

The effectiveness of a counseling program based on acceptance and commitment therapy in developing psychological resilience to reduce feelings of psychological pressure among mothers of children with mental disabilities.

إعداد

Assis Prof Dr. Fadya Rezk Abd elgalil Abd elnaby

Assistant Professor, Department of Special Education,
College of Education Najran University, Najran, KSA.

Assistant Professor, Department of Educational
Psychology, Faculty of Educational Sciences, Islamic
University of Yemen, Main Center

Dr_faded48@yahoo.com

Te: 00966556978048

Aziza Rezk Abd elgalil Mohamed abd elnaby
Assistant Professor, Department of Early Childhood, Faculty
of Educational Sciences, Islamic University of Yemen,
Main Center.

azezarzk@gmail.com

Te : 00201092232869



Abstract:

This study aimed to evaluate the effectiveness of a counseling program based on acceptance and commitment therapy in developing psychological resilience to reduce feelings of psychological stress among mothers of children with mental disabilities. It used a quasi-experimental design with a sample of 24 mothers, who were randomly distributed into two experimental and control groups, each consisting of (12). The psychological resilience scale was applied, prepared by Connor-Davidson (2003), Arabized and codified by Al-Wakeel and Radi (2017), the psychological stress scale for mothers of disabled children, prepared by Al Saratawi and Alshakhs (1998), and the economic, social, and cultural level scale (prepared by Saafan and Khattab, 2016). . And a counseling program based on the techniques of acceptance and commitment therapy (prepared by the researchers). The results resulted in the effectiveness of the counseling program based on acceptance and commitment therapy in developing psychological resilience and reducing the intensity of feelings of psychological pressure, and the continuing effect of the program in follow-up measurement. The study recommends activating acceptance and commitment therapy programs to develop resilience. Psychological disorders among mothers of children with mental disabilities.

Keywords: counseling program - acceptance and commitment therapy - psychological resilience - psychological pressures - mothers of children with mental disabilities.



Introduction

Psychological pressures are considered one of the causes of poor adjustment, and these pressures can take various forms at the level of groups or at the level of individuals (as in the case of contracting a certain disease, for example). The main key to understanding responses to pressures does not depend on their nature and sources, but rather on how the individual responds. In addition to these pressures, some people collapse, while others strive to deal with the stressful emergency situation, and this depends on the fact that each person has a psychological breaking point, which differs from one person to another, depending on the nature of the pressures and their sources, and the structure of the individual's personality, temperament, age, gender and health. Psychological (Boutros, 2008).

Daily living with a disabled child constitutes a serious burden for parents other than that faced by parents of ordinary children. Parents of disabled children spend most of their time meeting the personal needs of their children, such as helping them eat, dress, and use the bathroom. Therefore, part of the physical energy is diverted to serving the disabled child (Chowdhury ,2018).

Raising children with disabilities poses many challenges (Lindo et al, 2016) and leads to severe stress on parents and mental health problems. Knoll's (1992) study indicated that 4:1 of families face sleep disturbances due to a disabled child. Several studies have found that parents of children with intellectual disability (ID) have higher levels of child-related

stress than parents of typically developing children (Warfield et al, 1999; Browne & Bramston, 1998).

Bogart (2007) stated that parents of mentally disabled people have negative expectations about their children's future, They feel anxious and fearful about their children's abilities to make decisions in the future and live independently. Anxiety levels also rise whenever they think about the future of their mentally disabled children and how to plan for it (Taggart et al, 2012). They suffer from anxiety and depression and have a feeling of disappointment about the professional future of their mentally disabled son (Azeem, et al, 2013).

The most important sources of stress that parents are exposed to are the many health problems that their disabled children suffer from, the requirements of daily life, long-term care for the disabled child, the social outlook that surrounds them, the lack of social support, family adjustment problems, and the unavailability of specialists (Kumar et al., 2021). El-Aziz et al (2022) added that the mother faces several conflicts with the father when they choose to integrate their disabled child, that is, when they place the child in formal educational settings. This conflict consists of: daily remembering the reality of the differences between their disabled child and normal children. And sharing Their child feels the stigma of disability and may feel a lack of respect or acceptance by parents of other children, expresses a loss of interest in common things shared with parents of other children, and feels distressed regarding the difficulty of social adjustment for their child with a disability.

Most studies examining the mental health of parents of children with disabilities have found higher maternal depression scores



than controls or control groups (Veisson, 1999). Mothers of children with developmental disabilities have lower levels of mental health than mothers of children who develop normally. In particular, they show higher levels of depression, stress, failure, and guilt (Dervishaliaj, 2013; Ekas, et al, 2009).

This is why we must realize that it is not only the mentally disabled child who needs care and attention from those around him, but the family in which he lives must also be given attention and psychological care (Attiya, 2011). The main factor in determining the extent of mothers' ability to deal with their situation may be the extent of their psychological resilience (Whiting, et al, 2019). Hence, the role of psychological resilience among mothers is highlighted to be supportive in reducing pressures, tensions, and physical and psychological burdens. Psychological resilience provides the individual with a way to avoid risks and the components it contains, the most important of which is the ability to recover from adversity and adversity (Dent & Cameron, 2003). Resilience provides the ability to adapt to changes and emergencies, and a sustainable lifestyle, which helps alleviate crises and problems (Cohena, et al, 2016). Resilience is the strength that allows a person to resist the obstacles and difficulties facing him and achieve success and progress.

Psychological resilience is an important factor that gives parents the opportunity to adapt to the pressures of raising a child with a mental disability, as it helps mothers overcome pressures and adapt to nervous conditions quickly, use their personal abilities, and rely on themselves to achieve positive outcomes such as psychological stability and a sense of

satisfaction, and then a higher level of feeling of quality. Life, and the study emphasized the need to devote resources and efforts to support family environments that not only benefit the child with mental disability but also enhance the mental health of family members (Hassanin & Al-Sayyad, 2021).

Acceptance and Commitment Therapy (ACT) is a new behavioral therapy method that uses mindfulness, acceptance, and cognitive dissemination skills to enhance psychological flexibility and prevent behavioral changes in favor of chosen values. (Shiri, et al, 2022). is an intervention that promotes well-being and reduces distress by increasing psychological flexibility and resilience. Instead of trying to control what a person thinks or feels, ACT helps individuals change their relationship to events that have occurred (Zhang.et al, 2017). This therapeutic approach does not necessarily seek to eliminate symptoms; Rather, its indispensable goal is to increase individuals' self-awareness and practical performance (employability) (Prevedini et al, 2020).

ACT is based on the concept that suffering is a natural and inevitable human condition. Although humans have an instinct to control their experiences, this instinct does not always serve them well. ACT has been successfully applied to treat workplace stress, test anxiety, social anxiety disorder, depression, obsessive-compulsive disorder, and psychosis. In addition to treating mental health conditions, and also treating a range of medical conditions (Dindo, et al, 2017), And in reducing stress and reducing psychological pressures (Wynne, et al, 2019). It has also been used with many problems such as: victims of sexual assault, addiction, mood swings, social communication

disorders, psychological distress, boredom, post-traumatic stress disorder, phobias, obsessive-compulsive disorder, and marital conflicts (Al-Faqi, 2016).

From the above it is clear that acceptance and commitment therapy enhances well-being and helps develop quality of life and psychological resilience in the face of difficulties and life pressures. Therefore, the current research seeks to use acceptance and commitment therapy to develop psychological resilience among a sample of mothers of children with mental disabilities and to know the effect of this in alleviating the intensity of feelings. Their psychological pressures. In a quasi-experimental study.

The Problem

Many studies have indicated that mothers raising children with intellectual disabilities experience higher levels of stress and mental health problems than other mothers. Mothers of children with intellectual and developmental disabilities (IDD) also face frequent and high levels of stigma from family, friends, and members of the public. This stigma can have a negative impact on mothers' mental health, their social circle, and their relationship with their child. (And that mothers of people with special needs are exposed to psychological stress, Mothers of children with mental disabilities suffer from psychological pressure and rely on different strategies to cope with this pressure. Examples of this study include: Totsika et al (2011) , Dervishaliaj (2013), Nazzal & Al-Rawajfah (2018), Embregts, et al (2021), McLean & Halstead (2021), Benbouaicha &

mekaoussi (2022)

The researchers noticed that mothers of children with mental disabilities are exposed to psychological pressures, through field visits to integration schools, institutions for people with special needs, and relevant charities, and coexistence with mothers of children with mental disabilities, which significantly affects their ability to bear the responsibility of raising their children, which leads to... To increase their feeling of the severity of their psychological pressures - and the severity of the pressures increases with the increase in the degree of disability - this lived reality helped deepen the importance of the study in an attempt to help mothers cope with the pressures they experience. Psychological literature, including theories and studies, has indicated that psychological resilience is one of the most important characteristics that mothers of children with mental disabilities should possess, as it is an umbrella for other characteristics. Many studies, such as: Mustafa (2012), Yassin& Jawhar (2014) Abu Ghali (2017), Mustafa et al (2017) Abdelfatah (2020) Khattab (2021) Al-Ali & Al Umran (2021) Bartone et al (2012) Daniel (2018) Arakkathara & Bance (2020).

To the positive role of developing psychological resilience in reducing and confronting psychological pressures. Developing psychological resilience leads to the individual acquiring many skills that help him cope with the pressures he is exposed to and look more positively at the stressful situation (Arakkathara & Bance, 2020. Including the ability to solve problems, positive reinterpretation of the problem, and resorting to religion as an attempt to avoid despair while exposed to stressful



situations (Dolbier et al, 2010). In addition to the components of psychological resilience that include social support, spiritual values, and relationships with others, they help the individual resist the stressful situations he faces and look more optimistically at life (Ming-Hui, 2008).

Despite this, the results of the study Plumb (2011); Bitsika et al. (2013); Çulhacik et al(2021) confirm that mothers of children with disabilities suffer from low psychological resilience and have deficiencies in adaptation and social communication with others and with their children, and are affected Their quality of life. Therefore, it is necessary to develop their psychological resilience to enhance psychological health, face challenges, reduce pressures, and bear the burdens placed on them. It has been found that by training in the techniques of acceptance and commitment therapy, psychological resilience is developed and thus their feelings of psychological pressure are reduced.

Acceptance and Commitment Therapy (ACT) is one of the most representative experimental behavioral therapies in the third wave of cognitive-behavioral therapy. (Hayes et al., 2013). Systematic ACT therapy promotes psychological flexibility through various procedures, characterized by the use of experiential and attentional exercises (mindfulness), metaphors, clarification of values, and taking actions committed to those values ACT (Hughes, et al, 2017). Hence, acceptance and commitment therapy emphasizes that achieving mental health depends on a person's ability to achieve psychological flexibility, which is achieved by dissolving all forms of attachment, especially cognitive ones, experiencing the present moment, and experiencing the self as

a context, not as content, meaning that the person tries to take the position of an observer of psychological activities such as thinking and emotion, instead of merging with them, which is Which leads to creating a psychological space between him and her, which makes him more self-aware, alert, and able to manage life situations. (Hayes, et al, 2012) . Improving an individual's psychological resilience can enhance his physical and mental health (Di Giacomo, et al, 2018). A high level of PF is associated with both well-being and better family functioning (Lappalainen et al, 2021).

Most studies that used acceptance and commitment therapy have proven the effectiveness of this counseling approach in treating many psychological disorders and developing positive qualities, such as the studies of: Al-Feqi (2016), Wakli & Haj Sahrawi (2016), Twohig & Levin (2017), A-Tjak, et al. al (2018), Jabbarifard,et al, (2019), Al-Bahnasawy et al (2019), Sayed (2019), Abdel fatah (2020), Al-Sharif (2020), Ahmed (2020), Abu Zaid (2020), Zemestani & Mozaffari (2020), Abdullah (2021), Shaheen (2021), Khallaf & Khalif (2021), Ma et al (2023), Bergman, et al (2023).

From the above, the effectiveness of acceptance and commitment therapy is clear in many areas, including developing psychological resilience. Therefore, the current study emerged from the necessity of developing psychological resilience through training in the techniques of acceptance and commitment therapy to reduce the intensity of feelings of psychological pressure among mothers of children with mental disabilities.

The problem of the current study can be formulated in

the following main question: What is the effectiveness of a counseling program based on acceptance and commitment therapy in developing psychological resilience to alleviate feelings of psychological pressure among mothers of children with mental disabilities?.

The following sub-questions branch out from it:

- 1 Are there any differences in the average scores on the psychological resilience scale among members of the experimental group before and after applying the program in favor of the post-application?
- 2 Are there differences in the average ranks on the psychological resilience scale in the post-measurement between the experimental group and the control group in favor of the experimental group?
- 3 Are there differences in the average ranks on the psychological resilience scale among members of the experimental group after the application and follow-up period?
- 4 Are there any differences in the average ranks on the psychological stress scale among members of the experimental group before and after applying the program in favor of the post-application?
- 5 Are there differences in the average ranks on the psychological stress scale in the post-measurement between the experimental group and the control group in favor of the experimental group?
- 6 Are there differences in the average ranks on the psychological stress scale among members of the experimental group after the application and follow-up period?.

Objectives of the study:

The current study aims to achieve the following:

- 1 Detecting the effectiveness of a counseling program to develop psychological resilience using acceptance and commitment therapy techniques among a sample of mothers of mentally disabled children.
- 2 Verifying knowledge of the impact of developing psychological resilience resulting from the counseling program based on the use of acceptance and commitment therapy techniques in alleviating the feeling of psychological pressure among mothers of mentally disabled children after implementing the program and during the follow-up period (tracking measurement).
- 3 Detecting the extent to which the impact of the training program based on the use of acceptance and commitment therapy techniques remains in developing psychological resilience among mothers of children with mental disabilities after a period of implementing the program in follow-up measurement.

Importance of the study: The importance of this study lies in two aspects:

A - The theoretical importance is:

- 1 It was addressed by a group that needs support, care and assistance, namely mothers of children with mental disabilities, because of the challenges and problems they suffer and the pressures they feel as a result of daily life events and the presence of a disabled child in the family, for whom the mother is responsible for raising and caring

for him.

- 2 It addressed a vital and important topic, which is developing psychological resilience. There is an urgent need to help these mothers of children with mental disabilities develop psychological resilience as a gateway to reducing their feelings of psychological pressure because it has an effective impact in facing all life's challenges in all aspects of their lives.
- 3 Enriching Arab libraries with a new study that combined developing psychological resilience, reducing the intensity of feelings of psychological pressure, and treatment techniques of acceptance and commitment among mothers of children with mental disabilities.
- 4 It is specifically addressed to mothers of mentally disabled children because they are one of the most numerous groups of people with disabilities and are exposed to feeling psychological pressure and need to develop psychological resilience to increase the ability to face life's challenges and raise their disabled children.

B- Practical importance:

- 1 This study attempts to reveal the effectiveness of the training program based on the use of acceptance and commitment techniques in developing psychological resilience and reducing the intensity of feelings of psychological pressure among mothers of children with mental disabilities, and the continuation of this effectiveness after implementing the program in the follow-up period.
- 2 Implementing the training program helps in developing some of the acceptance and commitment skills of mothers

of children with mental disabilities, and thus helping in the development of the personalities of mothers and their children, improving their performance and relationship with others, and improving their level of interaction with others.

- 3 The results that will emerge from the current research can help those caring for mothers of children with mental disabilities in developing psychological resilience and reducing their feelings of psychological pressure.
- 4 The use of the training program can also be generalized, if its efficiency is proven, to mothers of children with disabilities in general, using the acceptance and commitment program.

Study limitations: The current study was limited to the following limitations:

- 1 Spatial specifications: The program was implemented in the Nour Najran Association for People with Special Needs.
- 2 Time limits: It was implemented during the second semester of the 2023-2022 academic year.
- 3 Human determinants: mothers of children with mental disabilities
- 4 Objective limitations: The current study is limited to studying psychological resilience and psychological stress among mothers of children with mental disabilities using acceptance and commitment therapy techniques.

Study terms:

- 1 Acceptance and Commitment Therapy: It is known as an introduction to contextual occupational therapy. It considers human problems resulting from psychological inflexibility,

which is caused by cognitive mobilization and avoidance of experiences. The main goal of the mind is to increase psychological flexibility and the ability to communicate with the present moment consciously, and to continue to Behavior or change it if it achieves your goals as an individual" (Hayes, et al, 2006).

It is defined procedurally as a framework that includes a group of interconnected units that are planned in advance according to the principles and techniques of acceptance and commitment therapy with the aim of developing psychological resilience, which leads to alleviating the severity of the pressures faced by mothers of children with mental disabilities.

- 2 Psychological stress: Psychological stress refers to a state of an individual's inability to adapt to a perceived threat, whether real or imagined, to psychological, physical, emotional, and spiritual health, which produces a series of physiological responses and adaptations (Alzaeem, et al. 2010), and Lazarus (2006) defined it. It is an external force that affects the individual's physiological and social system, and psychological stress is the result of evaluating threatening situations that distinguish the individual from others. While Ahmed & Abdullah (2011) defined it as a set of scores obtained by mothers of the disabled in the following dimensions: the mother's cognitive and psychological suffering, feelings of despair and frustration at the presence of a mentally disabled son, lack of social belittlement, and inability to bear the burdens of the mentally disabled person. Psychological stress for mothers of children with mental

disabilities is defined as: the negative impact caused by the presence of a disabled child, which provokes unwanted mental, emotional, and organic reactions, which exposes them to tension, distress, anxiety, regret, and sadness. They may suffer from psychosomatic symptoms that deplete their energy and prevent them from concentrating on what they are doing. It is based on the works of (Al Saratawi & Alshakhs , 1998), and the current study adopts this definition because it relies on the scale (Al Saratawi & Alshakhs , 1998) used in the study.

It is defined procedurally as: the score obtained by mothers of children with mental disabilities on the psychological stress scale used.

- 3 Psychological resilience: It is defined as a set of personal traits, skills, and positive strategies that enable the individual to confront and cope with adversity, adversity, and crises in a way that reflects the ability to adapt, recover, and coexist with changing life circumstances and enjoy psychological happiness (Al Wakeel , 2022).

AlWakeel & Radi (2017) defined it as a dynamic psychological process that expresses an individual's possession of a set of positive traits and skills that enable him to endure and confront the problems, obstacles, challenges, clashes, conflicts, frustrations and pressures that he faces in the context of his daily life, in addition to the ability to improve coping skills and strategies and self-development. In order to enjoy the highest levels of compatibility, psychological happiness, and life satisfaction.

While Connor & Davidson (2003) defined it as "a set of

personal abilities that enable individuals to grow and prosper in the face of adversity and adversity." The current study follows this definition due to its reliance on the Connor and Davidson scale used in the study. It is defined procedurally as: the score obtained by mothers of children with mental disabilities on the psychological resilience scale used.

- 4 Mothers of mentally disabled children: What is meant in the current study are mothers who have one or more children who suffer from a mental disability and are enrolled in a center or school for people with a mental disability, and their ages range between (45-31) years.

Research methodology and procedures

First - Study Methodology:

The current study relies on the quasi-experimental approach as an experiment aimed at identifying the effectiveness of a counseling program based on acceptance and commitment therapy (independent variable) and developing psychological resilience to alleviate feelings of psychological pressure (dependent variable) among mothers of children with mental disabilities, in addition to using an experimental design with The two equal groups (experimental and control) to determine the impact of the program (post-measurement) on the variables of the study, in addition to using a one-group design to determine the continuity of the impact of the program after the follow-up period (post-measurement for the experimental group)>

Second - Study population: The study population consisted of all mothers of children with mental disabilities at Noor Najran

Association for People with Special Needs

Third - Study sample:

The counseling program was applied to a sample consisting of (24) mothers of children with mental disabilities who suffer from a low level of psychological resilience at the Nour Najran Association. They were divided into two groups, one experimental and the other control, each consisting of (12) whose chronological age ranged from (45-31). With an average age of (38.0) and standard deviation (4.47).

Fourth: Equality between members of the experimental and control groups:

Equivalence was conducted between the experimental and control groups before implementing the program, using the Mann-Whitney Test to verify the equality of the two groups in: chronological age, socioeconomic level, psychological resilience, and psychological stress. Table (1) shows this. Table (1) Significance of the differences between the average ranks of the scores of individuals in the experimental and control groups in terms of chronological age, socioeconomic level, psychological resilience, and psychological stress.

Dimensions	Group	Rank average	Total ranks	U value	z value	sig
Chronological age	Experimental	13.17	158.00	64.000	- 0.465	0.642
	Control	11.83	142.00			
Social economic level	Experimental	11.25	135.00	57.000	- 0.868	0.386
	Control	13.75	165.00			
Personal competence and cohesion	Experimental	12.08	145.00	67.000	- 0.291	0.771
	Control	12.92	155.00			
Self-confidence and positivity	Experimental	13.08	157.00	65.000	- 0.409	0.683
	Control	11.92	143.00			
Spiritual and religious influences	Experimental	12.92	155.00	67.000	- 0.295	0.768
	Control	12.08	145.00			
Setting	Experimental	13.25	159.00	63.000	- 0.532	0.595
	Control	11.75	141.00			
Psychological resilience as a whole	Experimental	14.38	172.50	49.500	- 1.308	0.191
	Control	10.63	127.50			
Cognitive and psychological difficulties	Experimental	15.13	181.50	40.500	- 1.827	0.068
	Control	9.88	118.50			
Feeling hopeless and frustrated	Experimental	15.21	182.50	39.500	- 1.895	0.058
	Control	9.79	117.50			
Social integration	Experimental	9.96	119.50	41.500	- 1.782	0.075
	Control	15.04	180.50			
Inability to adapt to the burdens of a mentally disabled child	Experimental	11.79	141.50	63.500	- 0.497	0.619
	Control	13.21	158.50			
Psychological stress as a whole	Experimental	14.17	170.00	52.000	- 1.157	0.247
	Control	10.83	130.00			

It is clear from Table (1) that the Z value calculated for the total score and the sub-dimensions is less than the threshold value (1.96). This indicates that there are no statistically significant differences between the average ranks of chronological age, socioeconomic level, level of psychological resilience, and psychological stress for members of the experimental and

control groups, which is reassuring. The researchers sought to homogenize the two samples before applying the program.

Fifth: Study tools:

The researchers applied the following tools:

- 1** Psychological Resilience Scale, prepared by Connor-Davidson (2003), Arabized and codified by Al Wakeel & Radi (2017).
- 2** Psychological stress scale for mothers of disabled children, prepared by Al saratawi & Alshakhs (1998).,
- 3** Measure of the economic, social and cultural level (prepared by Saafan &Khattab, 2016).
- 4** A counseling program based on acceptance and commitment therapy techniques to develop psychological resilience as an approach to alleviating feelings of psychological pressure among mothers of children with mental disabilities. (Prepared by the researchers).

These tools can be presented in detail as follows:

1 Psychological resilience scale prepared by Connor-Davidson, Arabization and codification by Al Wakeel & Radi (2017) Description of the scale and its purpose:

The aim of the scale is to evaluate individuals' ability to deal with stressful and change-stimulating situations. The scale is based on the concepts of resilience, adaptation, and tolerance to pressure and consists of 25 items covering four main factors: personal competence and cohesion, which consists of (11) statements, self-confidence and positivity, which consists of (8) statements, and spiritual and religious influences, which consists of (3) control statements. It consists of (3) statements,

and the items are presented in the form of a Likert scale with five levels (5-1), where (1) represents “never” and (5) “always.” The mothers participating in the study had to “respond to each item based on their condition during the previous month,” and put a mark (✓) in front of the answer of their choice. The higher the scores, the higher the level of resilience, while the lower the scores, the lower the level.

Psychometric properties of the psychological resilience scale:

The validity of the scale was verified through exploratory factor analysis of the scale in its original form to determine the saturation of its items on five basic factors: personal competence and cohesion, self-confidence and tolerance, positive acceptance of change and secure relationships, control, and influences. The scale has good reliability and validity, and has the ability to distinguish between high and low psychological resilience. The scale was applied to a sample of ordinary people and patients in American society, and the results of the application showed that this scale has a high degree of validity and reliability. As for validity, the convergent validity between the “Connor-Davidson” scale and the Kobasa et al. scale for psychological toughness was (0.87), while the divergent validity between the psychological resilience scale and the Cohen et al. stress scale was (0.76-), and the Cronbach’s alpha-reliability coefficient was (0.89). And the repetition coefficient (0.87). (Al Wakeel & Radi, 2017).

Stability and validity of the scale in Arabic form:

The validity of the scale was confirmed by presenting it to

10 professors of psychology and mental health who provided their opinions and comments about the clarity of the language formulation, its suitability to the study sample, and the belonging of the phrases to its dimension. The percentage of agreement between the arbiters on the validity of the items ranged from 0.7 to 1.0. Items with agreement less than %70 were excluded. The interpreter of the scale also applied it to (100) mothers of children with disabilities, and the validity of the scale was calculated through factor analysis, and it became clear that the scale's statements were saturated with (4) The factors are: The first factor: It is the most important of these factors, as it absorbed (%51.25) of the total variance, and its latent root reached (6.38), and (11) statements measuring personal competence and cohesion were saturated on this factor. The second factor: absorbed (%17.07) of the total variance of the matrix, and its latent root reached (4.44), and (8) statements measuring self-confidence and positivity were saturated on this factor. The third factor: absorbed (%3.13) of the total variance of the matrix, and its latent root reached (3.3), and this factor was saturated with (3) statements that measure spiritual and religious influences. The fourth factor: absorbed (12012) of the factor variance of the matrix, and reached Its latent root is (303), and (3) expressions measuring control are satisfied on this factor. The internal consistency of the scale was also verified by calculating the internal correlation coefficient for each dimension and sub-item, which indicates the degree of consistency between them. Reliability was also verified by means of the Cronbach's Alpha coefficient. Dimensional reliability coefficients were high, ranging between (0.94 ,0.77),

and the reliability coefficient was The reliability of the scale as a whole is 0.97, which reflects the high reliability coefficients.

Psychometric properties of the psychological resilience scale in the current study:

Internal consistency validity was calculated by applying it to (30) mothers of people with mental disabilities by finding the Pearson correlation coefficient between the scores of each item and the total score of the scale after deleting the score of the item from the total score of the scale. The correlation coefficient was also calculated between the score of each item. The dimension and total score of the scale are shown in Table (2).

Table (2) Correlation coefficients between each score and the total score for the dimension to which it belongs after deleting the item score for the psychological resilience scale.

Personal competence and cohesion		Self-confidence and positivity		Spiritual and religious influences		Setting	
Sequence	correlation coefficient	Sequence	correlation coefficient	Sequence	correlation coefficient	Sequence	correlation coefficient
1	0.847**	12	0.628**	20	0.761**	23	0.841**
2	0.972**	13	0.753**	21	0.730**	24	0.607**
3	0.736**	14	0.891**	22	0.867**	25	0.817**
4	0.832**	15	0.834**				
5	0.834**	16	0.679**				
6	0.834**	17	0.864**				
7	0.874**	18	0.734**				
8	0.801**	19	0.674**				
9	0.924**						
10	0.881**						
11	0.834**						

**** Correlation coefficients at (0.01) level * Correlation coefficients at (0.05) level.**

It is clear from Table (2) that all items of the psychological resilience scale have positive and statistically significant correlation coefficients at (0.01). This means that the psychological resilience scale has a high degree of validity. Internal consistency (the individual item with the total score for the dimension to which it belongs):

Internal consistency validity was calculated through the scores of the standardization sample (survey) by finding the Pearson correlation coefficient between the scores of each dimension and the total score of the scale and showing this in Table (3).

Table (3) Correlation coefficients between the score of each dimension of the scale and the total score of the scale after deleting the dimension score from the total score, n=(30)

Dimensions	correlation coefficient
Personal competence and cohesion	0.834**
Self-confidence and positivity	0.924**
Spiritual and religious influences	0.801**
Setting	0.842**

****Correlation coefficients at (0.01) level * Correlation coefficients at (0.05) level**

It is clear from Table (3) that the values of the correlation coefficients are high and significant at the level of (0.01), which indicates the validity of the scale.

Reliability of the scale using two methods (Cronbach's alpha) and the split-half method:

The reliability of the study tool was calculated using the Cronbach's alpha coefficient and the split-half method, which is shown in Table (4).

Table (4) Reliability coefficients of the study instrument using (Cronbach's alpha) coefficient, n=(30)

Dimensions	Alpha-Cronbach	Half segmentation
Personal competence and cohesion	0.872	0.851
Self-confidence and positivity	0.867	0.827
Spiritual and religious influences	0.839	0.897
Setting	0.854	0.814
Total marks	0.927	0.918

It is clear from Table (4) that the reliability coefficients are high and are greater than (0.7), which gives a good indication of the reliability of the tool, and accordingly the scale can be used in the current study.

Psychological stress scale for mothers of disabled children, prepared by Al saratawi & Alshakhs (1998):

Description of the measure and its objective: It aims to measure psychological stress for mothers and consists of four dimensions: cognitive and psychological difficulties (13 items), feelings of despair and frustration (13 items), social integration (5 items), and inability to adapt to the burdens of a mentally disabled child (7 items). The scale was corrected based on the

severity of the pressures that mothers face according to a scale of five degrees (5-1), where the degree (5) represents very great severity, the degree (4) represents great severity, the degree (3) is moderate severity, and the degree (2) Small intensity, and degree (1) is very small intensity. The scale grader verified the validity and reliability of the scale. The construct validity of the items and the stability of the sub-dimensions of the scale were extracted by applying it to all members of the sample. The reliability coefficients using the Cronbach alpha equation for the sub-dimensions were (0.790) ,(0.811) ,(0.803), and (0.774). Respectively, these are appropriate coefficients that allow the use of this tool in this research to measure the psychological stress of mothers.

Psychometric properties of the psychological stress scale in the current study:

Internal consistency validity was calculated by applying it to (30) mothers of people with mental disabilities by finding the Pearson correlation coefficient between the scores of each item and the total score of the scale after deleting the score of the item from the total score of the scale. The correlation coefficient was also calculated between the score of each item. The dimension and total score of the scale are shown in Table (5):

Table (5): Correlation coefficients between each score and the total score for the dimension to which it belongs after deleting the item score for the psychological stress scale

Cognitive and psychological difficulties		Feeling hopeless and frustrated		Social integration		Inability to adapt to the burdens of the child	
Sequence	correlation coefficient	Sequence	correlation coefficient	Sequence	correlation coefficient	Sequence	correlation coefficient
1	0.885**	14	0.630**	27	0.918**	32	0.741**
2	0.816**	15	0.763**	28	0.942**	33	0.745**
3	0.529**	16	0.810**	29	0.853**	34	0.835**
4	0.541**	17	0.509**	30	0.741**	35	0.866**
5	0.854**	18	0.852**	31	0.678**	36	0.860**
6	0.839**	19	0.852**			37	0.897**
7	0.859**	20	0.646**			38	0.849**
8	0.741**	21	0.765**				
9	0.358**	22	0.816**				
10	0.876**	23	0.830**				
11	0.415**	24	0.942**				
12	0.842**	25	0.380**				
13	0.646**	26	0.646**				

** Correlation coefficients at (0.01) level * Correlation coefficients at (0.05) level.

It is clear from Table (5) that all items of the psychological stress scale have positive and statistically significant correlation coefficients at (0.01), which means that the scale has a high degree of validity.

Internal consistency (the individual item with the total score for the dimension to which it belongs):

Internal consistency validity was calculated through the scores of the standardization sample (survey) by finding the

Pearson correlation coefficient between the scores of each dimension and the total score of the scale and showing this in Table (6) .

Table (6) Correlation coefficients between the score of each dimension of the scale and the total score of the scale after deleting the dimension score from the total score, n=(30)

Dimensions	correlation coefficient
Cognitive and psychological difficulties	0.808**
Feeling hopeless and frustrated	0.916**
Social integration	0.869**
Inability to adapt to the burdens of the child	0.789**

**Correlation coefficients at (0.01) level *Correlation coefficients at (0.05) level

It is clear from Table (6) that the values of the correlation coefficients are high and significant at the level of (0.01), which indicates the validity of the scale.

Reliability of the scale using two methods (Cronbach's alpha) and the split-half method:

The reliability of the study tool was calculated using the Cronbach's alpha coefficient and the split-half method, which is shown in Table (7).

Table (7) Reliability coefficients of the study tool using (Cronbach's alpha) coefficient, n=(30)

Dimensions	Alpha-Cronbach	Half segmentation
Cognitive and psychological difficulties	0.975	0.970
Feeling hopeless and frustrated	0.848	0.894
Social integration	0.766	0.850
Inability to adapt to the burdens of the child	0.893	0.980
Total marks	0.968	0.960

Weak Less (0.5) Medium between (0.7-0.5) High Greater (0.7).

It is clear from Table (7) that the reliability coefficients are high and are greater than (0.7), which gives a good indication of the reliability of the tool, and accordingly the scale can be used in the current study.

3 Measure of economic, social and cultural level (prepared by Saafan &Khattab, 2016).

It aims to evaluate the economic, social, and cultural level and contains (26) items divided into three levels: first, the economic level, which includes (14) items, second, the social level, which includes (5) items, third, the cultural level, which includes (7) items, and next to each An item contains a statement of the grades assigned to it, and under each item there are several options, and the individual must choose the option that suits his condition and expresses the economic, social and cultural changes.

Psychometric properties:

The authors applied the scale to a sample of (50) individuals of both genders. To standardize the scale, they used the internal

consistency method, and to calculate reliability, they used the Cronbach's alpha method and split-half. Regarding internal consistency, the results ranged between the lowest score and the highest score for the economic level (0.63-0.41), the social level (0.82-0.65), and the cultural level (0.60-0.32). All values were statistically significant at the level (0.01), except for one case that was significant. At the level of (0.05). Reliability was also verified using the Cronbach's alpha method. The reliability coefficients were for the economic level (0.61), the social level (0.82), the cultural level (0.78), and the total score (0.85).

4 Guidance program based on acceptance and commitment

The counseling program in the current study is organized steps aimed at developing psychological resilience among mothers of children with mental disabilities by following cognitive therapy techniques based on the techniques of acceptance and commitment of the Nour Najran Association.

■ General planning of the program: The program planning process included determining the general and procedural objectives and practical procedures for implementing the program, which include the initial preparation of the program, the guiding techniques used in it, the time frame for it, the number of sessions and the duration of each session, the place of implementation, the required tools, and the procedures for evaluating the program.

■ The program was prepared by reviewing many books and references that dealt with acceptance and commitment therapy, psychological resilience, psychological pressures, and mental disability.

The importance of the program:

- 1** This program provides counseling services to develop psychological resilience as an approach to alleviating psychological pressures among an important segment of society, namely mothers of children with mental disabilities. They are among the groups in society who feel the most psychological pressure due to the presence of a disabled child in the family who needs special care in addition to household and non-domestic burdens. which falls on their responsibility.
- 2** This program addresses mothers, who are the ones to whom the upbringing of young people is attributed and who are the mainstay of the family and its entity. The results of previous studies have indicated the widespread feeling of intense psychological pressure among mothers of mentally disabled children, and the weakness of their psychological resilience due to the frustrations and pressures they are exposed to due to the presence of a disabled child in the family. The family and their concern for the future of this child.
- 3** This program uses a relatively recent variant, which is acceptance and commitment therapy, which has proven its efficiency in developing positive behaviors and treating negative behaviors.

Second: Program objectives:

- The general goal of the program: It is to employ techniques and strategies of acceptance and commitment therapy to develop psychological resilience, which contributes to reducing

psychological pressures and confronting them among mothers of mentally disabled children.

■ **Preventive goal:** It consists of working to provide members of the experimental group with some cognitive, emotional and behavioral methods derived from theories on the psyche and the theory of acceptance and commitment therapy on which the program is based, which enable them to develop psychological resilience and face life's problems and challenges in order to reduce the feeling of psychological pressure, which leads to achieving harmony. Psychological and social, a sense of self-confidence, and self-actualization, which leads to improving their psychological health.

■ **Procedural objectives:** The procedural objectives for each session of the program were represented, which are achieved through constructive work during the sessions, using Physics and acceptance and commitment therapy strategies to develop psychological resilience, discussion, dialogue, and homework, as an approach to alleviating the severity of psychological feelings, and they are explained in the plan of the program sessions.

■ **Emotional goals:** They included developing self-confidence and the ability to challenge difficulties and confront difficult and frustrating situations, developing and strengthening positive thoughts and beliefs, promoting and encouraging the development of psychological resilience, overcoming psychological pressures, thinking about a solution to problems, confronting them, accepting them, and coexisting with them instead of fleeing and feeling helpless, psychologically weak, and fragile. Mental .



Methods and techniques used in preparing the program:

Techniques of acceptance and commitment therapy:

These techniques are a type of cognitive behavioral therapy that combines the principles of positive thinking and self-awareness. These techniques aim to help mothers of children with mental disabilities accept the fact that there are problems and difficulties in their lives, without trying to control, avoid, or change them. It also aims to encourage them to commit to the goals and values that represent meaning to their lives, and to strive to achieve them actively and creatively. These techniques include focusing on the present, cognitive dissociation, acceptance and commitment to values.

Techniques and methods that help in the program:

A group of auxiliary techniques and methods were used alongside the techniques of acceptance and commitment therapy, which are: discussion, lecture, reinforcement, modeling, unconditional acceptance, and creative despair, which arose within the framework of acceptance and commitment therapy, which is divided into two parts. The first part arises when the individual realizes that the efforts he made to escape the pain of inadequacy did not succeed, but rather led to psychological problems. As for the creative part of it, it is the courage and new ways of thinking and acting necessary to find a different response to the pain of inadequacy.

Activities used in the program:

This program includes a set of activities that help achieve the preventive, therapeutic and procedural goals of the program. These activities include group sessions, home exercises,

personal diaries, periodic assessments and recreational activities.

Main features of the program:

- 1** Number of sessions in the program: The current program includes (21) sessions to develop psychological resilience and learn about the effect of this on alleviating the feeling of psychological pressure and increasing the ability to cope with it, among a sample of mothers of children with mental disabilities at the Nour Najran Association. The program is applied at three sessions per week in The time span is 7 weeks and a follow-up period is approximately one and a half months later.
- 2** The counseling method used in the program: The program was implemented in a group manner, except for the sessions during which training on the technique of relaxation took place, which were done individually.
- 3** Session time: The time of one session in the program ranges from (60-45) minutes. .
- 4** Program language: The program is presented in an easy way, a mixture of colloquial and classical Arabic to facilitate understanding.
- 5** Stages of program application: The program is implemented in five stages: the stage of building the counseling relationship and starting the program, the implementation or counseling intervention stage, the program ending stage, the follow-up stage.

Program evaluation methods:

- Initial formative assessment: At the end of each session, the extent to which mothers achieve the activity and homework

is measured.

- Final evaluation: Post-tests are conducted for the psychological resilience scale and the results are compared with the pre-tests and with the control group.
- Program follow-up: It takes place a month and a half after conducting the post-test by applying a follow-up test.

Seventh: Statistical methods used in the study:

In order to reach results that achieve the objectives of the study and analyze the data, a group of various statistical methods were used, by using the Statistical Package for the Humanities and Social Sciences (SPSS), after the data was coded and entered into the computer, and the statistical methods that Used in this study are:

- 1 To calculate the psychometric properties, the Pearson correlation coefficient, Cronbach's alpha, and split-half using the Spearman equation were used.
- 2 Mann-Whitney test, Wilcoxon test, and bivariate correlation coefficient to verify the validity of the study hypotheses.

Study results and discussion:

Results of the first hypothesis: It states: "There are statistically significant differences at the significance level ($\alpha \leq 0.05$) in Average ranks on the psychological resilience scale between members of the experimental and control group in the post-measurement.

To verify the validity of this hypothesis, the Mann-Whitney (U) test and the Z value were used as one of the non-parametric methods to identify the significance of the differences

between the average ranks of the mothers' scores in the post-measurement in order to determine the significance of what may happen to the psychological resilience of mothers of children with disabilities. Mental disability. To calculate the size of the program's effect, it was calculated using the binary correlation coefficient (r (prd)) in the case of the Mann-Whitney test for two independent samples.

Table (8) The significance of the differences between the average scores of the post-measurement scores and the effect size for the experimental and control groups in the measure of psychological resilience among mothers of children with mental disabilities.

Dimensions	Group	Rank average	Total ranks	U value	z value	sig	r prd
Personal competence and cohesion	Experimental	18.50	222.00	0.000	- 4.168	0.000	1.0 Very large
	Control	6.50					
Self-confidence and positivity	Experimental	18.50	222.00	0.000	- 4.171	0.000	1.0 Very large
	Control	6.50					
Spiritual and religious influences	Experimental	18.50	222.00	0.000	- 4.178	0.000	1.0 Very large
	Control	6.50					
Setting	Experimental	18.50	222.00	0.000	- 4.196	0.000	1.0 Very large
	Control	6.50					
Total	Experimental	18.50	222.00	0.000	- 4.162	0.000	1.0 Very large
	Control	6.50					

It is clear from Table (8) that the Z value calculated for the total score and the sub-dimensions is higher than the threshold value (1.96), which indicates that there are statistically significant differences between the average ranks of the scores of the experimental and control groups on the psychological resilience



scale for mothers of children with mental disabilities in the post-measurement. In favor of the experimental group, which means improved psychological resilience among the experimental group. The researchers attribute this to the impact of the counseling program based on the techniques of acceptance and commitment therapy, which included twelve sessions that began with preparing for the application of the therapeutic program and providing an overview of psychological resilience and psychological pressures. Then training on relaxation and giving an overview of wrong coping behaviors and their impact on various areas of life, followed by training on mental alertness, moving from avoidance to acceptance (acceptance training), training on sanity (training on communicating with the present moment), training on awareness of values. Training on the self as a context, training in cognitive separation of experiences (cognitive disengagement), exposure as an alternative response to avoidance, self-compassion, a comprehensive review and conclusion of the program and post-measurement, and the techniques it included, which included the lecture - discussion and dialogue - some methods of cognitive separation or disengagement. It is (owning the idea, not breaking it down - naming the ideas - repeating the ideas in a silly voice - putting the ideas on the clouds - objectifying the ideas - letting them go physically - the portable card. The art of modeling - the art of exposure, exposure exercises (the hungry lion - feelings and behavior - the flash card - throwing the rope - developing the self-monitor) - commitment - self-compassion exercises, which are (put compassion into practice - determining the percentage of compassion - write

a love letter to yourself - A. Your Compassion Mantra – Keep a compassion journal, homework, and reinforcement at each session. This is consistent with the results of studies that used programs to develop psychological resilience among mothers of people with special needs and others, such as: the study of Mustafa et al. (2017), whose results showed the effectiveness of the counseling program in improving the psychological resilience of mothers of mentally retarded children, and the study of Arakkathara and Bance (2020), which reached results. The experimental study showed a noticeable increase in the level of psychological resilience and a significant decrease in the level of parental stress among the study sample, and the study of Al-Atrash (2021), which found the effectiveness of a counseling program to enhance psychological resilience among mothers of children with autism disorder.

Results of the second hypothesis: It states that “there are statistically significant differences at the significance level ($\alpha \leq 0.05$ ”).

In the average ranks on the psychological resilience scale among members of the experimental group in the pre- and post-measurements.

To test the validity of this hypothesis, the Wilcoxon test and the Z value were used as one of the non-parametric methods to identify the significance of the differences between the average ranks of the experimental group's scores on the scale of psychological resilience among mothers of children with mental disabilities and its dimensions in the pre- and post-measurements. To calculate the size of the program's effect, it was calculated using The binary correlation coefficient (r_{prd})

in the case of the Wilcoxon test for two samples being related. Table (9) The significance of the differences between the average scores of the pre- and post-tests and the size of the effect for the level of psychological resilience among mothers of children with mental disabilities.

Dimensions	Measurement AFTER ME/FOLLOW ME	N	M	Total	Values Z	.Sig	r prd
Personal competence and cohesion	Negative ranks	0	0.00	0.00	3.065	0.00217	1.0 Very large
	positive ranks	12	6.50	78.00			
	Equality	0	0.00				
Self-confidence and positivity	Negative ranks	0	0.00	0.00	3.065	0.00213	1.0 Very large
	positive ranks	12	6.50	78.00			
	Equality	0	0.00				
Spiritual and religious influences	Negative ranks	0	0.00	0.00	3.065	0.00220	1.0 Very large
	positive ranks	12	6.50	78.00			
	Equality	0	0.00				
Setting	Negative ranks	0	0.00	0.00	3.065	0.00209	1.0 Very large
	positive ranks	12	6.50	78.00			
	Equality	0	0.00				
Total	Negative ranks	0	0.00	0.00	3.065	0.00221	1.0 Very large
	positive ranks	12	6.50	78.00			
	Equality	0	0.00				

Table (9) indicates that there are statistically significant differences between the average ranks of the psychological resilience scores of mothers of children with mental disabilities in the pre- and post-measurements in the experimental group in favor of the post-measurement. The researchers attribute this result to the effectiveness of the counseling program based on acceptance and commitment therapy for girls, which included twelve sessions that began with preparing for the application of the therapeutic program and providing an overview of psychological resilience and psychological pressures, then

training in relaxation and giving an overview of wrong coping behaviors and their impact on various areas of life, followed by training. On mindfulness, moving from avoidance to acceptance (acceptance training), Mindfulness training (training to connect with the present moment), training in awareness of values, training in the self as context, training in cognitive separation of experiences (cognitive disengagement), exposure as an alternative response to avoidance, self-compassion, and a comprehensive review of the program, and what the program included. The lecture, discussion and dialogue included some methods of cognitive separation or de-integration. Modeling techniques - exposure techniques, exposure exercises - commitment - self-compassion exercises, homework, and reinforcement in every session. The effectiveness of these activities in improving mothers' psychological resilience can be explained by the fact that they work to enhance the ability to deal with life's challenges and difficulties, and improve the general quality of life. In general, it can be said that this study emphasizes the importance of using acceptance and commitment therapy techniques in improving psychological resilience among mothers of children. Mental disability of their children, and that acceptance and commitment therapy represents An effective option for achieving this goal, and many studies that used acceptance and commitment therapy have found the effectiveness of this counseling approach in treating many psychological disorders and developing positive qualities, This is like the study of: Al-Faqi (2016), Wakli & Haj Sahrawi (2016), Twohig & Levin (2017), A-Tjak, et al (2018), Jabbarifard, et al, (2019), Al-Bahnasawi et al (2019), Sayed (

2019), Abdel Fatah (2020), Al-Sharif (2020), Ahmed (2020), Abu Zaid (2020), Zemestani & Mozaffari (2020), Abdullah (2021), Shaheen (2021), Khallaf & Khalif (2021), Ma , et al (2023), Bergman et al (2023), and these results are consistent with

the results of the current study.

Results of the third hypothesis: It states that “there are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the average ranks on the psychological resilience scale among the members of the experimental group in the post and follow-up measurements.”

To test the validity of this hypothesis, the Wilcoxon test and the Z value were used as one of the non-parametric methods to identify the significance of the differences between the average ranks of the experimental group's scores on the measure of psychological resilience among mothers of children with mental disabilities and its dimensions in the post and follow-up measures, and this is shown in Table (10).

Table (10) Significance of the differences between the average ranks of the scores of the post and follow-up measurements of the psychological resilience scale.

Dimensions	Measurement AFTER ME/FOLLOW ME	N	M	Total	Values Z	.Sig
Personal competence and cohesion	Negative ranks	6	4.50	27.00	0.534	0.593
	positive ranks	3	6.00	18.00		
	Equality	3				
Self-confidence and positivity	Negative ranks	7	5.57	39.00	1.184	0.237
	positive ranks	3	5.33	16.00		
	Equality	2				
Spiritual and religious influences	Negative ranks	5	5.70	39.00	0.103	0.918
	positive ranks	5	5.30	16.00		
	Equality	2				
Setting	Negative ranks	7	7.07	28.50	0.839	0.402
	positive ranks	5	5.70	26.50		
	Equality	0				
Total	Negative ranks	9	5.39	48.50	0.747	0.455
	positive ranks	3	9.83	29.50		
	Equality	0				

among mothers of children with mental disabilities

The results from Table (10) show that the Z value calculated for the psychological resilience scale is less than the threshold value (1.96), which indicates that there are no statistically significant differences between the average ranks of the scores in the psychological resilience of mothers of children with mental disabilities between the post and follow-up measurements in the experimental group. This means that the program continues to have an impact on developing psychological resilience. This result is due to the fact that the program sessions included many activities and homework assignments that helped develop psychological resilience among members of the experimental group, by giving them a number of skills such as: problem-

solving skills, new ways of thinking, coexistence skills, healthy living skills, and meditation. The sessions also included a focus on breathing training, teaching attention control, focusing on the present moment, and accepting life experiences (positive and negative) without judging them. They were also trained on how to deal with all events, emotions, and life experiences using mental awareness skills, and this is consistent with a study. The results of many studies such as: Yassin& Jawhar (2014), Abu Ghali (2017), Mustafa et al (2017), Abdel Fatah (2020), Khattab (2021), Bartone et al (2012), Daniel (2018), Arakkathara & Bance (2020), which reached the development of psychological resilience. It leads to the individual acquiring many skills that help him cope with the pressures he is exposed to.

Results of the fourth hypothesis: It states: "There are statistically significant differences at the significance level ($\alpha \leq 0.05$) in the average ranks on the psychological stress scale between members of the experimental and control groups in the post-measurement."

To verify the validity of this hypothesis, the Mann-Whitney (U) test and the Z value were used as one of the non-parametric methods to identify the significance of the differences between the average ranks of the mothers' scores in the post-measurement in order to determine the significance of what may occur on psychological pressures among mothers of children with disabilities. Mental disability: To calculate the size of the program's effect, the rank-pair correlation coefficient (rprd) was calculated in the case of the Mann-Whitney test for two independent samples.

Table (11) The significance of the differences between the average scores of the post-measurement scores and the effect size for the experimental and control groups in the measure of psychological stress among mothers of children with mental disabilities.

Dimensions	Group	Rank average	Total ranks	U value	z value	sig	r prd
Personal competence and cohesion	Experimental	18.50	78.00	0.000	-4.192	0.000	1.0 Very large
	Control	6.50	222.00				
Self-confidence and positivity	Experimental	18.50	78.00	0.000	-4.190	0.000	1.0 Very large
	Control	6.50	222.00				
Spiritual and religious influences	Experimental	18.50	78.00	0.000	-4.173	0.000	1.0 Very large
	Control	6.50	222.00				
Setting	Experimental	18.50	78.00	0.000	-4.204	0.000	1.0 Very large
	Control	6.50	222.00				
Total	Experimental	18.50	78.00	0.000	-4.173	0.000	1.0 Very large
	Control	6.50	222.00				

It is clear from Table (11) that the Z value calculated for the total score and the sub-dimensions is higher than the threshold value (1.96), which indicates that there are statistically significant differences between the average ranks of the scores of the experimental and control groups on the psychological stress scale for mothers of children with mental disabilities in the post-measurement. In favor of the experimental group, which means a decrease in psychological pressure in the experimental group. The two researchers explain this result by saying that the acceptance and commitment program was effective in developing psychological resilience, which in turn led to alleviating the severity of psychological pressures among mothers of children with mental disabilities, through techniques

that included lecture - discussion and dialogue - and some methods of cognitive separation or de-integration, which is (owning the idea, not destroying it). - Naming ideas - Repeat ideas in a silly voice - Putting ideas on clouds - Objectifying ideas - Let them go physically - the flash card - Modeling art - Exposure art, exposure exercises (Hungry lion - Feelings and behavior - Flash card - Throwing a rope - Developing the self-monitor) - Commitment - self-compassion exercises, which are (put compassion into practice - determine the percentage of compassion - write a love letter to yourself - write your own compassion slogan - keep a compassion diary), homework, and reinforcement in each session. All of these techniques and activities contributed to improving the state of self-compassion. Mothers of children with mental disabilities in terms of self-confidence, adaptation to problems, and life satisfaction, thus alleviating psychological pressures.

This result was consistent with the results of studies that used programs based on acceptance and commitment therapy or other guidance and training approaches to develop psychological resilience, or other positive qualities to reduce psychological stress among mothers of people with mental disabilities and other groups, such as the study: Ahmed (2020).), Esteteh & Al-Qaisy (2021), Al-Zahir & Rawashda (2010), Bou Said (2020), Bouazza (2020), Khalifa et al (2023), Khattab (2021), Taibi (2016), Moawad (2018). The results indicated the effectiveness of programs that sought to develop psychological resilience in reducing psychological stress.

Results of the fifth hypothesis: It states that “there are statistically significant differences at the significance level (α

≤ 0.05) in the average ranks on the psychological stress scale among the members of the experimental group in the pre- and post-measurements."

To test the validity of this hypothesis, the Wilcoxon test and the Z value were used as one of the non-parametric methods to identify the significance of the differences between the average ranks of the experimental group's scores on the scale of psychological stress among mothers of children with mental disabilities and its dimensions in the pre- and post-measurements. To calculate the size of the program's effect, the researcher relied on Calculate it using the pairwise correlation coefficient (r (prd)) if the two samples are related by the Wilcoxon test.

Table (12) Significance of the differences between the average scores of the pre- and post-tests and the effect size for the level of psychological stress among mothers of children with mental disabilities.

Dimensions	Measurement AFTER ME/FOLLOW ME	N	M	Total	Values Z	.Sig	r prd
Cognitive and psychological difficulties	Negative ranks	12	6.50	78.00	3.070	0.002	1.0 Very large
	positive ranks	0	0.00				
	Equality	0					
Feeling hopeless and frustrated	Negative ranks	12	6.50	78.00	3.068	0.002	1.0 Very large
	positive ranks	0	0.00				
	Equality	0					
Social integration	Negative ranks	12	6.50	78.00	3.066	0.002	1.0 Very large
	positive ranks	0	0.00				
	Equality	0					
Inability to adapt to the burdens of the child	Negative ranks	12	6.50	78.00	3.066	0.002	1.0 Very large
	positive ranks	0	0.00				
	Equality	0					
Total	Negative ranks	12	6.50	78.00	3.065	0.002	1.0 Very large
	positive ranks	0	0.00				
	Equality	0					

Table (12) indicates that there are statistically significant differences between the average ranks of the psychological stress scores among mothers of children with mental disabilities in the pre- and post-measurements in the experimental group in favor of the post-measurement. The researchers attribute this result to the effectiveness of the counseling program based on acceptance and commitment therapy techniques that the experimental group received, which helped in developing psychological resilience, dealing with negative feelings and thoughts associated with their children's disability, setting goals and plans that are compatible with their values, and increasing the level of satisfaction with life.

Interactive methods were also used, such as group conversations, periodic games, illustrative stories, expressive drawings, practical papers, lecture, discussion and dialogue, and some methods of cognitive separation or disengagement. Modeling techniques - exposure techniques, exposure exercises - commitment - self-compassion exercises, homework, and reinforcement in every session. All of these techniques and activities contributed to improving the condition of mothers of children with mental disabilities in terms of self-confidence, adaptation to problems, and life satisfaction.

The results of this study are consistent with the results of studies that used programs to reduce the severity of psychological stress among mothers of people with mental disabilities and others, such as: the apparent study; Al-Zahir & Al-Rawashdeh (2010), Ahmed & Abdullah (2011), Adly et al. (2016), Taibi (2016), Bouazza (2020), Khalifa et al. (2023), and it also agrees with the results of studies that

found a correlation between psychological resilience. And psychological pressures, where psychological pressures are reduced by developing psychological resilience, such as: the study of Margalit & Kleitman (2006), Yassin& Jawhar (2014), Gardararsdottir(2019), Al-Ali& Al-umran (2021).

Results of the sixth hypothesis: It states that "there are no statistically significant differences at the level of significance ($\alpha \leq 0.05$) in the average ranks on the psychological stress scale among the members of the experimental group in the post and follow-up measurements."

To test the validity of this hypothesis, the Wilcoxon test and the Z value were used as one of the non-parametric methods to identify the significance of the differences between the average ranks of the experimental group's scores on the psychological stress scale among mothers of children with mental disabilities and its dimensions in the post and follow-up measures, and this is shown in Table (13).

Table (13) Significance of the differences between the average ranks of the scores of the post and follow-up measures of the psychological stress scale among mothers of children with mental disabilities.

Dimensions	Measurement AFTER ME/FOLLOW ME	N	M	Total	Values Z	.Sig
Cognitive and psychological difficulties	Negative ranks	4	5.50	22.00	0.569	0.569
	positive ranks	6	5.50	33.00		
	Equality	2				
Feeling hopeless and frustrated	Negative ranks	6	6.08	36.50	0.314	0.754
	positive ranks	5	5.90	29.50		
	Equality	1				
Social integration	Negative ranks	4	4.38	17.50	1.025	0.305
	positive ranks	6	6.25	37.50		
	Equality	2				
Inability to adapt to the burdens of the child	Negative ranks	5	7.10	35.50	0.827	0.408
	positive ranks	5	3.90	19.50		
	Equality	2				
Total	Negative ranks	5	5.20	26.00	0.154	0.878
	positive ranks	5	5.80	29.00		
	Equality	2				

The results from Table (13) show that the Z value calculated for the psychological pressures scale is less than the threshold value (1.96), which indicates that there are no statistically significant differences between the average ranks of the scores in the psychological pressures of mothers of children with mental disabilities between the post and follow-up measurements in the experimental group. This means that the program will continue to have an impact. This result is attributed to the fact that the program has brought about a positive change in the condition of mothers of children with mental disabilities in terms of reducing the psychological pressures they face, enhancing their flexibility and ability to adapt to difficult situations, and increasing their acceptance of stressful life situations, including the presence of a disabled

child.

This result confirms the importance of providing psychological support programs for this category of mothers, encouraging them to participate in such programs, and providing opportunities for communication and exchange with mothers with similar experiences. The researcher believes that the program was effective in achieving its goals because it used a set of activities and techniques that are compatible with Principles of acceptance and commitment therapy, which aim to increase the psychological flexibility of mothers and increase their ability to accept and commit. This is because the program uses a large number of different training and activities based on acceptance and commitment therapy techniques, such as: lecture - discussion and dialogue, listening, reinforcement, cognitive avoidance - acceptance - modeling, mental alertness training, creative despair, modeling, training the five senses, training concentration activities. Mindfulness, mindfulness activities, body scanning meditation, silent walking, breathing meditation, positive meditation, the art of values awareness, self-confidence and decision-making exercises, problem solving, and planning for the future, clarifying your values training, planning the moment of choice training, commitment and desire, values path training, Unconditional acceptance, the art of the self as a context, self-observation exercises, the game of chess, and your mind is a documentary film maker, the art of deconsolidation, exercises (naming the mind - thanking the mind - scheduling time for worry, classifying thoughts into categories), some methods of cognitive separation or deconsolidation, (Exposure techniques - exposure training),

compassion training, reinforcement, homework, and others. This is consistent with the findings of studies that used programs to reduce psychological stress, and studies that used programs using acceptance therapy techniques to develop positive behaviors or reduce negative behaviors among mothers of mentally disabled people and others. These studies are such as: the study of Al-Zahir, & Al-Rawashdeh (2010), Ahmed & Abdullah (2011), Adly et al (2016), Taibi (2016), Bouazza (2020) Estitieh & Al-Qaisi (2021), Khalifa, et al. (2023) Al-Faqi (2016) Bidaki & Jahangiri (2019), Ahmed (2020) Bou Said (2020) Al-Hudaibi & Ali (2021), as these studies in their entirety concluded that the programs used were effective in achieving the goal for which they were developed in the post-measurement, and continued effectiveness in the follow-up measurement.

Study Recommendations

In light of the research results, the following can be suggested as recommendations:

- Activating acceptance and commitment therapy to develop psychological resilience among mothers of children with mental disabilities.
- Training counselors and therapists on counseling based on acceptance and commitment, to improve their skills in providing psychological and social support to mothers of children with mental disabilities.
- Encouraging associations and institutions concerned with the care of children with mental disabilities to provide

similar guidance programs to increase the acceptance of mothers of children with mental disabilities for their care and reduce their psychological pressure.

- Supporting future research in this field, to expand our understanding of the effectiveness of guidance based on acceptance and commitment in developing psychological resilience and reducing psychological stress among mothers.
- Focus on providing psychological and social support to mothers who suffer from additional challenges such as poverty and lack of social availability, in order to improve their quality of life and the lives of their children with mental disabilities.

Suggested research

Based on the positive results of this study, the following future research can be suggested:

- Studying the effect of acceptance and commitment therapy to develop psychological resilience on fathers of children with mental disabilities, and comparing them with mothers. Analyzing the effectiveness of guidance based on acceptance and commitment in developing the psychological resilience of children with mental disabilities and its impact on the behavioral problems of these children.
- Studying the relationship of the psychological resilience of mothers of children with mental disabilities to other social and psychological factors, such as social support and social expectations of mothers.



- Analyzing the effect of guidance based on acceptance and commitment in reducing psychological stress among mothers of children with mental disabilities, and comparing it to the effect of other support programs.
- Studying the impact of counseling programs based on acceptance and commitment in improving the psychological sustainability skills of mothers of children with mental disabilities, with a focus on studying the impact of the programs on self-social skills and family sustainability.

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