

**Research Article****The effect of life skills training on family functioning of mothers with thalassemia major children****Ali KaramAlamdari<sup>1</sup>, Mohammad Zoladl<sup>2</sup>, Ardeshir Afrasiabifar<sup>3</sup>,  
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Faculty of Nursing and Midwifery, Yasuj University of Medical Sciences, Yasuj, Iran**ABSTRACT**

**Introduction:** Increasing the ability and efficiency of maternal thalassemia major mothers as the most important person in their care and creating and strengthening the abilities and skills that are in the difficult conditions of guaranteeing the health of individuals is very important. The purpose of this study was to determine the effect of life skills training on family function of mothers with thalassemia major in Yasuj city.

**Methods:** In this clinical trial study, 57 mothers were selected in an inaccurate and accessible way. They were randomly assigned to the experimental (28 mothers) and control (29 mothers) groups. In the experimental group, life skills training in two groups were used for a seven-week session of 90-60 minutes by a researcher. The data were collected by means of a household performance measurement questionnaire before the intervention and four weeks after the intervention. Data were analyzed by descriptive statistics, independent t-test, t-test and Chi-square tests at 95% confidence level.

**Results:** There was no significant difference between the mean score of general family function before intervention, but there was a significant difference between the two groups after intervention ( $p < 0.05$ ). The comparison of the mean of familial functional subscales between the two groups after intervention showed that there were significant statistical differences between the subscales of emotional attachment and emotional correlation ( $p < 0.05$ ), but in the following problem-solving scales, Emotional performance and control of behavior have not been seen ( $p < 0.05$ ).

**Conclusion:** Life skills training significantly improved the family function of mothers with thalassemia children.

**Keywords:** mothers, education, thalassemia major

**INTRODUCTION**

Thalassemia major is a chronic genetic disease due to the lack of synthesis of one or more glycoprotein polypeptides, which are transmitted from generation to generation, according to Mendelian genetic rules, which are seen roughly in all races (1). These patients are characterized by signs and symptoms of a chronic and severe anemia, lack of proper growth, enlargement of the

spleen and liver, bone disorders, especially visible changes in the face and face in bone and face (2). Any person with  $\beta$  thalassemia major, from childhood to survival, requires continuous blood supply, injection of desferal ampoules and other medical procedures. Despite these therapeutic measures, clinical manifestations and manifestations of it also present a person with

many physical and psychological problems (3). Although regular blood transfusions increase the patient's longevity, control of this serious illness and the complications and problems caused by the family cause mental stress and tension (4). The blow to the family causes various psychological responses in people and seriously affects family relationships (5). Various studies have shown that the mental health of patients with thalassemia is more vulnerable to other chronic diseases and has a significant impact on the life of the individual and his family (6). Some families fail to properly deal with their illness due to lack of access to proper information about illness and appropriate support resources (7). Parents such patients insofar as the thalassemia trait are responsible for their child's condition is that they, among other problems (the treatment and etc.) load of guilt and concern about the health and future of their children bear (8). In this case, the family of the patient, especially the mother-care provider, should be as important as the patient himself in order to help the nurse recognize the family's needs through the family, identifying the needs of the family, and planning for the treatment and prevention of problems that arise, family function is effective (9). Playing multiple and multiple roles inside and out of the house, accompanying the child with all blood tests and blood transfusions, caring for thalassemia children and adolescents, and answering their questions about the issues, problems, and psychological pressures that mothers Children with thalassemia who are generally the first caregiver face it. Therefore, the role of parents and especially mothers' adaptation in this field is of particular importance (10). On the other hand, the teaching of life skills to individuals is such that it helps them to be self-sufficient and to properly evaluate the conditions and the good deal with the subjects and routines, they can choose behavior and conduct that causes many problems in the family such as Lack of clarity and clarity in the expression of needs, lack of accountability, emotional and irrational decisions, and structural and family-related structural and family-related problems that diminish the dimensions of family functioning,

and consequently, there are fewer problems. The aim of this study was to determine the effect of life skills training on family function in mothers with thalassemia children in Yasouj city.

#### Analyzation method

This study was a clinical trial that was conducted as a pretest design with two comparative interventions. The study population included mothers of thalassemia patients referring to the studied environment, Yasouj Shaheed Beheshti Hospital. The study sample consisted of mothers with thalassemia major children who received medical records at the Association of Diseases of the Department of Disease Control of Kohgiluyeh and Boyer Ahmad Province of Medical Sciences in 1394 and had criteria for entering the study, including criteria for inclusion in the classroom Life skills education, maximum age 45, have reading and writing skills, having a child with thalassemia major who has been approved by a specialty of blood, have at least one year of being treated for the affected child, the affected child lives with his or her family and does not have A child with thalassemia is a mental illness, such as a backward leg Mental, behavioral and cognitive impairment confirmed by a neurologist. In order to estimate the sample size, using the results of similar studies (12), considering 95% confidence level and 80% probability, the minimum significant difference was clinically significant in the mean scores of 3 subscales of 3 scores and  $5/1 = 1s$ ,  $8/1 = 2s$   $a = 0/05$ ,  $Z = 1/96$  -  $d = 1/75$   $d2 = 3$  and also based on the formula: The number of samples needed for each of the groups in this study was calculated by 30 for each of the two interventions, accounting for 15% probable loss, 35 individuals in each group and a total of 70 as estimated samples. But in the process of the research, it was found that out of 122 of the research community; only 60 people had a benchmark for entering the study, so there was no choice on the number of samples based on the computational formula. Therefore, in the present study, fifty seven individuals were selected as research samples. They were randomly assigned to two groups of test and control. In two groups, 3 patients (2 in the experimental group

and 1 in the control group) were excluded from the study due to their unwillingness to continue participating in the study and the lack of access by the researcher. In this study, from among the research community, qualified individuals entered the sample by convenience sampling and then random block allocation process was performed; In this way, initially according to the number of studied groups, the number of samples per block is equal to 2, and accordingly, the number of blocks resulting from all the ordering modes of individuals, by calculating the factorial of the number of samples per block , 2 blocks and probabilistic blocking blocks for A and B groups for the control group were compiled as follows:

1	2
AB	BA

Then, since the number of people in each block was 2, and the sample size was 57, it was estimated that by matching 29 randomly generated samples with a random block number, the order of fifty seven researchers Specifically, 28 of the eligible research units were assigned to the experimental group and 29 of them were assigned to the control group. The data gathering tool was a demographic information questionnaire and a family function questionnaire. The demographic information questionnaire compiled the general characteristics of the mothers participating in the study, including age, level of education, place of residence, family income, and the number of children with major thalassemia. The McMaster County Performance Measurement Questionnaire is a 60-item questionnaire developed by Macsman's model for measuring family function by Epstein, Baldwin and Bishop in 1983. In order to increase the validity of 7 terms, three dimensions were added from the 53 material of the original material and used to measure the dimensions of McMaster's model of family function, namely, problem solving, communication, roles, emotional attachment, emotional blend and behavior control, and one Assesses the overall functioning of the family. This questionnaire, which defines the structural, occupational and interactive characteristics of the

family, identifies six dimensions of family function, including problem solving, communication, roles, emotional attachment, emotional affection, and behavioral control, and is graded based on Likert scale. And each question is rated 1 to 4. The lower score indicates more performance and better relationship, and scores above the mean represents less and less effective performance. It is worth noting that in this questionnaire each of the sub-scales has its own questions which solve the problem of 6 questions (2,12,24,38,50,60), the relation of 7 questions (3,14,18,29, 43,52,59), the role of 9 questions (4,10,15,23,30,34,40,45,53), emotional accompaniment of 7 questions (5,9,19,28,39,49,57), Emotional intercourse 9 questions (13,21,22,23,33,35,37,42,54), control of the behavior of 9 questions (7,17,27,32,44,47,48,55,58) and emotional performance Collective 13 (1,6, 8, 11, 16, 20, 26, 31, 36, 41, 46, 51, 56). It is also worth mentioning that the questions (1, 4, 5, 7, 8, 9, 13, 14, 15, 17, 19, 21, 22, 23, 25, 28, 31, 33, 34, 35, 37 , 39, 41, 42, 44, 45, 47, 48, 51, 52, 53, 54, 58) that describe unhealthy performance are scored in reverse order (12). The demographic information questionnaire was extracted from similar studies and questionnaires and field studies, and then verified its content and form by five members of the faculty. The family function questionnaire with its subscale alpha coefficients ranges from 0.72 to 0.92 of relatively good internal consistency. All-scale alpha coefficients and subscales of problem solving, communication, roles, emotional accompaniment, emotional association, behavioral control, and overall performance were 0.92, 0.61, 0.38, 0.72, 0.64, 65 / 0, 0.61 and 0.81 (12). After approving the ethics committee of Yasouj University of Medical Sciences and obtaining permission from the university's vice chancellor and coordinating with the authorities of Yasouj Shahid Beheshti Hospital, the files of patients with thalassemia major were investigated and after contact with eligible mothers to enter the sample and express the goals of the study, The research community comprised 57 people who were eligible to enter the study and completed the

informed consent form. As a research sample, 28 cases were assigned to the test group and 29 were assigned to the control group through random allocation. Then, all mothers were asked to complete the demographic information questionnaire and family function questionnaire at the starting point of the study as a pre-test. After completing the data collection tool, all the participants, including the test group and the control group, were not deprived of their usual care and treatment, while in the intervention group, the mothers assigned to the test group according to the protocol approved for the duration Seven sessions in life skills training classes were held on a weekly basis in two groups of 14 people for 70 to 90 minutes in the classroom of thalassemia department of Shahid Beheshti Hospital. The day before the class was reminded by SMS to the mothers for attendance. The topics covered in the seven intervention sessions include the life skills training provided by the researcher as follows:

The first session (self-awareness and empathy skills): In this session, the participants received the necessary training due to the lack of full knowledge of their feelings, thoughts, beliefs, values, goals, strengths and weaknesses that could be the source of major conflicts and failures. These were given to them (13, 14).

Second session (anti-emotion control and anger control): At this session, the need to have emotional control and emotion control skills was taught in communication with others as well as control of anger, and it was important to achieve this. There are several ways to coordinate with others (13, 15).

Third session (Stress coping skills): In this session, before asking questions about stress, the mothers were asked and their knowledge of the stress was assessed, and then stressed about how these stresses appeared. At the end of the session, mothers were trained to practice stress-free breathing, mental imaging and physical relaxation for stress relief (16, 17).

Fourth and fifth sessions (personal and interpersonal skills): At the beginning of the fourth and fifth sessions, mothers were reminded

that communication was the first necessity of a social life. Then, it was explained in detail about the nature of the relationship and its importance as well as the types of communication (14, 16).

Sixth and seventh sessions (Decision Skills and Problem Solving): At the beginning of the sixth and seventh sessions, mothers were presented with a clearer explanation and it was pointed out that all of us in our personal and social life encountered several problems. We get In fact; life is nothing more than a sequel to confronting problems and trying to resolve them. Therefore, the problem is in normal life, and everyone encounters problems in their lives, and then they were taught them problem-solving skills and decision-making skills (14, 16).

Four weeks after the end of the sessions, again, from both groups, the test and control groups were asked to complete the family function questionnaire as a post-test, then the data related to the pre-test and post-test of 57 people entered the computer and described in the analysis method Data were analyzed (12). To comply with ethical principles, after the completion of the study, a booklet containing the information provided was provided to the control group. The collected data were analyzed using SPSS software version 22 using descriptive statistics as well as T-student, Team-compatible, Chi-Square and 95% confidence intervals.

#### Findings

In this study, the mean total age of the mothers under study was 36.7 years (range 26-29) and there was no significant difference in age between the two groups. The mean number of thalassemia children in the affected women ( $1.2 \pm 0.5$ ) was in the range (1-3).

There was no significant difference in the number of children with thalassemia major between the two groups. 57.9% of the samples studied were living in the city at the time of the study. Chi-square test showed no significant difference in terms of location between the two groups. Most of the samples (59.9%) had elementary education, and Chi-square test did not show a significant difference in terms of education between the two groups of the test and control groups. Based on the

findings, 73.7% of the units had monthly income less than ten million rials. There was no significant difference between the two groups in terms of monthly income. The total score of the family and its sub-scales (problem solving, communication, role, emotional accompaniment, emotional association, overall emotional performance, and behavior control) have a normal distribution in the sample. After intervention, there was a significant difference between the two

groups in the overall score of family function and the subscales of emotional attachment and emotional association (P-value <0.05). There was no significant difference between the two groups before and after the intervention in terms of problem solving, role, emotional functioning and behavioral control. Table 1 shows intra-group comparison of mean and standard deviation of family function scores and its sub-scales in the test group before and after the study.

**Table 1:** Intra-group comparison of mean and standard deviation of familial scores and their sub-scales in the intervention group after intervention before intervention

statistical test		%95confidence interval		Difference between mean ± standard deviation	Average and standard deviation		Family Performance Score and its sub-scales
P-value*	The statistics t	Bottom extent	upper extent		before the intervention	After the intervention	
0/001	5/1	8/1	18/6	13/3±13/6	144±12/6	137±7/6	Overall score
0/001	3/9	1/3	4/2	2/7±3/7	12/6±2/8	9/8±2/1	Problem Solving
0/05	1/2	0/1	2/7	1/4±3/4	16/5±3/1	15/2±2/1	Relationship
0/006	-2/9	-3/6	-0/7	-2/1±3/8	22/7±3/1	24/9±2/1	Role
0/004	3/1	0/6	2/9	1/8±2/9	16/5±2/8	14/8±2/1	Emotional accompaniment
0/001	5/2	2/3	5/2	3/7±3/7	22/7±3	18/9±2/1	Emotional bonding
0/002	3/3	1/2	5	3/1±4/9	30/5±4/3	27/4±2/9	Overall emotional performance
0/001	4	1/3	1/4	2/7±3/6	22/4±2/4	19/6±2/5	Behavior Control

Data analysis using paired t-test showed that there was no statistically significant difference in family function and its sub-scales except control of behavior in the control group.

**Table 2:** Comparison between mean and standard deviations of family function sub-scales (problem solving, role, emotional function and behavior control) in both the control and experimental groups before and after intervention

statistical test				Control			Test			roup		
p-value	The statistics t	Confidence interval 0/95%		differe nce in averag es	Confidence interval 0/95%		Average and standard deviation	Confidence interval 0/95%		Mean ± standard deviation	Performance Family	
		Bottom extent	upper extent		Bottom extent	upper extent		Bottom extent	upper extent		before the intervention	After the intervention
0/3	0/9	-0/7	1/9	0/6	11/2	12/7	12±2/1	11/6	13/6	12/6±2/8	before the intervention	Problem Solving
0/05	-1/9	-2/2	-0/05	-1/1	10/2	11/7	10/9±2/1	9/1	10/6	9/8±2/1	After the intervention	
0/2	0/4	-2/9	0/7	-1/1	22/3	25/2	23/8±3/8	21/5	23/9	22/7±3/1	before the intervention	Role
-1/2	0/8	-0/6	1/3	0/4	23/8	25/2	24/5±1/7	24/1	25/6	24/9±2/1	After the intervention	
0/5	0/5	-1/5	2/9	0/6	28/2	31/4	29/8±4/4	28/9	32	30/5±4/3	before the intervention	Emotiona l performance
0/6	-0/5	-3/8	1/6	-0/8	25/9	31/1	28/2±7/4	26/3	28/4	27/4±2/9	After the intervention	
0/2	1/3	-0/4	2/2	0/9	20/5	22/4	21/5±2/7	21/5	23/2	22/4±2/4	before the intervention	Behavior Control
0/7	-0/4	-1/4	1/1	-0/3	19/1	20/6	19/9±2/1	18/7	20/5	19/6±2/5	After the intervention	

The findings of the above-mentioned table showed that there was no significant difference between the two groups before and after the intervention in the sub-scales of problem solving, role, emotional functioning and behavioral control (P-value > 0.05).

**Table 3:** Intra-group comparison of mean and standard deviation of familial scores and its sub-scales in the control group after the intervention compared to pre-intervention

statistical test		confidence interval%95		Difference between mean ± standard deviation	Average and standard deviation		Family Performance Score and sub-scales
P-value	The statistics t	Bottom extent	upper extent		before the intervention	after the intervention	
0/001	5/1	8/1	18/6	13/3±13/6	144±12/6	137±7/6	Overall score
0/001	3/9	1/3	4/2	2/7±3/7	12/6±2/8	9/8±2/1	Problem Solving
0/05	½	0/1	2/7	1/4±3/4	16/5±3/1	15/2±2/1	Relationship
0/006	-2/9	-3/6	-0/7	-2/1±3/8	22/7±3/1	24/9±2/1	Role
0/004	3/1	0/6	2/9	1/8±2/9	16/5±2/8	14/8±2/1	Emotional accompaniment
0/001	5/2	2/3	5/2	3/7±3/7	22/7±3	18/9±2/1	Emotional bonding
0/002	3/3	1/2	5	3/1±4/9	30/5±4/3	27/4±2/9	Overall emotional performance
0/001	4	1/3	1/4	2/7±3/6	22/4±2/4	19/6±2/5	Behavior Control

As the results of the above-table based on paired t-test showed, there was no statistically significant difference in family function and its sub-scales except control of behavior in control group (p-value <0.05).

## DISCUSSION

The findings showed that both parents and the child participated in the life skills training class, but at some points it was observed that sometimes only one parent participated in the class, sometimes mother and sometimes father. The findings indicated that the training of skills contributed to the overall improvement in the quality of life of parents of children with thalassemia major. This finding was found by the findings of Talebi et al. (12) and Kanagni et al. (18), the effect of coping skills training Parents' quality of life is consistent with children with leukemia. In his study, teaching stress management skills, managing anger, managing thoughts and feelings, coping with everyday issues and problems, as well as dealing with the behavior of the patient's child, has been done and skill training has led to overall improvement of the quality of life of parents of children with leukemia. Study of Sharghi (10), Shasti (9) and Zarei (19) Shilling et al. (20) also showed that teaching psychological counseling techniques could improve the performance of families with

incompatible couples. The results of this study confirm the results of their study. Shirkind (21), Shirazi (22), and Khanjari (18) studied lifestyle skills training in the form of one or two skills related to family function, which is generally expressed in a sub-scale, but in the end use of life skills training is effective and they all confirm the results of this study.

Talebi and Tabatabaee's research (12), which also assesses the effect of life skills training on the performance of the family of women with addicted spouse, also confirms the ability to improve and improve education in other sub-scales, which confirms the results of this study.

The findings of the Shilling study (20) also confirm the results of this study. This study examines the effectiveness of communication skills training as well as interpersonal relationships in order to prevent the high-risk behaviors of a well-informed family, which in the end has led to the promotion of family relationships and the improvement of emotional relationships among individuals, with the difference that the study was lengthwise measured

and family function has not been measured and only the promotion of reported relationships has been reported.

A study was conducted to assess life skills training on increasing problem-solving skills and interpersonal skills in families with hearing impaired and deaf children. The result is confirmed by the problem-solving problem and showed that Training has been an improvement in problem-solving skills, but is not consistent with the study's relevance. This can be due to the fact that family function has not been evaluated in this study and because the presence of a deaf or hearing impaired child affects all aspects of family functioning due to improvements in each dimension, undoubtedly performance also improves.

The study found that family therapy programs were effective for all family members. This finding, with the study of Rasouli et al. (24), aimed at assessing the effectiveness of structural family therapy in improving family function and enhancing marital satisfaction in families Children with separation anxiety disorder are consistent.

The results showed that life skills training can enhance the ability of the individual to control behavior, emotional association, emotional accompaniment and problem solving, which is consistent with the results of study by Pojar et al. (25), as their findings showed that skill education Life has been able to enhance the person's ability to control behavior, emotional integration, emotional accompaniment, and problem solving, each of which is a dimension that constitutes the function of the family.

After intra-group comparisons, the overall family function and its sub-scales after the intervention were as before the intervention in each of the studied groups, it was found that the control group had a significant statistical difference in family function and its sub-scales (solution Problem, relationship, roles, emotional attachment, emotional association (except for behavioral control). This could be due to the educational use of mothers from other media such as television, radio, informed people, and etc.

## CONCLUSION

Based on research findings, life skills training and awareness of the mental needs of patients with thalassemia major and their families, especially their mothers, could significantly improve their overall family performance.

Considering that so far there have been many ways to improve the performance of families with children or people with chronic illness, life skills training, with benefits such as low cost, availability, easy learning, lack of complications and Non-invasion was welcomed and accepted by these families.

Thus, patients and their families, with the use of teaching their life skills and putting them into the daily life program, were able to take steps to address a variety of psychological and behavioral needs. Also, given that the majority of patients with thalassemia major are young and institutionalize habits and behaviors at this age group, it is easier to use the educational model of life skills to their mothers and transfer this knowledge and knowledge through their mothers to the most reliable The individual will provide them with an appropriate solution to reduce conflicts in such families, improve personal and interpersonal relationships, control anger and stress and negative emotions, and increase self-esteem and self-awareness, and realize their ability, these mothers as well as children and their families.

In fact, mothers and even infected children, when they identify factors affecting the performance of their households, increase their information, motivation and skills to address each need and seek to complete their knowledge and awareness.

**Conflict of Interest:** There are no conflicts of interest in this study.

## Appreciate

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