

**A proposal to Activate the Role of Early Intervention Programs
for the Qualification of Mothers of Children with Attention
Deficit Hyperactivity Disorder (ADHD)
in Light of the Saudi Vision 2030**

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Abstract:

This Study aims to present a proposal to activate the role of early intervention programs in qualifying mothers of children with attention-deficit and hyperactivity (ADHD), in light of the Saudi Vision 2030. It aims to do this by determining the reality of the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder and identifying the obstacles that hinder them. The study also aims to identify solutions for overcoming obstacles, and presents a proposal to activate the role of early intervention programs in qualifying mothers of children with ADHD in the light of Saudi Vision 2030. The study utilizes the descriptive - analytical approach to achieve these goals. The author was designed using an 88-item questionnaire divided into three domains. The sample comprised (69) mothers of children with Attention Deficit Hyperactivity Disorder (ADHD).

The research results, from the point of view of mothers of children with ADHD, indicated the following; educational qualification scored highest with an average of **63.12%**, followed by cognitive qualification with an average of **62.55%**, then social qualification with an average of **61.34%**, then religious qualification with an average of **60.98%**, while psychological qualification scored lowest with an average of **59.52%**. The approval rate for all proposals exceeded **85%**. Based on these results a proposal was presented to activate the role of early intervention programs in qualifying mothers of children with ADHD, in light of the Saudi Vision 2030. The author recommend providing various activities that enable mothers to participate in qualification for their children, rather than limiting their participation to attending meetings and events only, by providing appropriate means, devices and tools for early intervention processes and improving the availability of professional cadres specialized in early intervention.

Keywords: Proposal - Early intervention - Qualification- Mothers of Children with Attention

Deficit Hyperactivity Disorder - Saudi Vision 2030.

تصور مقترح لتفعيل دور برامج التدخل المبكر في تأهيل أمهات الأطفال ذوى نقص الإنتباه وفرط الحركة في ضوء رؤية المملكة ٢٠٣٠

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الملخص:

هدف البحث الحالي إلى تقديم مقترح لتفعيل دور برامج التدخل المبكر في تأهيل أمهات الأطفال ذوى نقص الإنتباه وفرط الحركة في ضوء رؤية المملكة ٢٠٣٠ ، من خلال التعرف على واقع دور برامج التدخل المبكر في تأهيل أمهات الأطفال ذوى اضطراب نقص الإنتباه وفرط الحركة وتحديد المعوقات التي تحول دون تحقيق برامج التدخل المبكر لدورها في تأهيل أمهات أطفال ذوى ADHD ، والتعرف على الحلول المقترحة للتغلب على المعوقات و من ثم تقديم تصور مقترح لكيفية تفعيل دور برامج التدخل المبكر في تأهيل أمهات الأطفال ذوى نقص الإنتباه وفرط الحركة " في ضوء رؤية المملكة ٢٠٣٠، وقد تم إستخدام المنهج الوصفي التحليلي ، ولتحقيق تلك الأهداف قامت الباحثة بإعداد إستبانة إلكترونية لهذا الغرض مكونة من (٨٨) عبارة موزعة على ثلاثة محاور وتم تطبيقها على عينة قوامها (٦٩) من أمهات الأطفال ذوى ADHD ، وتوصل البحث إلى عدة نتائج من وجهة نظر أمهات الأطفال ذوى ADHD تشير إلى أن التأهيل التربوي جاء فى المرتبة الاولى بمتوسط 63.12% يليه التأهيل المعرفى بمتوسط 62.55% ، ثم التأهيل الإجتماعى بمتوسط 61.34% ثم التأهيل الديني بمتوسط 60.98% ، بينما يأتى التأهيل النفسى فى المرتبة الأخيرة بمتوسط 59.52% ، وقد تجاوزت نسبة الموافقة على جميع المقترحات الـ 85%، وبناء على تلك النتائج تم تقديم مقترح لتفعيل دور برامج التدخل المبكر في تأهيل أمهات الأطفال ذوى ADHD في ضوء رؤية المملكة ٢٠٣٠ ، وتوصي الباحثة بتوفير الأنشطة المختلفة التي تفعل مشاركة أمهات الأطفال ذوى ADHD في تأهيل أطفالهن بدلاً من جعل المشاركة محصورة في حضورهن الإجتماعات والمناسبات فقط ، توفير الوسائل والأجهزة والأدوات الملائمة لعمليات التدخل المبكر، توفر الكوادر المهنية المتخصصة في التدخل المبكر لتأهيل أمهات أطفال ذوى ADHD

الكلمات المفتاحية: مقترح- التدخل المبكر- تأهيل- نقص الإنتباه وفرط الحركة -أمهات الأطفال ذوى نقص الإنتباه وفرط الحركة - رؤية المملكة ٢٠٣٠.

Introduction:

Attention Deficit Hyperactivity Disorder (ADHD) is considered a neural developmental disorder. Occurring in childhood and persisting through puberty into adulthood it takes on different forms and symptoms at each stage. There is no precise and clear reason for its occurrence; however, some studies have proven its links with genetic and environmental factors. Drug treatment is considered effective in controlling the symptoms; although it does not replace behavioral and educational treatment. Diagnosis of Attention Deficit Hyperactivity Disorder should be made by specialists as no analysis exists for diagnosis of the disorder. In addition, there is no method of preventing ADHD where there is more than one risk factor. However, several methods of treatment may reduce the rate of occurrence. (Saudi Ministry of Health: 2020)

Attention Deficit Hyperactivity Disorder (ADHD) is characterized by a deficit in levels of attention, hyperactivity and impulsivity inappropriate to the child's age. These problems often impact the educational level of the child and may have a negative impact on the child's personal relationships and self-esteem. Symptoms often exist until puberty or teenage years which can cause difficulties in the academic life, working life, social life and family life of the sufferer. (Gardner, F. & Klimes, I; 2006, 245)

In this context, statistics issued by the World Health Organization (WHO) point out that there are more than a billion people all over the world, **15%** of the world's total population, who suffer from several disorders and disabilities. (World Health Organization: 8, 2016)

Attention Deficit Hyperactivity Disorder (ADHD) is considered a global problem that effects around **7%** of children. ADHD persists until adolescence in more than **60%** of patients. It is believed that **3-7%** of children, the majority male, have some level of ADHD. Often their symptoms are misdiagnosed or ignored and the child is presumed aggressive or disobedient. (Johnston, 2020)

The Study of Albatti et al (Albatti, Turki H., 2017) indicated that the spread of Attention Deficit Hyperactivity Disorder (ADHD) during childhood reached approximately **3.5%** of children in the first grades of the elementary stage in AL Riyadh City.

In **the Kingdom of Saudi Arabia**, there are **28,312** children with Attention Deficit Hyperactivity Disorder (ADHD), **18,378** male and **9934** female. Within Al Riyadh City, **12,497** patients are monitored, **8031** male and **4466** female according to the last statistical report from the Public Authority of Statistics, Survey of the Disabled 2017. (King Salman Center for Disability Research, 2020)

This indicates that people with special needs, and those with Attention Deficit Hyperactivity Disorder in particular, represent a high percentage of the population that can't be overlooked or ignored, and that these cases are worthy of study, care and attention.

Attention Deficit Hyperactivity Disorder (ADHD) is considered a disorder affecting the child, however, ADHD also affects the child's family members as they face difficulties teaching and taking care of their children. Providing a home environment that supports the education of children with Attention Deficit Hyperactivity Disorder (ADHD) is a difficult process due to incompatibility between the behaviors of the child and the educational context inside the home. Relations between parents and teachers are characterized by incoherence and disagreement due to repeated complaints from teachers about the bad behavior of the child and their lack of interaction with teachers. (Rogers, M.: 2009)

As well as the financial burden on education, health and governmental systems, Attention Deficit Hyperactivity Disorder (ADHD) also creates the need to provide extra educational and training services on an individual basis, in the form of tailored educational programs, guidance and educational evaluation. The results of a study by (Guevera, & Gephart; 2003, 105) indicated that the annual cost of medical services provided to children with Attention Deficit Hyperactivity Disorder (ADHD) is higher than that for children without.

The results of a study by (Fatma Abd Rabuh; 2012) indicated that a child born with Attention Deficit Hyperactivity Disorder (ADHD) may cause several psychological, economic and social pressures for the family, particularly the mother.

The results of a study by (Al-Oud: 2019) indicated that mothers of children with Attention Deficit Hyperactivity Disorder (ADHD) are exposed to several problems, the most significant being the child's need for constant monitoring and guidance; a social problem which scored **95.3%**. Meanwhile, mothers' feelings of sadness due to worry about the child's future was the most prominent psychological problem, with a score of **84.7%**. The challenge communicating with specialists ranked top of service-based and educational problems, with a score of **100%**. In the category of work, the scarcity of specialists in training and qualification scored **83.6%**.

Early intervention is viewed as a modern approach in the field of special education, followed by all advanced countries, providing a real chance to improve the abilities of children with special needs. Programs are designed based on two main areas: Intervention for Mitigation and Intervention for Qualification. (Al- Qamish, Al-khwalda: 2014, Allen, 2011 – 18)

Despite the development of programs and special educational services for children with special needs over the last few years, developments haven't included providing direct and sufficient services to their mothers. This has exposed them to several psychological and social problems causing high levels of stress. (Farah: 2009, 1)

A study by (Tsibidaki & Tsamparli: 2007) found that families with a child who has Attention Deficit Hyperactivity Disorder (ADHD) don't feel sufficiently supported by welfare organizations (Early Intervention Centers – Schools), leaving them angry and worried about the unavailability of social support (services and specialists). Overall, families are not satisfied with these services.

Given the importance of early intervention for the child, the family and society, early intervention problems have received considerable attention from authorities interested in taking care of the people with special needs in most parts of the world. The **kingdom of Saudi Arabia**, like all other countries, recognizes the importance of these programs in preventing the growth of problems and reducing their impact on children with special needs and their families. (Al-Fawaer: 2015, 36)

The study of (Mirza, 1434) concluded that there is a need for research infrastructure in the **Kingdom of Saudi Arabia** for early intervention to support children and their families, mothers in particular. Also, it is important to provide a strategic plan to meet the needs of children in early childhood.

Early intervention programs aim to limit the impact of disability and disorders through guidance for the whole family, initiating their participation in order to train and qualify them, especially for mothers who are acknowledged as the most effective and interested

party. If we wanted to establish a training program to support the growth of the child's skills, there's no doubt that a mother's contribution in the intervention process supports the effectiveness of the early intervention program and maintains it even after completion of the program. (Barkley, 2010; 72)

The studies of (Reaser et al, 2007, Al-Nassar: 2013, Abd El-Hameed: 2018) demonstrate the need for early intervention programs to increase awareness of ADHD amongst parents, as parents are best placed to help their child. Increasing parents' awareness of mechanisms for dealing with their children is vital for the effectiveness of early intervention programs in improving their social and psychological efficiency and helping to provide a suitable environment for a better life for the child and the family.

Despite this, mothers of children with Attention Deficit Hyperactivity Disorder (ADHD) sometimes do not have enough accurate information, ideas or sufficient awareness of the disorder for their role dealing with their children. (Ahmed: 2006, 43)

The study of (Al-Mohsin, Z, et al, 2020) indicated that around **47%** of mothers of children with Attention Deficit Hyperactivity Disorder (ADHD) have insubstantial knowledge of the disorder; **48.5. %** of those have positive feelings towards their child whilst **51.5%** have a neutral perception of their children. Most of the children received common treatment which showed an improvement in their behavior, with **69.5%**. The most common concern amongst mothers was about the side effects of the drugs, with a percentage of **39.4%**. Mothers were the first members of the family to ask for help, the most common reason for their first clinical visit was to seek advice regarding their child's poor social skills **45.5%**, aggressive behavior, hyperactivity and attention deficit **45.4%**. The most common reason for late diagnosis was the failure to recognize the abnormal behavior of the child **67.4%**. The internet was the most common source of information, with **63.6%**. The study highlighted in its recommendations the necessity of clarifying misconceptions mothers have about Attention Deficit Hyperactivity Disorder (ADHD) and improving their skills, as part of the treatment program, in order to improve the quality of life of their children. It also recommended educational subjects and awareness raising social media campaigns, targeted at mothers, to support this aim and facilitate good communication between services.

The results of the study of (Mirza&Salamouni: 2012) indicated that mothers concentrate on methods of care and specialized upbringing imposed by the nature of multiple and severe disorders. But that these methods did not correspond to the priorities of their child's care. Such disparity demonstrates the need for training programs for mothers which aim to achieve the maximum convergence between methods and the priorities of their child's care. This confirmed to the author the importance of the process of obtaining information for mothers and qualifying them to care for their children with Attention Deficit Hyperactivity Disorder (ADHD).

Practices based on family or parenting partnerships have been confirmed by modern scientific Study as useful and effective in the success of early intervention programs. This trend includes principles and standards that those in charge of qualification and training adhere to throughout programs of early intervention, such as; timely and comprehensive evaluation of the problems and needs of children and their families, particularly mothers, in order to draw up a family services plan and which is periodically evaluated for its effectiveness. (Donald, J: 2005, 213)

The results of the study of (Saadi: 2007) indicate that the link between modifying the individual behavior of the child, and guiding and training for parents, has great effectiveness in reducing the basic symptoms of Attention Deficit Hyperactivity Disorder ADHD. The study provided a set of recommendations including diversifying treatment and guidance methods when dealing with children with ADHD, to reduce the symptoms they have and to help their families deal with the disorder in the early stages of life to prevent the development of symptoms.

Despite the importance of qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD through early qualification programs, there are obstacles that prevent mothers from participating in these programs. This Study tries to identify these obstacles and find appropriate solutions to them, as well as provide appropriate methods to achieve activation of the role of early intervention programs in qualifying mothers of children with attention deficit and hyperactivity the author believe that if these changes are not applied, there will be a lack of appropriate qualification and educational services for mothers and their children.

A brief look at **the Saudi Vision 2030** revealed to the author the link it has with citizens' rights, including the rights of people with Attention Deficit Hyperactivity Disorder (ADHD). The Kingdom's government pays significant attention to the rights of people with special needs through the fulfilment of its duty to provide all the services and programs needed by this valued segment of society.

Study problem:

The problem this Study examines is the fact that early intervention programs are solely focused on qualifying the child with Attention Deficit Hyperactivity Disorder (ADHD), whereas, qualification for their mothers is still unclear in the Arab world, even though the family, especially the mother, has an active role in caring for her child. There are many obstacles that prevent the achievement of early intervention programs in qualifying mothers of children with ADHD, meaning the success of these programs in improving all areas of the child's development, and the assurance of psychosocial support for the family, is not guaranteed.

Therefore, this research seeks to present a proposal to activate the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder, in consideration of the Kingdom's vision 2030.

Study Aims:

The aims of the Study are to:

1. Recognize the reality of the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder.
2. Identify the obstacles that prevent early intervention programs from achieving their role in qualifying mothers of children with Attention Deficit Hyperactivity Disorder.
3. Identify solutions for overcoming the obstacles that prevent the achievement of early intervention programs in their role of qualifying mothers of children with Attention Deficit Hyperactivity Disorder.

4. Submit a proposal to activate the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder, in light of the Saudi Vision 2030.

Study questions:

What is the proposal to activate the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder, in Light of the Saudi Vision 2030?

This question is divided into the following **sub-questions**:

1. What is the reality of the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder?
2. What are the obstacles that prevent early intervention programs from achieving their role in qualifying mothers of children with Attention Deficit Hyperactivity Disorder?
3. What are the solutions to overcoming the obstacles that prevent early intervention programs from achieving their role in qualifying mothers of children with Attention Deficit Hyperactivity Disorder?
4. What is the proposal to activate the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder, in light of the Saudi Vision 2030?

Study Importance:

Theoretical importance: Early intervention programs occupy a national priority in many developed countries of the world due to the importance of identifying children's problems and treating them early. Recognizing the significance of the role of mothers in meeting the needs of their children with Attention Deficit Hyperactivity Disorder (ADHD) and developing their capabilities to positively contribute towards their psychological and social compatibility is important. There is a scarcity of relevant Study in early intervention services for mothers of children with ADHD in the Kingdom of Saudi Arabia. The author was unable to identify any local study in the field of special education similar to this Research, in terms of content, objectives, target sample or proposed vision.

Applied importance: To present a proposal that specialists in the field of special education can benefit from in activating the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder (ADHD), helping them cope with their child's disorder and the various pressures that come with it. The results of the Study may contribute to creating a set of recommendations that can benefit decision-makers, and those in charge of centers for people with special needs, with the mechanisms to activate early intervention programs in the field of qualifying mothers of children with ADHD. This will help mothers to adapt and remove obstacles that limit their effectiveness, and open the way for researchers to conduct more research that is concerned with the role of mothers in qualifying children with ADHD and the role of early intervention programs for mothers' qualification.

Study concepts:**Proposal:**

(Zain El-Din, 2013, 6) defined as: future planning based on actual field study results through quantitative or qualitative methodological tools used to build a general intellectual framework adopted by groups of researchers or educators.

The author identify the operatively suggested perception in this Study as: a future idea that comes in the form of a procedural guide aimed at activating the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD. This is achieved through a number of activities, procedures, steps, methods and strategies which are based on studying the educational literature and results of this field study in light of the proposals made by experts and specialists in special education, after the proposal was arbitrated.

Early Intervention Program:

(Al-Qamish, Al-Ma`aytah, 2013, 125) defined as: a procedure aimed at designing and implementing special qualification programs during childhood, as well as counseling and training programs for families, particularly mothers, and defining the forms of support services that a child needs (speech therapy, assistive devices, Physiotherapy, auditory training ... etc.).

The author define the early intervention program in this Study as: An integrated system of diverse services, whether social, psychological, educational, behavioral or medical, which are provided to mothers of children with Attention Deficit Hyperactivity Disorder ADHD in early intervention centers by specialized and qualified experts in special education. It helps mothers face social and psychological problems, understand the growth demands of their children, and develop and improve their child's capabilities and skills in order to achieve their highest potential in the future.

Qualification:

(Akhil, 2017, 12) defined as: a set of coordinated activities, programs and processes that can be presented to an individual or group of individuals according to a specific time plan to equip them with new skills, capabilities and concepts in a specific field, taking into account the readiness and personal characteristics of each individual as well as the needs of society.

The author define procedural qualification in this Study as: the process of studying and evaluating the potential and capabilities of mothers of children with ADHD, and working to develop these capabilities so that they achieve the greatest possible benefit through improving the personal, social and psychological characteristics of their children.

Mothers of children with Attention Deficit Hyperactivity Disorder (ADHD):

(Mofida Ben Hafeez, 2014,95-94) defined Attention Deficit Hyperactivity Disorder (ADHD) as: a neurobehavioral disorder that appears in the form of a coherent pattern of excessive movement behaviors, attention deficit and impulsivity, at varying levels in individuals whose symptoms begin to appear from early childhood. It can also be diagnosed in adulthood.

The author defined mothers of children with attention deficit hyperactivity in this Study as: Mothers of children with attention deficit hyperactivity disorder whose ages range from 6 to

12 years old, with low levels of social competence, and in receipt of qualification and special education services in centers for children with special needs in Al-Riyadh.

Theoretical Framework and Previous Studies:

One: Mothers of children with Attention Deficit Hyperactivity Disorder ADHD:

There are many roles and functions that a mother performs for her children, and the burden of this role increases with the presence of children with special needs (ADHD) (AlKashef:2001,55).

The results of the study of (Reichman, N. E, et al, 2008) indicated that the presence of a child with special needs may negatively affect the mental and physical health of the mother, leading to increased stress, especially if combined with the difficulty of finding appropriate medical care at reasonable costs. It also affects family decisions, with matters getting more complicated if these problems are accompanied by feelings of blame and guilt. All of this negatively affects the relationship between the parents and their lifestyle, which impacts negatively on the health and care of the child.

The results of the study of (Harrison & Sofronoff: 2002 - Baker & McCal: 1995) showed that mothers who care for children with Attention Deficit Hyperactivity Disorder (ADHD) face psychological and social pressures and suffer from social isolation.

The results of the study by (Fatima Abd Rabuh: 2012) showed that mothers' handling of these pressures may differ depending on the state of their relationships with the rest of their family. If relationships are unstable, the arrival of this child may lead to an increase in family pressures and a disintegration of relationships. If relations were strong before the arrival of the child, the bonds between family members may increase and the mother will be able to deal with the pressures.

Whether a mother treats her child who has ADHD on an equal basis with the rest of the family, ie; not exaggerating in protecting him, ignoring or neglecting him, and teaching him to participate in activities, depends on the extent of her awareness of everything related to the disorder. Awareness enables a mother to help her child strengthen his self-confidence and give him ample opportunity to play, learn, share, work and create alongside other children. (Halawa: 2008, 210)

The results of the study of (Al-Ghunaimi: 2017) proved the importance of the role of the parents, especially mothers, in developing communication among their children with Attention Deficit Hyperactivity Disorder ADHD through stimulation, encouragement and motivation. The results of the study also showed that there are statistically significant differences between the average scores of mothers of affected children and mothers of other children on the communication scale, and its sub-dimensions are for mothers of children with Attention Deficit Hyperactivity Disorder ADHD.

It is also recommended that mothers take a few minutes every day to praise and acknowledge the child (Al-Khashrami, 2004: 69).

Mothers should fully cooperate with their children's teachers and therapists in order to diagnose problems that may arise as early as possible. Also, they should be aware that early treatment may help to greatly reduce the impact of the disorder on the child's growth and development (Halawa: 2008, 212).

The results of the study by (Lowther, W: 2018) indicated that there is a relationship between early intervention and the development of communication skills, interaction and social participation, and social relations skills for mothers of children with Attention Deficit Hyperactivity Disorder ADHD.

The results of the study of (Al-Bustawi: 2011) revealed the effectiveness of a counseling program in early intervention for parents and kindergarten teachers of children with Attention Deficit Hyperactivity Disorder ADHD, through training in a number of tasks and responsibilities that can be performed to alleviate the symptoms of behaviors associated with the disorder.

In its Vision 2030, the Kingdom of Saudi Arabia pays significant attention to all aspects of family care. The family is the nucleus of society, the nurturer of children and the main player in fulfilling a child's needs, protecting society from disintegration through developing the talents and capabilities of children. By improving the quality of social, psychological and health services, and developing qualification services for mothers and their families, the Vision enables mothers and fathers to care for their children whilst activating the role of the Kingdom's institutions in serving people with special needs. (Saudi Arabia Vision 2030: 2019, 28-29)

Two: Early Intervention and qualification for mothers of children with ADHD:

Early intervention is a procedure concerned with providing multiple services through the teamwork of various departments and units, including: the hearing unit, the psychological measurement and diagnosis unit, the learning difficulties unit, the training unit and the advisory services unit. This occurs through the application of various therapy programs and links them to the educational program, which emphasizes the importance of providing education dedicated to children and their families during childhood (McWilliams, R. A: 2010, 254).

The mother is one of the main elements of the early intervention program, her culture and morale is directly reflected in the child's performance. Therefore, early intervention aims to improve the intellectual, psychological and knowledge level of the mother through participation in programs that benefit her and directly reflect on her child and family. (Al-Dar, Al-Harbi, 1434: 163)

Given the fact that Attention Deficit Hyperactivity Disorder affects children in childhood, which is one of the most important stages of human development, attention must be paid to early intervention programs for mothers of these children to qualify them in a way that is reflected in the quality of their lives and increases the possibility of improving the capabilities of children in a timely manner, helping them to reach their potential and give them feelings of happiness like their peers. (Al-Hamed, 2010: 25)

Therefore, it is important to develop early intervention programs for their influential role in improving the emotional and social competence of mothers of children with Attention Deficit Hyperactivity Disorder ADHD. A study by (Asiri, 1434) recommended the necessity of applying comprehensive quality in early diagnosis and intervention centers and directing more attention to children with ADHD and their families in a way that contributes in achieving tangible results.

This is due to the special importance of early intervention programs, and strong justifications agreed upon by most researchers and workers in the field of special education, in providing children with the various concepts and skills, whether linguistic, behavioral, cognitive, social or academic. This is according to the needs of each child and its significant impact on the adaptation of the family and the reduction of its financial and moral burdens, in addition to emphasizing the importance of family participation and its contribution to the implementation of these programs. (Al-Almaey: 2018, 136).

Despite the foregoing, the results of the study by (Al Fawaer, 2015) indicated that families are dissatisfied with the outputs and benefits of early intervention programs provided to their children. The reason for this may be attributed to the presence of obstacles facing early intervention programs in many Arab countries.

The results of the study of (Al-Dhafri: 1434) showed the lack of effort made by various institutions in caring for children and their families, and found that the most prominent obstacles facing early intervention programs are the unreliable methods used to diagnose children and the absence of institutions specialized in ADHD. The study recommended the need for attention given to children of kindergarten age and the need to develop measuring and diagnostic tools that help specialists and parents determine the type and degree of the disorder so they can create a social and educational environment that accommodates these children.

(Badghaish: 2014) made some proposals to address these obstacles including:

1. Educating parents about the extraordinary aspects of growth that may occur to children through various advertising means such as television, radio, etc., and focusing on the implementation of early intervention programs in natural educational environments that are not isolated, in order to expand the establishment of National Early Intervention Centers in being able to: Provide staff, diagnostic methods and supervision plans, as well as prepare training courses for parents, teachers, professionals and others.
2. This Study focused on one aspect of support required for mothers of children with Attention Deficit Hyperactivity Disorder ADHD, which is qualification services. It is the right of every mother who has a child with ADHD to have the state provide her with training and qualification services appropriate to her abilities.
3. The importance of qualification is demonstrated in its work to improve the social, psychological, spiritual, religious and emotional status of mothers. Qualification provides mothers with their basic needs and necessary counseling, in accordance with their conditions through competent specialists, in addition to services such as social services, health insurance and socio-psychological guidance. (Ali, 2005, 156).

Method:

This Study followed the descriptive and analytical approach which is the most appropriate scientific method as it is based on qualitative expression. It studies the reality of the situation and deals with the phenomenon with accurate description and explanation, clarifying characteristics. It then arrives at the results, drawing conclusions, generalizations

and new relationships and presents the proposed framework in order to improve performance and conditions. (Pandey, AK: 2014 - Ditchman, N. Et al: 2013) (Kandilji: 2008)

Study Sample:

The Study sample consisted of (69) mothers of children with Attention Deficit Hyperactivity Disorder ADHD in the Al Riyadh region, whose children ranged between (6-12) years old and who frequently visited centers for qualification of children with special needs and who had the desire to qualify and train for the early intervention program in the Second academic year 2019/2020.

Table (1) shows a description of the sample

Study Sample Variables		Frequencies	Percent %
Age	Less than 30 years old	13	18.8
	30 - Less than 35 years old	13	18.8
	35 - Less than 40 years old	21	30.4
	More than 40 years	22	32.0
	Total	69	%100
Training Courses Obtained	Yes	23	33.3
	No	46	66.7
	Total	69	%100

Table (1) shows that (32.0%) of the participants are aged over 40 years and that (66.7%) of the participants have not taken any qualification training courses.

- 1. The stability of the resolution:** The stability of the resolution was calculated using the "Alpha Stability Equation" of Cronbach's equation, and it was found that the reliability coefficient of the resolution = **0.90**, indicating that the resolution has high stability.

Table (2) shows the stability coefficients for the axes of the questionnaire and for the questionnaire as a whole

The axes of the questionnaire	Cronbach Alpha Coefficient
The reality of the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder	0.95**
The obstacles that prevent the achievement of early intervention programs in their role of qualifying mothers of children with ADHD.	0.94**
solutions to overcome the obstacles that prevent the achievement of early intervention programs in their role of qualifying mothers of children with ADHD.	0.81**
The whole questionnaire	0.90**

Validity of the questionnaire:

1. **The validity of the arbitrators (the apparent validity):** the questionnaire was presented to a group of arbitrators, from the field of special education, to express their opinion on the formulation of the phrases, the phrases' suitability for the field for which they were set, the extent of the phrases coverage of the research variables and the phrases' ability to measure the intended range. The Questionnaire was modified based on the arbitrators' observations.

2. **Self-validity:** Self-validity was calculated as an indicator of the validity of the questionnaire as a whole by calculating the square islands of the reliability coefficient. It was equal to (94%), which indicates that the questionnaire has a high degree of validity.

Table (3) Self-validity values of the questionnaire's axes and the questionnaire as a whole

The axes of the questionnaire	Self-validity
The reality of the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder	0.97**
The obstacles that prevent the achievement of early intervention programs in their role of qualifying mothers of children with ADHD.	0.96**
solutions to overcome the obstacles that prevent the achievement of early intervention programs in their role of qualifying mothers of children with ADHD.	0.90**
The whole questionnaire	0.94**

Results and Discussion:

To answer the first question of the Study: "What is the reality of the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder?"

The frequencies, total weights, and percentages were calculated for the responses of the Study

Table (4) the reality of the role of early intervention programs in qualifying mothers of

children with Attention Deficit Hyperactivity Disorder

Qualification type	Sentence	Total Sample						
		Frequencies			Relative Weight	Percentage	Order	Average
		Agree	Partly Agree	Disagree				

Social Qualification	It contributes to developing the awareness of mothers of children with Attention Deficit Hyperactivity Disorder ADHD regarding the needs and characteristics of their children.	17	20	32	123	59.42	6	61.34
	It increases the ability of mothers of children Attention Deficit Hyperactivity Disorder ADHD to solve the problems of their children.	19	20	30	127	61.35	4	
	It develops listening and speaking skills in mothers of children with Attention Deficit Hyperactivity Disorder ADHD for communication with their children.	20	22	27	131	63.28	2	
	It allows mothers of children with Attention Deficit Hyperactivity Disorder	18	22	29	127	61.35	4	

ADHD to practice activities that are popular with their children							
It trains mothers of children with Attention Deficit Hyperactivity Disorder ADHD to provide their children with a natural environment of love, compassion and tolerance.	16	21	32	122	58.93	7	
It achieves a positive relationship between mothers of children with Attention Deficit Hyperactivity Disorder ADHD and their relatives.	19	20	30	127	61.35	4	
It develops the ability of mothers of children with Attention Deficit Hyperactivity Disorder ADHD to care for their children and follow their work.	17	20	32	123	59.42	6	
It facilitates	20	21	28	130	62.80	3	

improving the relationship of mothers of children with Attention Deficit Hyperactivity Disorder ADHD with their children and their husbands.							
It helps mothers of children with Attention Deficit Hyperactivity Disorder ADHD make decisions about their children.	16	23	30	124	59.90	5	
It facilitates the understanding of mothers of children with Attention Deficit Hyperactivity Disorder ADHD of the capabilities and strengths of their children .	21	21	27	132	63.76	1	
It increases the confidence of mothers of children with Attention Deficit Hyperactivity Disorder ADHD about their children	21	20	28	131	63.28	2	

	going out into public.							
Psychological 1 Qualification	It contributes to reducing mothers of children with Attention Deficit Hyperactivity Disorder ADHD feelings of guilt towards their children.	21	21	27	132	63.76	1	59.52
	It improves self-awareness in mothers of children with Attention Deficit Hyperactivity Disorder ADHD	18	21	30	126	60.86	4	
	It alleviates psychological stress mothers feel while caring for their children with Attention Deficit Hyperactivity Disorder ADHD.	20	18	31	127	61.35	3	
	It strengthens self-satisfaction in mothers of children with Attention Deficit Hyperactivity Disorder ADHD despite the burdens of life.	18	20	31	125	60.38	5	
	It reduces	18	21	30	126	60.86	4	

negative thoughts mothers of children with Attention Deficit Hyperactivity Disorder ADHD have towards their children.							
It contributes to increasing the focus of mothers of children with Attention Deficit Hyperactivity Disorder ADHD on their family life.	16	20	33	121	58.45	7	
It contributes to the improvement of the happiness of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	17	19	33	122	58.93	6	
It increases the optimism of mothers of children with Attention Deficit Hyperactivity Disorder ADHD in the care and treatment of their children.	18	17	34	122	58.93	6	

	It develops the emotional balance mothers of children with Attention Deficit Hyperactivity Disorder ADHD have towards their children.	19	21	29	128	61.83	2	
Educational Qualification	It provides mothers of children with Attention Deficit Hyperactivity Disorder ADHD with methods to develop the sensory and movement skills of their children.	19	16	34	123	59.42	6	63.12
	It provides mothers of children with Attention Deficit Hyperactivity Disorder ADHD with programs to integrate and educate their children with other children.	16	22	31	123	59.42	6	
	Mothers of children with Attention Deficit Hyperactivity Disorder ADHD learn how to prevent	22	19	28	132	63.76	2	

	their children from developing the disorder.							
	Mothers of children with Attention Deficit Hyperactivity Disorder ADHD learn ways to increase their children's ability to remember.	21	20	28	131	63.28	3	
	It organizes seminars and gatherings for mothers of children with Attention Deficit Hyperactivity Disorder ADHD to direct them towards the correct treatment of their children.	16	20	33	121	58.45	7	
	Mothers of children with Attention Deficit Hyperactivity Disorder ADHD learn how to measure the complications of the disorder in their children.	17	21	31	124	59.90	4	
	Mothers of children with Attention	23	20	26	162	78.26	1	

	Deficit Hyperactivity Disorder ADHD learn ways to enhance their children's responses.							
	Mothers of children with Attention Deficit Hyperactivity Disorder ADHD are trained on how to explain the educational curriculum to their children.	17	21	31	124	59.90	5	
	Mothers of children with Attention Deficit Hyperactivity Disorder ADHD gain communication skills with their children.	23	21	25	136	65.70	1	
	Mothers of children with Attention Deficit Hyperactivity Disorder ADHD gain information about diagnostic methods for their children.	19	23	27	130	62.80	4	
	It improves the knowledge of mothers of children with Attention	17	21	31	124	59.90	6	

Knowledge Qualification	Deficit Hyperactivity Disorder ADHD for the means and tools to care for their children.							62.55
	Mothers of children with Attention Deficit Hyperactivity Disorder ADHD gain knowledge that helps them recognize the strengths and weaknesses of their children.	24	18	27	135	65.21	1	
	Mothers of children with Attention Deficit Hyperactivity Disorder ADHD are made aware of the legislation, laws and qualification resources for their children.	19	23	27	130	62.80	4	
	Mothers of children with Attention Deficit Hyperactivity Disorder ADHD are provided with knowledge to help them recognize and deal with the	18	19	32	124	59.90	6	

problems of their children.							
It provides knowledge of educational centers and institutions to qualify mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	21	22	26	133	64.25	2	
It contributes to providing mothers of children with Attention Deficit Hyperactivity Disorder ADHD with information about measuring the progress of their children.	20	23	26	138	63.76	3	
Mothers of children with Attention Deficit Hyperactivity Disorder ADHD gain knowledge about teaching their children to interact with others.	17	22	30	125	60.38	5	
It improves the knowledge of mothers of children with Attention Deficit	19	23	27	130	62.80	4	

	Hyperactivity Disorder ADHD about ways to develop the capabilities of their children to be independent.							
	It facilitates mothers of children with Attention Deficit Hyperactivity Disorder ADHD to obtain knowledge about activities that are appropriate for their children.	21	21	27	132	63.76	3	
	It increases the confidence of mothers of children with Attention Deficit Hyperactivity Disorder ADHD that God will help her through trials and tribulations.	17	18	34	34	58.45	7	
	It strengthens the belief of mothers of children with Attention Deficit Hyperactivity Disorder ADHD in good pay and	21	21	27	27	63.76	1	

Religious Qualification	reward and that their children are the key to their paradise.							60.98
	It develops the feeling in mothers of children with Attention Deficit Hyperactivity Disorder ADHD of being satisfied with the judgment of God.	19	23	27	27	62.80	2	
	It explains to mothers of children with Attention Deficit Hyperactivity Disorder ADHD that their children are a gift from God for which they should be thankful.	16	20	33	33	58.45	7	
	It facilitates the participation of mothers of children with Attention Deficit Hyperactivity Disorder ADHD in religious seminars to strengthen their spiritual side.	20	20	29	29	62.31	3	
	Mothers of	17	21	31	31	59.90	6	

children with Attention Deficit Hyperactivity Disorder ADHD develop a sense that caring for their children is primarily a religious duty.							
It strengthens the certainty of mothers of children with Attention Deficit Hyperactivity Disorder ADHD in God's ability to heal their children.	19	21	29	29	61.83	4	
It reduces feelings of discontent and blame mothers of children with Attention Deficit Hyperactivity Disorder ADHD have about their child's disorder.	18	20	31	31	60.38	5	
Total					6093	61.50	

Table (4) shows: that the overall response rate of the study sample, regarding **the reality of the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD, is 61.50%**. The mean scores of the dimensions all reflect the ineffectiveness of early intervention programs in the qualification of mothers of children with ADHD, and that the role these programs can play is limited from the point of view of the mothers. The aggregate and the most popular expressions are shown in the scores according to each dimension. All of them were moderate in terms of their impact according to the study sample,

the educational qualification that rated highest with an average score of 63.12%. The most prominent expressions to reflect the actual impact of early intervention programs in this dimension are: (Mothers of children with Attention Deficit Hyperactivity Disorder ADHD learn ways to enhance their children's responses. Mothers of children with Attention Deficit Hyperactivity Disorder ADHD gain communication skills with their children. Mothers of children with Attention Deficit Hyperactivity Disorder ADHD learn how to prevent their children from developing the disorder).

The author explain that early intervention programs focus on behavioral and communicative aspects related to children with ADHD, so early intervention programs focus on this aspect during qualification because of the importance of teaching mothers methods of dealing and communicating positively with their children.

The knowledge qualification scored second highest with an average of 62.55%. The most prominent expressions to reflect the actual effectiveness of early intervention programs in this dimension are: (It provides knowledge of educational centers and institutions to qualify mothers of children with Attention Deficit Hyperactivity Disorder ADHD. It contributes to providing mothers of children with Attention Deficit Hyperactivity Disorder ADHD with information about measuring the progress of their children. Mothers of children with Attention Deficit Hyperactivity Disorder ADHD gain knowledge that helps them to identify the strengths and weaknesses of their children).

The social qualification scored third highest with an average of 61.34%. The most prominent expressions to reflect the actual impact of early intervention programs in this dimension are: (It facilitates the understanding of mothers of children with Attention Deficit Hyperactivity Disorder ADHD of the capabilities of their children and their strengths. It increases the confidence of mothers of children with Attention Deficit Hyperactivity Disorder ADHD about their children going out to public places. It develops listening and speaking skills in mothers of children with Attention Deficit Hyperactivity Disorder ADHD for communication with their children).

The author explain that most mothers prefer not to take their children with ADHD to public events and places. This is due to the child's unpredictable behavior which may cause embarrassment to the mother if their child troubles or offends others, especially if people in the vicinity do not appreciate the reality of the situation for the mother and her child. Thus, the most important roles of the early intervention program are to facilitate mothers' understanding of their children's capabilities and strengths, and to increase mothers' confidence in their children when going out into public.

Scoring next was the religious qualification with an average of 60.98%. The most prominent expressions to reflect the actual impact of early intervention programs in this dimension are: (It strengthens the belief of mothers of children with Attention Deficit Hyperactivity Disorder ADHD in good pay and reward and that their children are the key to their paradise. It develops the feeling in mothers of children with Attention Deficit Hyperactivity Disorder ADHD of being satisfied with the judgment of God. It facilitates the participation of mothers of children with Attention Deficit Hyperactivity Disorder ADHD in religious seminars to strengthen their spiritual side). The author explain that one of the most important problems facing mothers of children with ADHD is the difficulty mothers have adapting to their family situation and their child's condition. In addition, The author

understand that the situation causes embarrassment, so intervention programs must be implemented, yet it is too early to focus on strengthening religious awareness and satisfaction with the judgment of God.

The psychological qualification dimension scored lowest with an average of 59.52%.

The most prominent expressions to reflect the actual impact of early intervention programs in this dimension are: (It contributes to reducing feelings of guilt in mothers of children with Attention Deficit Hyperactivity Disorder ADHD towards their children. It develops the emotional balance mothers of children with Attention Deficit Hyperactivity Disorder ADHD have towards their children. It alleviates psychological stress mothers feel while caring for their children with Attention Deficit Hyperactivity Disorder ADHD).

The author believe that psychological pressures arise when the mother is unable to overcome the difficulties she faces due to her limited capabilities or because of the weakness of these abilities. Consequently, she suffers from poor compatibility and psychological tension, and enters a state of turmoil, feeling uneasy, fearful and pessimistic in various matters of life. So, early intervention programs must focus on this during psychological qualification in order to help mothers accept their situation and improve their social abilities so that they can perform their duties as mothers more effectively.

The author agree that a mother's lack of knowledge and awareness of her child's situation, and the potential risk to their future, relates to a lack of awareness of the possible diagnosis and its implications, leading to the mother's inability to notice changes occurring that could indicate progress or an improvement in their child's condition. It also relates to a need for the identification of centers and institutions that mothers can turn to for qualification through early intervention programs.

The author believe that although the category of educational qualification scored highest, mothers still hope to receive educational services in an improved and more effective manner.

The remaining categories of qualifications, all of which ranked lower, unsurprisingly need to provide their services in a more efficient way. The placement of psychological qualification at the lowest rank is an unexpected result according to The author, especially since the psychological qualification of mothers of children with Attention Deficit Hyperactivity Disorder ADHD, and their family members, is considered a necessity to help them cope with the social and psychological pressures they face. A proposal to activate the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD is necessary.

This result is consistent with the results of the studies of (Al-Fawaer, 2015- Allen: 2011- Lowther, W. Al: 2018- Al-Bustawi: 2011- Donald, J: 2005 Mirza: 2007: 1434 - Tsibidaki, Tsamparli) which assert the necessity of evaluating early intervention programs in order to identify their advantages and shortcomings so improvements can be made and a proposal created for development and activation of their role in qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD.

To answer the second question of the study: " What are the obstacles that prevent early intervention programs from achieving their role in qualifying mothers of children with Attention Deficit Hyperactivity Disorder?"

The frequencies and the sum of weights and percentages were calculated.

Table (5) The obstacles that prevent early intervention programs from achieving their role in qualifying mothers of children with Attention Deficit Hyperactivity Disorder.

obstacles type	Sentence	Total Sample						
		Frequencies			Relative Weight	Percentage	Order	Average
		Agree	Partly Agree	Disagree				
Obstacles related to mothers of children with Attention Deficit Hyperactivity Disorder	Reluctance of mothers of children with Attention Deficit Hyperactivity Disorder ADHD to train and participate in qualification processes, because they are convinced that this is not useful.	34	24	11	161	77.78	1	73.22
	Negative attitudes of mothers of children with Attention Deficit Hyperactivity Disorder ADHD towards their children.	26	27	16	148	71.49	6	
	Mothers of children with Attention Deficit Hyperactivity Disorder	30	19	20	148	71.49	6	

ADHD refrain from participating in qualification programs because of their daily work.							
Mothers of children with Attention Deficit Hyperactivity Disorder ADHD abstain from participating in qualification programs because of their shame of the disorder of their children.	24	26	19	143	69.08	7	
The financial burden that does not give mothers of children with Attention Deficit Hyperactivity Disorder ADHD the freedom to participate in qualification programs.	35	22	12	161	77.78	1	
Poor health status of mothers of children with Attention Deficit	29	25	15	152	73.42	3	

Hyperactivity Disorder ADHD which hinders the process of them qualifying to care for their children.							
Abstinence of mothers of children Attention Deficit Hyperactivity Disorder ADHD from participating in the care of their children due to psychological pressure.	29	26	14	153	73.91	2	
The conviction of mothers with Attention Deficit Hyperactivity Disorder ADHD that the social worker is responsible for the qualification, care and education of their children.	25	29	15	148	71.49	6	
Mothers of children with Attention Deficit Hyperactivity Disorder	28	25	16	150	72.46	5	

	ADHD do not participate in the qualification program due to the distance between the institution and their homes.							
Obstacles related to the institutions concerned with qualification and care	Reluctance of the institution to cooperate with mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	26	25	18	146	70.53	6	73.7
	The routine and complexity of procedures relating to qualification services for mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	30	23	16	152	73.43	5	
	The scarcity of training programs for workers and professionals specializing in qualification processes	26	32	11	153	73.91	4	

	within the institution.						
	Lack of appropriate means and devices for the qualification process for mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	29	27	13	154	74.39	3
	The lack of institutions specialized in qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD	36	16	17	157	75.85	1
	The shortage of specialists and therapists in charge of the qualification process.	35	16	18	155	74.88	2
	The institution's failure to follow up on the qualifications of mothers of children with Attention Deficit Hyperactivity Disorder ADHD after	34	20	15	157	75.85	1

	the end of the qualification program.							
	Deficiency in the efficiency and experience of those in charge of the qualification process.	24	27	18	144	69.57	7	
	Lack of financial support for the institution to continue to provide distinguished qualification for mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	30	26	13	155	74.88	2	
Obstacles related to legislation	The lack of a specialized legislative institution in the field of caring for mothers of children with Attention Deficit Hyperactivity Disorder ADHD	35	23	11	168	78.26	2	76.52
	The existence of old legislation that does not meet the	37	25	7	162	81.16	1	

aspects of care and qualification requirements for mothers of children with Attention Deficit Hyperactivity Disorder ADHD in the modern era.							
Current legislation does not provide care and qualification of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	29	25	15	152	73.43	4	
Lack of legislation and laws that help provide qualification requirements for mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	32	23	14	156	75.36	3	
Lack of controls and mechanisms to implement laws and legislations related to	33	17	19	152	73.43	4	

	qualification and care of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.							
Obstacles due to the surrounding community	Negative view of society towards mothers and their children with ADHD.	38	17	14	162	78.26	1	73.91
	Few community services provided for the care and qualification of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	33	23	13	158	76.33	2	
	Failure to take into account the spatial dimension of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	29	24	16	151	72.95	3	
	Society overlooks the provision of empowering mothers of children with	27	26	16	149	71.98	4	

Attention Deficit Hyperactivity Disorder ADHD with their rights and the rights of their children.							
The existence of governmental restrictions that limit the institution's qualification activities.	25	26	18	145	70.05	5	

Table (5) shows: The obstacles that prevent early intervention programs from achieving their role in qualifying mothers of children with Attention Deficit Hyperactivity Disorder are as follows:

Scoring highest are the obstacles related to legislation for people with special needs (people with lack of attention and hyperactivity) with an average of 76.52%. The most prominent expressions in this dimension are: (The existence of old legislation that does not meet the aspects of care and qualification requirements for mothers of children with Attention Deficit Hyperactivity Disorder ADHD in the modern era. The lack of a specialized legislative institution in the field of caring for mothers of children with Attention Deficit Hyperactivity Disorder ADHD. The lack of legislation and laws that help provide qualification requirements for mothers of children with Attention Deficit Hyperactivity Disorder ADHD).

Scoring second are obstacles that refer to the surrounding community with an average of 73.91%. The most prominent expressions in this dimension are: (Negative view of society towards mothers and their children with Attention Deficit Hyperactivity Disorder ADHD. Few community services provided for the care and qualification of mothers of children with Attention Deficit Hyperactivity Disorder ADHD. Failure to take into account the spatial dimension of mothers of children with Attention Deficit Hyperactivity Disorder ADHD).

Scoring third are obstacles that refer to the institutions concerned with the qualification and care of mothers of children with Attention Deficit Hyperactivity Disorder (ADHD), with an average of 73.7%. The most prominent expressions in this dimension are: (The lack of institutions specialized in qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD. The institution's failure to follow up on the qualifications of mothers of children with Attention Deficit Hyperactivity Disorder ADHD after the end of the qualification program. The shortage of specialists and therapists in charge of the qualification process).

Scoring last are the obstacles attributed to mothers of children with lack of attention and hyperactivity, with an average of 73.22%. The most prominent expressions in this dimension are: (Reluctance of mothers of children with Attention Deficit Hyperactivity Disorder ADHD to train and participate in qualification processes, because they are convinced that this is not useful. The financial burden that does not give mothers of children with Attention Deficit Hyperactivity Disorder ADHD the freedom to participate in qualification programs. Abstinence of mothers of children Attention Deficit Hyperactivity Disorder ADHD from participating in the care of their children due to psychological pressure.)

The author believe that psychological pressures arise when the mother is unable to overcome the difficulties she faces due to her limited capabilities or because of the weakness of these abilities. Consequently, she suffers from poor compatibility and psychological tension, and enters a state of turmoil, feeling uneasy, fearful and pessimistic in various matters of life. So, early intervention programs must focus on this during psychological qualification in order to help mothers accept their situation and improve their social abilities so that they can perform their duties as mothers more effectively.

attribute these findings to the fact that the field of the qualification of mothers of children with ADHD is a contemporary field that requires attention in early intervention programs. The author also believe that the proposed vision must have goals that can be achieved by meeting those obstacles and challenges that prevent the achievement of early intervention programs in qualifying mothers of children with ADHD, and develop policies and procedures to overcome them.

This result is consistent with the results of the study of (Al-Zafari: 1434 - Reichman, N,: 2008 - Al-Oud: 2019 - Mirza, Al-Salamouni: 2012 - Al-Fawaeer: 2007, Al-Mohsin, Z., et al- 2020-) which states that the presence of obstacles facing early intervention programs may refer to mothers, to institutions concerned with qualification and care, to the surrounding community, or to the legislation of people with special needs.

To answer the third question of the study: " What are the solutions to overcome the obstacles that prevent the achievement of early intervention programs in their role of qualifying mothers of children with Attention Deficit Hyperactivity Disorder?"

The frequencies, the sum of weights, and the percentage of the study sample responses were calculated.

Table (6) solutions for overcoming the obstacles that prevent the achievement of early intervention programs in their role of qualifying mothers of children with Attention Deficit Hyperactivity Disorder.

Sentence	Total Sample						
	Frequencies			Relative Weight	Percentage	Order	Average
	Agree	Partly Agree	Disagree				
Modify society's	41	22	6	173	83.57	8	

perception of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.							
Establish controls and mechanisms to implement laws and legislation related to qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	37	28	4	171	82.61	10	84.83
Provide a database of qualification services and their locations for mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	43	18	8	173	83.57	8	
Availability of professional cadres specialized in early	43	25	1	180	86.96	3	

intervention to qualify mothers of children Attention Deficit Hyperactivity Disorder ADHD.							
Provide appropriate means, devices and tools for early intervention operations.	49	16	4	182	87.92	2	
Develop community services provided for the care and qualification of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	44	22	3	179	86.47	4	
Hold training courses for both social workers and mothers of children with Attention Deficit Hyperactivity Disorder ADHD in order to	41	20	8	171	82.61	10	

consolidate and support cooperation between them.							
Provide various activities that enable the participation of mothers of children with Attention Deficit Hyperactivity Disorder ADHD in the qualification of their children instead of limiting participation to attending meetings and events only.	49	16	4	183	88.41	1	
Provide adequate financial support to continue providing distinguished qualification for mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	42	19	8	172	83.09	9	

Hold workshops and training courses for mothers of children with Attention Deficit Hyperactivity Disorder ADHD and workers in early intervention programs to educate them about the rights of children and their families.	41	23	5	174	84.06	7	
Open a special section for early intervention in every institution to activate and implement early intervention programs, especially those related to the qualification of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.	47	14	8	177	85.51	5	

Follow continuous evaluation processes for each stage of the early intervention program to determine the extent to which the qualification goals have been achieved.	43	21	5	176	85.02	6	
Provide means of transportation for mothers of children with Attention Deficit Hyperactivity Disorder ADHD who come from far away.	41	21	7	172	83.09	9	

Table (6) shows that the solutions for overcoming the obstacles that prevent the achievement of early intervention programs in their role of qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD have received the approval of the study sample of experts, as the approval rate for all proposals exceeded 85%. The most prominent proposals were:

1. Provide various activities that enable the participation of mothers of children with Attention Deficit Hyperactivity Disorder ADHD in the qualification of their children instead of limiting participation to attending meetings and events only.
2. Provide appropriate means, devices and tools for early intervention operations.
3. Availability of professional cadres specialized in early intervention to qualify mothers of children with Attention Deficit Hyperactivity Disorder ADHD.
4. Develop community services provided for the care and qualification of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.

5. Provide means of transportation for mothers of children with Attention Deficit Hyperactivity Disorder ADHD who come from far away.
6. Open a special section for early intervention in every institution to activate and implement early intervention programs, especially those related to the qualification of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.
7. Follow continuous evaluation processes for each stage of the early intervention program to determine the extent to which the qualification goals have been achieved.

The author believe that based on the proposals submitted by mothers and what was presented in the theoretical framework, as well as the results of the field study, a proposed concept can be drawn up to activate the role of early intervention programs to qualify mothers of children with Attention Deficit Hyperactivity Disorder ADHD and overcome the obstacles that prevent this target.

This result is consistent with the results of the studies of (Reaser, et al: 2007 - Al-Nassar: 2013 - Abdul Hamid: 2018 - Asiri: 1434 - Badghaish 2014) which emphasize the need to submit proposals for early intervention programs, and the study of (Mirza 1434, Saada: 2007, Farah 2005, Badghaish 2014) in terms of the need to expand early intervention programs that care for and qualify mothers of children with Attention Deficit Hyperactivity Disorder ADHD.

To answer the fourth question of the study: "What is the proposal to activate the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder, in light of the Saudi Vision 2030?"

A concept was developed to activate the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD, based on what was presented in the theoretical framework, as well as the findings of the field study results.

One: The pillars on which the proposed concept depends:

The proposed concept is built on several pillars, including:

1. The importance of the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD.
2. The aim to prevent mothers from entering into difficulties and subsequent psychological and social problems.
3. The analysis of the results of previous studies that The author used in this research to identify the impact of early intervention programs on mothers of children with Attention Deficit Hyperactivity Disorder ADHD.
4. The results of this research.
5. The international outlook for children with special needs has radically changed, as it is no longer satisfied that these children have special needs, rather that they have civil, social, cultural, health and educational rights just like their peers.

Two: The objectives that the proposed concept seeks to achieve:

The general objectives of the proposed concept are:

1. Activating the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD.
2. Overcoming the obstacles and difficulties that hinder these programs from fulfilling this role.

The Special objectives of the proposed concept:

1. Introducing mothers to the concept and importance of early intervention.
2. Develop a set of procedures that will remove some obstacles reducing the effectiveness of the role that mothers play in helping their children with Attention Deficit Hyperactivity Disorder ADHD.
3. Providing counseling, awareness, treatment and training programs (medical, social, psychological, educational and religious) to mothers so that they can accept their children positively.
4. Teaching mothers the required care methods that their children with Attention Deficit Hyperactivity Disorder ADHD need at each stage of development.
5. Enabling mothers of children with Attention Deficit Hyperactivity Disorder ADHD to use positive behavioral strategies through counseling and support.
6. Reducing the feelings of sadness and grief felt by mothers of children with Attention Deficit Hyperactivity Disorder ADHD.

Three: Requirements for the proposed concept:

There are some requirements that must be met when applying the proposed scenario, namely:

1. Strengthen the professional relationship between those who initiate the proposed scenario and mothers with trust and mutual respect.
2. Continuous communication and follow-up with mothers of children with Attention Deficit Hyperactivity Disorder ADHD.
3. The acquisition of a set of skills by those who initiate the proposed scenario. Skills such as: interviewing - discussion - observation - interaction and engagement - communication home visitation - follow-up - modeling - positive reinforcement - conscious listening - working within a team - persuasion and influence.
4. Developing the awareness of mothers of children with Attention Deficit Hyperactivity Disorder ADHD of the importance of both qualification and early intervention by providing them with positive behavioral strategies that help them deal with problems arising from their child's condition.

5. Preparing training courses, seminars, lectures and workshops that will be used to fully qualify mothers of children with Attention Deficit Hyperactivity Disorder ADHD.
6. Providing appropriate finance to support early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder ADHD.

Four: Mechanisms for implementing the proposed concept:

Mechanisms for planning early intervention programs to qualify mothers of children with Attention Deficit Hyperactivity Disorder ADHD:

The planning process for qualifying mothers of children with ADHD needs a comprehensive vision of the quality of services actually provided to these mothers, which is **as follows:**

1. Social, psychological, educational, cognitive and religious qualification services.
2. Real assessment of the rehabilitative needs of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.
3. Compatibility with the capabilities and potential of mothers of children with Attention Deficit Hyperactivity Disorder ADHD.
4. Continuous evaluation of each stage of the early intervention program to determine the impacts and the extent to which the objectives have been achieved, and to monitor the difficulties encountered in implementing the program and the suitability of the methods and means used.

Mechanisms for early intervention in the qualification of mothers of children with Attention Deficit Hyperactivity Disorder ADHD:

1. Educating mothers about the importance of early intervention, qualification, prevention, and the necessity to proceed quickly, through awareness, family counseling, persuasion and discussion.
2. Encouraging mothers to attend training courses, lectures and workshops held by early intervention centers to qualify them using family guidance and counseling.
3. Communicating with mothers periodically, at least twice a week by phone or through home visits, to build professional relationships and family counseling.
4. Providing mothers with the necessary skills that allow the individual educational program to support the child with Attention Deficit Hyperactivity Disorder ADHD through education, homework, orientation and role-playing.
5. Urging mothers to use methods of encouragement and reinforcement of any work their children do, even if it is simple, in order to strengthen the child's self-confidence.

6. Training mothers and developing their skills on how to face various stressful situations through discussion, family counseling and relaxation techniques.

Five: A proposal to activate the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder, in light of the Saudi Vision 2030.

The author suggest that the proposed scenario includes various activities in order to qualify mothers of children with ADHD in different aspects.

Table (7): A proposal to activate the role of early intervention programs in qualifying mothers of children with Attention Deficit Hyperactivity Disorder, in light of the Saudi Vision 2030.

Qualification type	The Title of the Session	The Objectives of the Session
Knowledge Qualification	Attention Deficit Hyperactivity Disorder (ADHD) (concept and causes)	<ol style="list-style-type: none"> 1. Introducing mothers to the concept of Attention Deficit Hyperactivity Disorder (ADHD). 2. Discussing with mothers the causes of this disorder. 3. Providing mothers with ways to prevent this disorder. 4. Mothers are acquainted with the legislation, laws and qualification resources for people with Attention Deficit Hyperactivity Disorder (ADHD).
	Mental and social characteristics of people with Attention Deficit Hyperactivity Disorder (ADHD)	<ol style="list-style-type: none"> 5. Introducing mothers to the mental characteristics of people with Attention Deficit Hyperactivity Disorder (ADHD). 6. Enlightening mothers about the effect of these mental characteristics on their education. 7. Clarify the social characteristics of people with Attention Deficit Hyperactivity Disorder (ADHD). 8. Enlightening mothers about individual differences between children with Attention Deficit Hyperactivity Disorder (ADHD).
	Physical and linguistic characteristics of people with Attention Deficit	<ol style="list-style-type: none"> 9. Training mothers to use methods to help them treat speech disorders in their children with Attention Deficit Hyperactivity Disorder (ADHD). 10. Educating mothers about the social characteristics of their children with Attention Deficit Hyperactivity

	Hyperactivity Disorder (ADHD)	Disorder (ADHD). 11. Enlightening mothers about the physical characteristics of their children.
	Psychological and social needs of people with Attention Deficit Hyperactivity Disorder (ADHD)	12. Enlightening mothers about the psychological needs of their children. 13. Enlightening mothers about the impact of social needs on the formation of their personality. 14. Providing mothers with ways to take care of the different needs of their children with Attention Deficit Hyperactivity Disorder (ADHD).
	Modify the behavior of people with Attention Deficit Hyperactivity Disorder (ADHD)	15. Introducing mothers to ways of modifying the behavior of people with Attention Deficit Hyperactivity Disorder (ADHD). 16. Training mothers on behavior modification techniques for reducing unwanted behaviors of their children with Attention Deficit Hyperactivity Disorder (ADHD) (the most important of which is reinforcement and extinguishing).
Social Qualification	Daily life skills for people with Attention Deficit Hyperactivity Disorder (ADHD)	17. Enlightening mothers about the capabilities and competences of those with Attention Deficit Hyperactivity Disorder (ADHD). 18. Urging mothers to provide for their children with Attention Deficit Hyperactivity Disorder (ADHD) in terms of independence (clothing, food, ...) 19. Training mothers on different methods and techniques to help their children combat isolation and the difficulty of verbal or non-verbal communication and lack of enjoyment of normal activities.
	External social situations for people with Attention Deficit Hyperactivity Disorder (ADHD)	20. Introducing mothers to the need of training people with Attention Deficit Hyperactivity Disorder (ADHD) in basic social skills, and the impact on society's acceptance of them. 21. Training mothers on how to deal with external situations that occur in public places.
	Family and social relationships	22. Enlightening mothers of children with Attention Deficit Hyperactivity Disorder (ADHD) of how to deal with her husband.

		<p>23. Enlightening mothers of children with Attention Deficit Hyperactivity Disorder (ADHD) of their relationship with the rest of her children.</p> <p>24. Introducing mothers to how to develop human relationships based on love, respect and appreciation for their children, which can only be done through those close to and around the child, such as parents, brothers, sisters and parents.</p>
Psychological Qualification	Psychological problems of mothers of children with Attention Deficit Hyperactivity Disorder (ADHD)	<p>25. Introducing mothers to feelings resulting from discovering the condition of their children with Attention Deficit Hyperactivity Disorder (ADHD).</p> <p>26. Training mothers using therapeutic models on how to overcome feelings of (shame - sadness - distress - fear for the child's life - frustration - the desire to distance themselves from others - feelings of guilt and self-blame And exchange accusations - rejection of the child - dissatisfaction with life ...)</p>
	Stressful situations facing mothers of children with Attention Deficit Hyperactivity Disorder (ADHD) and how to cope with them	<p>27. Acquainting mothers with the difficulties they face while raising their children with Attention Deficit Hyperactivity Disorder (ADHD).</p> <p>28. Developing mothers' skills to deal with difficult situations that they face, such as (self-confidence - psychological rigidity - decision-making - problem-solving - time management ...)</p> <p>29. Urging mothers to give time to listen to their children, answer their questions, be patient when discussing them and consider them in need of support and assistance.</p> <p>30. Training mothers to use methods and techniques that support the child psychologically and behaviorally and instill self-confidence and push him forward to achieve all his wishes.</p>
Educational Qualification	Community services provided to children with Attention Deficit Hyperactivity Disorder (ADHD)	<p>31. Directing mothers to benefit from community services provided to people with Attention Deficit Hyperactivity Disorder (ADHD).</p> <p>32. Mothers shall be provided with programs to integrate and educate their children with ADHD with other children.</p>
	The educational and	<p>33. Enlightening mothers about the professional future of their children with Attention Deficit</p>

	professional future of children with Attention Deficit Hyperactivity Disorder (ADHD)	Hyperactivity Disorder (ADHD). 34. Urging mothers to highlight the positive and encouraging characteristics of their children and work on their development. 35. Mothers of children Attention Deficit Hyperactivity Disorder (ADHD) learn ways to enhance their children's interaction. 36. Mothers are trained on how to explain educational curricula to their children, using various educational aids.
Religious Qualification	Religious counseling for mothers of children with Attention Deficit Hyperactivity Disorder (ADHD)	37. Helping mothers to accept themselves and their child's disability and strengthen self-confidence to face the challenges and crises that hinder their lives. 38. Organizing sessions for mothers with jurists, sheikhs, or clerics to strengthen their beliefs and increase their faith in fate and patience. 39. Using the modeling method for mothers to learn from people who were able to overcome their children's disabilities and reach their highest potential.
	Finally: evaluate the early intervention program to qualify mothers of children with Attention Deficit Hyperactivity Disorder (ADHD)	40. Evaluation of the early intervention program. 41. Encouraging mothers to continue to practice their acquired skills throughout the program sessions.

Study recommendations:

In light of the results of this study, the following can be recommended:

1. Implement the activities, events, strategies and recommendations of the proposed vision, which includes a set of methodological objectives to activate the role of the early intervention program to qualify mothers of children with Attention Deficit Hyperactivity Disorder (ADHD).
2. Give continuous and intensive courses to mothers enable them to improve the skills and raise the self-sufficiency of their children with Attention Deficit Hyperactivity Disorder (ADHD).
3. Cooperate with centers to reach underserved families with the aim of proposing further training programs in pursuit of various goals.
4. Adopt scientific methods in the application of early intervention programs to qualify mothers of children with Attention Deficit Hyperactivity Disorder (ADHD).
5. Welcome the ideas and proposals of mothers of children with Attention Deficit Hyperactivity Disorder (ADHD) and place them among the priorities of qualification centers.

6. Organize educational sessions and guides by qualification centers for mothers of children with Attention Deficit Hyperactivity Disorder (ADHD) on how to deal with their children and tackle the problems they are going through.
7. Qualification centers should provide home visits in order to increase interaction with mothers of children with Attention Deficit Hyperactivity Disorder (ADHD).
8. Participation of mothers of children with Attention Deficit Hyperactivity Disorder (ADHD) in the board of directors of qualification centers for people with special needs, with an open system for entry onto the boards of directors of those centers.
9. Participation of mothers of children with Attention Deficit Hyperactivity Disorder (ADHD) in the control and supervision of the quality of the qualification process in centers.

Conclusion:

Attention Deficit Hyperactivity Disorder (ADHD) in children is not just the responsibility of the family or solely of the mother, it is a shared responsibility between the mother, family and society including social institutions and all specialized bodies and centers that work in the field of care and qualification of people with special needs. This collective effort stands against the problems facing mothers and their families, it works to solve those problems, supports the families' capabilities, and encourages families to become prominent and useful members of society. Therefore, we conducted this research with a belief in the importance of both early intervention and qualification of various kinds in qualifying mothers of children with ADHD. And, we presented a proposed concept for activating the role of early intervention programs in qualifying mothers of children with ADHD.

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