such as the study by Abu Donya (2002), the study by Blohm (2003) and the study by Kunik et al (2001). All of these studies have indicated the reduction of depression of the elderlies whom have been exposed to training programs. This result can be attributed to the reduction of the elderlies' depression based on the nature of the training program, where the elderly were trained to recognize the patterns of negative and positive thinking and how to deal with them and classify them. The elderlies were given a variety of examples of negative and positive thoughts, that helped them to accept and modify negative thoughts and replace them with positive ones. As Beck (1979) noted, the psychological mental disorders cannot be isolated from the way in which an individual views himself and the world. The elderlies then were taught (through the anti-depression training program) many things concerning depression nature,

types, causes and circumstances that lead the individual to surrender to it. Furthermore, members of the group had a discussion focused on the relationship between aging and depression, as the training program imphasized increasing their awareness of the strong and direct relationship between their style of thinking and belief system on the one hand, and their strong feelings and emotions towards life and their goals on the other. It has also helped them to understand that negative emotions are not the results of bad events, rather are the outcomes of one's way of thinking of these events. The above strategies led to the improvement of positive thinking of the elderlies, and encouraged them to reconsider the way they think, and taught them how to identify negative thoughts and isolate or replace them with more flexible , logical and realistic ideas that improved their feelings and increased their feelings of adjustment.

With regard the level of adjustment, the experimental group members showed an improved level of adjustment compared with the control group on the total degree of adjustment scale. This indicates the successful role the training program has played, which focused on the psychological and economic problems associated with the old age and their link to positive thinking or negative one. The program has also focused on different ways to adapt with new psychological and economic conditions faced by elderlies. In addition, the program highlited different ways to cope with social and physical problems associated with late age stage. The result is consitent with those of the study by Myles (2000) which proved the elderlyies' ability to adapt with their new life conditions. The same topic was tackled in the study of Mcbee, et al. (2001) which discussed the effectiveness of the remedial training program in reducing and limiting the non-adaptive behavior for the individuals who were exposed to a training program that included discussions and dialogues.

The results of the sub-dimensions of the adjustment scale pointed out that the first dimension (The Personal) and the fourth (the Social) have improved among members of the experimental group compared with those of the control group. This can be attributed to the program's focus on personal and social aspects of the elderly . in addition, the program clarifies the ways in which one's personal features change as one go through different stages of life and how one's social status inevitably changes. It tries to train the elderly to modify their previous ideas related to their old personal and social situation, and to deal with reality as it is now. The second and third dimension (emotional and familial respectively) showed no significant improvement among members of the experimental group. This imphasizes tha fact that emotional aspects of humans, especially the elderlies, require a longer training period and more meetings to be modified. The familial dimension showed no improvement as well. This is due to the fact that the elderlies live within families, and there,reactions towards the elderly vary among different family members. Moreover, training the elderly alone is inadequate, rather, training should include all family members to adapt with the presence of an elderly among them. This is referred to by Beck (1967) who states that a depressed individual lacks assistance and is usually isolated, that's why helpeng him \her to adapt depends largely on working with groups and on establishing successful social and familial relationships.

Furthermore, adjustment needs a relatively long period of time to ensure that a person is able to modify his way of thinking untill this reflected in his behavior. Adjustment requires the elderly to exercise a variety of activities, such as being inegrated in social activities and getting socially initiative and interactive. The training program which was applied on the elderlies included all the above exercises and activities that helped the elderlies to adapt, but the short duration of the application of the program might be the main factor that hindered its improvement in both emotional and familial dimensions, in addition to other intervening factors that the current study could'nt control, such as the nature of the care center, the facilities provided to the elderlies and the nature of the one who applied the program such as one's skill in application and how motivated one is to work. Other related factors in the part of the elderlies include the degree of enthusiasm one has and his\ her interaction and commitment to the program requirements.

The results of this study indicate the existence of a significant proportion of the elderlies who have negative depressive thoughts that lead to the emergence of depressive symptoms that vary in intensity; therefore attention has to be drawn to this category , and further studies and training programs shall br directed to teach methods and ways of healthy-thinking.

The researcher believes in the necessity to intensify efforts and attention of the workers in the counseling field to focus on this group of age and to highlit the false ways of thinking that the elderlies adopt.

In light of the findings of this study, the researcher proposes the following recommendations:

- Training the elderlies to amend their ideas through cognitive programs based on the theory of the mental, emotional therapy.
- Creating training programs based on Beck’s Depression theory to help the elderlies to deal with cases of depression.
- Creating recreational, educational and cultural training programs for the elderlies in home care centers.
- Training qualified staff of social and psychological specialists to work with the elderlies .

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