ORIGINAL ARTICLE Received 13 July. 2020 Accepted 9 April. 2021

IRANIAN JOURNAL OF POSITIVE PSYCHOLOGY

Vol. 7, Issue 1 and 2, 25-36, 2021

Iranian Journal of Positive Psychology

ISSN: 2423-6985

ijpp.worldofresearches.com

The Effect of Group Education on Knowledge, Attitude and Quality Of Life of Mothers of Children with Attention Deficit Hyperactivity Disorder

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A B S T R A C T

The aim of the present study was to investigate the effect of group cognitive-behavioral education based on Professor Barkley's educational program on knowledge, attitude and quality of life of mothers of children with attention deficit hyperactivity disorder. The method of the present study was quasi-experimental with pre-test - and post-test design with follow-up group. The statistical population of the present study includes all mothers of children with ADHD in Karaj in 2020 based on the child's behavioral checklist and clinical psychologist evaluation. The title of hyperactive child was identified and the sample included 30 mothers of children with hyperactivity referred to Psychology Clinic (15 in the experimental group and 15 in the control group) who was selected by purposive random sampling. Data collection tools in this study included 2 questionnaires of 26 quality questions of life (short form) and 20 questionnaires measuring the knowledge and attitude of parents and group training in 6 sessions of two and a half hours to improve the quality of life and knowledge and attitude of mothers of children Was done to hyperactivity. The results of covariance analysis showed that group training improved physical dimensions, mental and environmental function, as well as the knowledge and attitude of mothers of children with attention deficit hyperactivity disorder. However, this training did not have a significant effect on the social relations dimension of the quality of life of the evaluated mothers. Also, the results of the follow-up test showed the stability of the group test on improving physical health and environmental health, as well as the mental health, knowledge and attitude of mothers of children with attention deficit hyperactivity disorder.

Keywords: Group Education - Attitude Awareness - Quality Of Life - Hyperactive Children, Mothers.

INTRODUCTION

The effects of the birth of a disabled child on the family are deeper than a normal child, because the occurrence of behavioral problems in the child or children, in addition to the mother-child relationship threatens other aspects of parents' lives and causes many emotional and economic disorders in the family. Each member of the family suffers from some kind of crisis due to the existence of a disabled person, so the relationship cools down and the family social relations are limited(Boehm & Carter, 2019).

Because no one expects to have a child with a developmental disorder, diagnosing a child who has problems with attention-deficit / hyperactivity disorder can have devastating and distressing effects on parents, especially mothers. Because mothers are usually the main pillar of

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DOI: In prossing

To cite this article: Yousefi Moghadam, R., Zam, F., Turan Poshti, M. (2021). The Effect of Group Education on Knowledge, Attitude and Quality Of Life of Mothers of Children with Attention Deficit Hyperactivity Disorder. *Iranian Journal of Positive Psychology*, 7 (1 and 2), 25-36.

the family system and the main caregiver of children in the family and have the most interaction with children and are most affected by the child's disorder(Ghanbari, Khodapanahi, Gholamali Lavasani, Mazaheri, & Rezapour Faridian, 2018; Khodapanahi, Ghanbari, Nadali, & Seyed Mousavi, 2012). Just as the birth of a child with special needs has a detrimental effect on parental expectations, it can lead to emotions such as anxiety, guilt, laziness and anger, confusion, disbelief, or denial(Kandel & Merrick, 2005). In some cases, this diagnosis causes psychological collapse of the family, including mother and father, and leads them to irrational and irrational reactions, which will adversely affect their mental health and morale(Khamis, 2007; Masulani-Mwale, Kauye, Gladstone, & Mathanga, 2018).

The parents of these children do not have favorable psychological conditions and compared to the parents of normal children, they experience high levels of stress and mental health problems(Antigoni, 2017; Stylianou, 2017). Having a sick child or with psychological disorders such as hyperactivity, which according to Less and Ronan (2007), and Lees and Ronan (2005), is one of the most common childhood disorders, can reduce mental health and also increase challenges and problems in the family and cause harm to all members. Be family. But mothers, due to their traditional role and inherent duty in child care, take on more responsibilities towards the child with the disorder, as a result of which they face more pressures and psychological problems(Mercer, 2006). And in most cases, the disorders caused by hyperactivity such as inability to control attention deficit behavior, learning disability, aggression, academic problems, motor restlessness and arousal are unbearable for parents, teachers and peers(Dineen & Fitzgerald, 2010). In this regard, it can be stated that according to the fifth version of the diagnostic and statistical guide to mental disorders, hyperactivity and attention deficit are behavioral and cognitive neurological conditions characterized by motor hyperactivity, inattention and impulsivity that are evolutionarily inappropriate or impaired. Living with a child with ADHD is a stressful factor for the family as the family is affected by the symptoms of the child disorder and the parents do not function properly to control the child's behavior(Danielson et al., 2017; Mahone & Denckla, 2017; Wolraich, 2006). The inattention of these children to their orders and their lack of discipline and misbehavior offends the mother and disrupts their communication channel. Research has shown that mothers of children with mental health problems such as depression, anxiety, dissatisfaction with motherhood, stress, decreased sense of worth and attachment to the child and disorders in relationships with others and spouse experience(van der Veen-Mulders, van den Hoofdakker, Nauta, Emmelkamp, & Hoekstra, 2018; Woods, Mazursky-Horowitz, Thomas, Dougherty, & Chronis-Tuscano, 2021; Zisser & Eyberg, 2012).

The results of Barkley (2020), show that mothers of adolescents with ADHD have a more negative relationship with their children than other mothers. And when disagreements arise, the mothers of these adolescents are often self-righteous and less inclined to resolve issues. Thus, the specific interaction patterns of these parents make it more difficult to build relationships and resolve conflicts. Factors such as poor parent-child relationships, mood-changing parents, busy parents, parental trauma, and problems in parent-child relationships have been identified as effective symptoms of ADHD. Also, Mash and Dozois (2003), concluded that the presence of this disorder in children is associated with different degrees of family disorder and marital disharmony, and the parents of children with ADHD showed more

negative reactions in dealing with their children and the way Adopted fewer positives. According to studies, parental behavioral education has been used as an intervention for hyperactivity for more than forty years. Therefore, the possibility of treating childhood mental disorders, paying attention to parental skills, plays an important role in treatment(Başay, Çiftçi, Becker, & Burns, 2021; Becker & Barkley, 2018; Becker et al., 2016).

Parents can play an important role in the implementation of behavioral interventions in the natural environment of the child's life due to more influence and contact with children. For this reason, in recent decades, increasing attention has been paid to the inclusion of parental management education in the treatment plans of attention deficit / hyperactivity disorder(Hamidi & Mohamadi Khorsandi, 2017). It seems that with the right education to mothers, this vicious cycle can be stopped and the severity of problems can be reduced. Cognitive-behavioral therapy is also suitable for group therapy because members learn to apply its principles in a group situation about each other. In addition to changing ideas, this approach helps group members understand how their ideas affect what they feel and do. In this model, negative emotions are minimized by making a profound change in beliefs. Teamwork to agree on homework, practice daring skills, perform different behaviors, combat doomed thinking, learn from the experiences of others, and interact therapeutically and socially with each other in post-group sessions, opportunities Provides numerous(Bernard, Ellis, & Terjesen, 2006; Ellis & Bernard, 2006).

Among the treatments for Attention Deficit Hyperactivity Disorder, mother education (mother-child interaction training) is relatively superior to other methods due to its unique characteristics. Holding mothers' training sessions in groups is one of the effective and relatively low-cost techniques in treating children's behavioral disorders. Children with this disorder are over-active, restless, do not sit still, touch everything, and act as if their motor is moving. Most of these children have problems with attention span. Another characteristic of these children is the inability to control impulsive behaviors(Anastopoulos, Barkley, & Shelton, 1996; Evans, Owens, & Bunford, 2014). Considering the role of mothers in shaping children's behavior and existing contradictions and the lack of this type of study in the country, the present study was designed to investigate the effect of group education on parental involvement of children with ADHD on their knowledge, attitude and quality of life. Therefore, the most important question of the present study is whether group cognitive-behavioral education based on Professor Barkley's curriculum is effective in understanding the attitude and quality of life of mothers of children with attention deficit hyperactivity disorder? The importance of this research is in using group training which is a dynamic human process in which group members actively examine their problems and feelings about it and get to know more and deeper and pay attention to the positive things in life and not to deal with the negative aspects. In the life of parents of children with attention deficit hyperactivity disorder and trying to enjoy life with a child with attention deficit hyperactivity disorder and have a better quality of life in their mothers. According to the above cases, the main purpose of this study is to investigate the effect of cognitive-behavioral group training based on Professor Barkley's educational program on knowledge, attitude and quality of life of mothers of children with attention deficit hyperactivity disorder.

METHODOLOGY

This was a quasi-experimental study of pre-test-post-test designs with control group, experiment and follow-up group. The statistical population of this study was all mothers of 7 to 13 year old students who referred to Karaj Counseling Center. First, 30 parents whose children were referred to Counseling Center by schools and were identified as hyperactive using the CBCL Child Behavior Inventory and Clinical Psychologist Assessment were selected by purposive random sampling and divided into two groups. Fifteen people were replaced based on the inclusion criteria of the study, which included the cooperation and participation of parents in counseling sessions, as well as the exclusion of other parents with children with epilepsy, autism, mental retardation, and so on. The data required in this study are prepared using the following 2 questionnaires: In this study, all parents completed the consent form and demographic profile form including child age, child gender, and parent age. Then, questionnaires measuring the knowledge-attitude and quality of parents of children with hyperactivity were distributed among parents to assess the effectiveness of group education. The questionnaire measuring parents' knowledge and attitude about hyperactivity includes 20 questions (8 questions of knowledge, 12 questions of attitude) that the validity and reliability of this questionnaire was determined in a study by Koosha, Soleymani, and Mehrabadi (2012). The content of this questionnaire is in the field of causes and factors causing hyperactivity disorder, the dangers that these children face in the future and knowledge of how to deal with these children. Each question consists of three answer options and the scoring method is yes: 1, no: 0 and to some extent: In the present study, Cronbach's alpha method was used to estimate the reliability coefficient. The reliability of the questions related to the subscales used through Cronbach's alpha for the knowledge dimension was 0.85 and for the attitude dimension was 0.79.

The WHO's general quality of life measurement tool is also a 28-item summary form. In this study, a summary form questionnaire was used due to the ease and small number of questions. This tool has been designed simultaneously in more than 40 countries and translated into different languages. Therefore, the concepts of these questions are the same in different cultures. In 2000, the questionnaire was standardized and translated simultaneously in 15 countries. Standardization, translation and psychometrics of the Iranian version of this questionnaire in Iran was done. For this purpose, the questionnaire was performed on a sample of 1167 people in Tehran. The reliability of this test was measured using Cronbach's alpha and intra-cluster correlation obtained from the retest. Cronbach's correlation and alpha values in all domains were above 0.7. The WHO Summary Quality of Life Scale form measures the four areas of physical health, mental health, social relationships, and environmental health (each of which is 7,6,3 and 8 questions, respectively). The first two questions of this questionnaire do not Areas do not belong and assess health status and quality of life in general, so this questionnaire has a total of 26 questions and is scored on a Likert scale 1-5. Higher scores indicate a better quality of life.

In this study, the reliability of the questionnaire or its reliability was also calculated using Cronbach's alpha measurement method. Usually, the range of Cronbach's alpha reliability coefficient is from zero (0) meaning instability, to a positive one (+1) means complete reliability,

and the closer the value obtained to a positive number one, the greater the reliability of the questionnaire. Cronbach's alpha for quality of life questionnaire in the dimensions of physical health, mental health, social relations and environmental health quality of life was 0.90, 0.85, 0.83, 0.84, respectively, which indicates the appropriate validity of this questionnaire in this study.

At the beginning and before the participation of mothers in group training sessions, the level of knowledge-attitude and quality of life of mothers were assessed. Then, all mothers participated in six group training sessions based on the method of Professor Barkley (the duration of each session was two and a half hours).

The content of the training sessions was as follows:

Session 1: Introduction, presentation of theoretical information about the whole program and review of mothers' problems with children and description of hyperactivity disorder and related problems through lectures (along with presenting brochures and books and providing educational clips on hyperactivity in Telegram Group)

Session 2: Teaching the causes of hyperactivity teaching the basics of parenting style skills and behavioral techniques with hyperactive children and presenting homework.

Session 3: Group discussion to exchange information and experiences of mothers about their problems and teach effective learning techniques and invite a psychologist and motivational speech for mothers and questions and answers about the concerns of these mothers about their children.

Session 4: Review of the taught behavioral strategies and techniques, hyperactivity treatment methods, teaching the correct way to use Ritalin pills and how to divide it during the day at school and at home.

Session 5: Teaching appropriate behaviors of mothers against the behavior of hyperactive children - Teaching award and star balloon technique and teaching disorders of deficiency or hyperactivity and presenting videos and lectures of psychiatrists and psychologists about these children.

Session 6: Reviewing Behavioral Techniques - Answering Mothers' Questions and Answers and Offering Suggestions for Controlling Future Problems

At the end of the sessions and also after the last 2 months, the level of knowledge-attitude and quality of life was evaluated again and compared with the results before participating in the sessions. These sessions were moderated by the researcher. In the name of necessity in terms of the same conditions for conducting the test, and completing the questionnaires in a quiet environment, the clinic was conducted so that the results are not affected by factors such as the opinions of others or the environment. In order to conduct the research, after obtaining the necessary permits to conduct the research and coordinating with the officials, written and oral informed consent was received from the families participating in the research and they were assured that the information was confidential and the research did not cause any harm. Their family or child will not. In order to analyze the data in the descriptive statistics section, central

indicators and dispersion have been used and also in the inferential statistics section, the analysis of covariance method was observed using the research assumptions and using SPSS22 software.

RESULTS

The results of the study in the demographic section showed (Table 1) that among the hyperactive children who were randomly selected and their parents were surveyed, 33.3% were girls and 66.7% were boys and the average age of children was more. The active mothers whose mothers were examined were 9.20 in the control group and 9.56 in the experimental group. Also, the mean age of the fathers of hyperactive children was 42.66 in the control group and 41.93 in the experimental group and the mean age of the evaluated mothers in the control group was 39.60 and in the experimental group was 37.37.

Table 1. Gender frequency distribution of hyperactive children

Gender of children	N	Percent	Cumulative percent	Age of children	Mean	Min.	Max.
Girl	10	3.33	3.33	Control group	20.9	7	13
Boy	20	7.66	100	Examination group	56.9	7	13
Age of fathers	Mean	Min.	Max.	Age of children	Mean	Min.	Max.
control group	66.42	36	50	Control group	60.39	30	49
examination Group	93.41	30	54	Examination group	73.37	30	51

Examination of the results of Table (2) in connection with the study of the mean of research variables shows the average of physical dimension, psychological dimension, social relations and environmental health, quality of life along with dimensions of knowledge and attitude of mothers in control and experimental groups and in three stages of pre-test. Post-test and follow-up were measured that the results showed that there was a difference in the amount of each of the variables found between the two groups and in three different stages, in order to evaluate the significance of this difference between the control and experimental groups and in During the post-test and follow-up stages with the pre-test stage, the results were evaluated using analysis of covariance.

Table 2. Evaluation of the average dimensions of quality of life and knowledge and attitude of the evaluated mothers

groups	Test stages	Dimensions of life quality				Awareness and attitude	
		Physical dimension	Psychological dimension	Community Relations	Environmental health	Awareness	Attitude
Control group	pre-exam	23.00	18.66	9.66	26.26	2.33	6.53
	Post-test	22.86	17.80	10.33	25.46	2.73	6.53
	Follow up	23.20	17.40	9.73	25.53	3.13	7.60
Examine group	pre-exam	24.20	19.40	9.80	26.53	3.46	8.20
	Post-test	26.20	21.20	11.33	28.53	5.80	10.66
	Follow up	26.20	20.80	10.60	28.80	6.26	10.26

According to the table in the subscales of hyperactivity, there is a difference between the mean scores of the control and experimental groups and follow-up in both pre-test and post-test stages. In order to perform the multivariate analysis of covariance, first the assumptions were tested and then the box test to examine the homogeneity of variance matrices. -

Covariance and multivariate analysis of covariance (MUNCOVA) were used. Due to the assumptions, this method was used to test the main hypothesis and at the end, Univariate analysis of covariance was used to test each of the research hypotheses. Zero is confirmed for the normality of the distribution of scores of the two groups in the research variables, i.e. the default of the normality of the distribution of scores in the pre-test is confirmed in both experimental and control groups, and also the assumption of zero for equal variance of the scores of the three groups in all variables. The research confirms that the assumption of equality of variances of scores in the experimental and control groups was confirmed. The assumption of regression homogeneity is a key issue in covariance. It is necessary to explain that in this study post-tests of quality of life dimensions and knowledge and attitude to Title of dependent variables and pre-test Their ends were considered as auxiliary variables (covariates). The homogeneity of the slopes will be assumed when there is equality between the auxiliary variables (pre-tests in this study) and the dependent variables (post-tests) at all levels of the experimental and control groups. What will be considered is a non-significant interaction between dependent variables and for auxiliary statistics.

Table 3. Results of multivariate analysis of covariance related to the effect of group cognitive-behavioral training based on Professor Barkley training program on quality of life and knowledge and attitude in mothers of children with attention deficit hyperactivity disorder

Title of exam	Amount	DF of Hypothesis	DF of error	F	P
Pilay effect test	0.740	6	17	8.05	0.001
Wilkes Lambda test	0.260	6	17	8.05	0.001
Hoteling effect test	2.84	6	17	8.05	0.001
Test the largest zinc root	2.84	6	17	8.05	0.001

As shown in Table 3, by pre-testing the significance levels of all hyperactivity components, it indicates that there is a significant difference between the experimental and control groups in terms of at least one of the dependent variables. Therefore, to understand the difference, the results of one-way analysis of covariance in MUNCOVA text are given in the next table.

Table 4. The results of univariate covariance test related to cognitive-behavioral group training based on Professor Barkley educational program on the dimensions of quality of life and knowledge and attitude in mothers of children with attention deficit hyperactivity disorder

Life quality and awareness and attitude	Group	Sum of squares	Mean squares	F	Sig.	Ata
Physical health	Post-test	36.31	36.31	6.54	0.016	0.195
	Pre-test	28.88	28.88	3.70	0.012	0.091
mental health	Post-test	65.03	65.03	10.73	0.003	0.289
	Pre-test	62.12	62.12	11.45	0.002	0.298
Community Relations	Post-test	6.15	6.15	2.57	0.120	0.087
	Pre-test	4.60	4.60	2.36	0.135	08/0
Environmental health	Post-test	62.11	62.11	11.24	0.002	0.294
	Pre-test	73.70	73.70	6.54	0.016	0.195
Awareness	Post-test	43.77	43.77	24.35	0.001	0.474
	Pre-test	46.21	46.21	32.75	0.001	0.548
Attitude	Post-test	74.56	74.53	39.02	0.001	0.591
	Pre-test	26.03	26.03	15.92	0.001	0.371

As shown in Table 4, with pre-test control, between experimental and control groups in terms of physical health (P <0.05), mental health (P <0.01), environmental health (P <0.01), Also, knowledge (P <0.01) and attitude (P <0.01), there is a significant difference and according to the results of the mean comparison table, cognitive-behavioral group training based on the educational program of Professor Barkley in the post-test group. In all dimensions, compared to the average of the control group, it has improved the dimensions of quality of life as well as the knowledge and attitude of mothers with children with ADHD; Also review the results of analysis of covariance to evaluate the stability of group training courses in physical health (P <0.05), mental health (P <0.01), environmental health (P <0.05), and knowledge (P <0.01) and attitude (P <0.01), showed that there is a significant difference in the mean of the variables evaluated by individuals in the pre-test and follow-up stages of the experimental group. This means that after two months of the end of the group training course, the improvement in the mentioned variables was stable and the group training had a good stability regarding these variables.

CONCLUSION

The purpose of this study was to determine the effectiveness of counseling or cognitive behavioral group training based on the educational program of Professor Barkley parents of hyperactive children on the quality of life and knowledge and attitude of their mothers. The results showed that group counseling with parents with hyperactive children improved the quality of life in physical, psychological and environmental dimensions, but did not affect the improvement of mothers' social relationships.

Results with the results of Singer (2006), on mental health, Barkley (2020), dimensions of quality of life, Anastopoulos et al. (1996), stress and self-confidence, aggression and many others The researchers found that the results showed a reduction in mood disorders such as depression, aggressive behaviors and social isolation, and improved parental mental health and quality of life. Barkley (2020), also stated that educating parents increases their knowledge of the nature of the disorder and will increase their self-confidence about the role of educating their children and also help them to control their child's inappropriate behaviors and Reduce and feel more successful in training them. According to the above, the effect of parental education on children's behavioral problems is undeniable and this education can provide grounds for prevention and repair of children's behaviors. Therefore, in families with hyperactive children, the defective cycle in the mother-child relationship, the child's maladaptive behavior, creates a bad feeling in mothers and affects the way they react and treat children. Due to the many problems of these children, families, especially mothers with hyperactive children, suffer from a lot of stress and stress. It seems that with the right education to mothers, this vicious cycle can be stopped and the severity of problems can be reduced. Because poor parenting is one of the most important factors in reducing the effectiveness of treatment techniques and behavior therapy on children with attention deficit hyperactivity disorder and on the other hand can directly increase the child's negative and stubborn behaviors and even its association with behavioral disorders. Harassment, correction of maternal behaviors is very important. Among the treatments for Attention Deficit /

Hyperactivity Disorder, mother education (mother-child interaction training) has a comparative advantage over other methods due to its unique characteristics.

Mothers are the most important people who can cooperate in the treatment of children with attention deficit hyperactivity disorder and play a key role in supporting the child at home. It is therefore recommended that therapists consider mothers as an important factor in treating children, especially behavioral and emotional problems, in order to reduce the risk that may occur with this disorder. Holding mothers' training sessions in groups is one of the effective and relatively low-cost techniques in treating children's behavioral disorders. Children with this disorder are over-active, restless, do not sit still, touch everything, and act as if their motor is moving. Most of these children have problems with attention span. Another characteristic of these children is the inability to control impulsive behaviors. Therefore, providing information, awareness and education to families can motivate and actively involve them in the treatment of their children. Group education is expected to have an impact on the quality of life of families, especially mothers.

In this regard stated that parental education, Berkeley family unit and its impact on the child and discuss the concerns that parents have about the causes, treatment and prognosis of their child's disorder, and the necessary information and support for parents. Provides. In the light of new information, parents gain a better understanding of the child's problems, and training the child's behavior control skills increases the parents' sense of efficiency by increasing the awareness and correcting the attitude of the screens towards the problem ahead.

Khamis (2007), also stated in his research that just as the birth of a child with special needs has a frustrating effect on parents' expectations, it causes emotions such as anxiety, guilt, laziness and anger, confusion, disbelief or denial. In some cases, this diagnosis causes psychological breakdown of the family, including the mother and father, and leads them to irrational and irrational reactions, which will adversely affect their mental health and morale. Therefore, group therapies play an important role in changing the attitude of family and parents about hyperactivity, increasing parents' sense of self-confidence, reducing parental anxiety and reducing the level of tension and unwanted conflict between parent and child and can play a preventive role in Mothers have a variety of mental disorders in mothers and by reducing these disorders, the quality of life of mothers also improves.

In general, it can be said that the Barclay method is a new method, which, of course, underlies the principles of change and modification of behavior, like other methods of parental education. In addition, it can be said that Barkley has done the most research on the effectiveness of parental education on reducing disobedient behaviors in children with the symptoms of the disorder. According to the contents of this study, Barclay-style parent education has been used and the results of this study confirm the effectiveness of Barclay-style parent education in reducing disobedient behaviors in children with symptoms of coping disobedience and this improvement in performance Children can benefit from an improvement in quality of life as well as the awareness and attitude of mothers of children with attention deficit hyperactivity disorder.

Professor Barclay believes that attention deficit / hyperactivity disorder manifests itself in social contexts and that the child's first social environment is the family. This disorder makes

sense in the systemic context, and only in such context can the cause, prognosis, course, and consequences be judged. It would be impossible or unhelpful for these children to take any action without considering the interaction between the parents and the child, as well as the social and environmental environment. Among these, the influence of parents, especially the mother on the child and the influence of the child on the parents and how the child is managed by the parents, helps to better understand the child and the process of onset, course and consequences of the disorder, and improve mothers' quality of life.

Boehm and Carter (2019), stated that families of children with behavioral problems experience very high levels of conflict. The families of these children need parenting education and increasing parenting skills more than normal families, and holding family education sessions in groups is one of the effective and relatively low-cost techniques for treating children's behavioral disorders. The goal of a parent counseling program is to develop specific skills in parents that are usually accomplished by applying these skills to simple undesirable behaviors that are easily observed. As parents become more proficient in these skills, the focus on problem-solving behaviors increases and covers other areas. However, this study was conducted to determine the effectiveness of parental counseling on improving awareness and attitude as well as improving the quality of life of men with hyperactive children and since the characteristics of hyperactivity are different among children, so the generalization of all mothers with hyperactive children should be careful. Accept. Since in this study the clients were followed up, Frequent answering of questions in three stages of pre-test, post-test and follow-up may have effects such as familiarity with the questions or the orientation of control mothers towards being aware of other sources during the research. Finally, due to the widespread prevalence of coronary heart disease and the restrictions imposed while preparing educational brochures on methodological-behavioral content, it is suggested to hold group meetings of this practical method within the educational programs of the Association of Parents and Teachers, not only to medical centers. Due to the possibility of creating virtual group workshops, it can be extended to other environments such as home, and this can be taught to students' parents how to deal with irrational thoughts.

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