

Coexistence skills among mothers of children with multiple disabilities in the northern region of Jordan (IRBID)

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Abstract: The study aimed to verify the effectiveness of a cognitive-behavioral counseling program to develop the coping skills of mothers of children with multiple disabilities in the northern region of Jordan (IRBID), to achieve the objectives of the study, a quasi-experimental approach was used. The study sample consisted of (24) mothers, the results showed that the coping skills of mothers of children with disabilities, the multiple disabilities were all moderate, and no statistically significant differences appeared between the average scores of the experimental group in the post and follow-up measurements.

Keywords: Counseling program, Coexistence skills, Mothers of children with multiple disabilities, Northern region of Jordan (IRBID).

1. Introduction

Disability is one of the categories of special education that has attracted the attention of researchers and psychological counselors, and is still the subject of controversy in terms of its diagnosis, causes, and treatment methods. With the complexities of life recently, the individual has become in need of someone to guide him in order to overcome the difficulties that confront him, or to adapt and coexist with them. The difficulties facing his life, so resorting to psychological counseling was an inevitable necessity most of the time, whether on the individual or group level, to change behavior towards the right direction that achieves balance on all psychological, emotional and cognitive levels on the personal and social levels.

The birth of a disabled child is considered one of the most important sources of psychological pressure on the family in general and the mother in particular, which represents a stressful event that shakes the life of this family and puts it in a state of

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imbalance, as the child's disability imposes on the family many unexpected practices that require a comprehensive reorganization of its life, and the suffering continues. The family in general and the mother in particular suffer from these pressures if they do not take action to confront them [1].

In the digital age, societies are experiencing cognitive openness and a technological revolution in all fields practiced by the individual, as it has become difficult to control the inputs and outputs of a generation raised in the absence of censorship, which was more applicable before the development of social media and its rapid spread among all segments of society [2]. Which led to increased interest in studying families of people with disabilities and the problems they face. Studies addressed the issue of stress and the extent of its impact on families of people with disabilities. Perhaps the disturbing short-term effects of stress and long-term pathological effects were behind this increased interest, as Al-Nawaisa indicated that daily living with a disabled child It constitutes a physical and psychological burden that parents of ordinary children do not know about. Mothers of disabled children often spend long times meeting the personal needs of their children, such as helping them eat, dress, and use the bathroom, Therefore, a certain amount of physical energy is diverted to serving the disabled child [3].

The presence of a disabled child in the family is an emotional burden, stressful life experience and pressure that requires a constant reaction on all family members, and referring to studies conducted on families with children with disabilities, it was found that these families suffer from severe psychological disorders such as anxiety, stress, and anger , guilt, depression, and shame, and mothers seem to carry a greater burden of care, and may feel the need to be with their children most of the time, so the lives of mothers of children with disabilities are negatively affected, because they realize with the passage of time the permanent feelings of isolation and rejection of the child society [4].

Training in some life skills is an urgent necessity for all, especially mothers, with regard to the psychological pressures they face, and we can work to strengthen their personal aspect so that we increase their ability to endure by changing and modifying their perception of stressful situations, as well as by accepting the pressures as part of the situation. Life system through coexistence with emotions, positive thinking about social experiences, and strengthening skills with life circumstances [5]. Disabilities are two or more disabilities, such as (mental disability, visual disability, mental disability, or mobility...etc.), which necessitates the need for intensive education services [6].

The Department of General Statistics [7] in Jordan indicated that the prevalence of disability (functional difficulties) among the Jordanian population aged 5 years and over according to the number of disabilities (difficulty) for the year 2020 is:

- 7.1% of people with disabilities (difficulty), numbering (392,432).
- 1.9% of people with two disabilities (two difficulties), and their number is (103,553).

- 2.4% of three or more disabilities (difficulties) (138,632). This constitutes a total of (634,617) of the Jordanian population, or 11.2%.

Children classified as having multiple disabilities are individuals who suffer from simultaneous disabilities such as mental retardation and blindness, or mental retardation, deformities and developmental disorders, or suffer from recurrent difficulties in movement, and sensory, behavioral, and emotional disabilities, who receive special education services, and need support services. And great help in all life activities, which requires their participation and integration with local activities within their communities, and listening and participating in life with ordinary individuals in the surrounding community [8].

The diagnosis of disability leads most families to a period of depression and mourning, and this mourning process is linked to the fact that the child did not die, but the image of the child that they dreamed of died, and the first thing that families of disabled people face is adapting to the child's condition, and understanding the abnormality or disability, and with the presence of a disabled child there is some tension in family relationships. Families who have always dreamed of holding their child and feeding him like other normal children may be faced with a child in a wheelchair or a child who depends on the parents for everything, which makes them feel frustrated and hopeless [9].

Parents represent the cornerstone of children's lives, due to their role in ensuring the proper growth of their children and raising them to become active members who can rely on themselves and contribute in turn to building their society. Children suffering from disabilities may cause disruption to the functions of the rest of the members in the family unit, which coincides with these disabilities, of the responsibilities, burdens, and psychological, emotional, social, and economic pressures of parents and siblings [10].

In this area, Al-Laqani [11] emphasized the presence of a social and psychological burden on mothers of children with multiple disabilities, represented by excessive activity or inactivity, mood swings, and lack of social contact with the family, in addition to a lack of cognitive abilities. Many researchers have indicated the importance of providing support in general to families of children with multiple disabilities, because the family plays a very important role towards the child as it transforms him from a biological being into a social being, and mothers of children with multiple disabilities suffer the same suffering as a normal mother due to the pressures of general life, and in addition Therefore, she suffers from raising a child with multiple disabilities, in addition to the requirements that these circumstances impose on her, such as providing special care, conflict with specialists, and the resulting feelings of sorrow and sadness [12].

The mother often feels that she is unable to carry out the duties and tasks assigned to her by the surrounding community. In this case, the mother experiences a state of

frustration and an inability to keep up with her work, which leads to the emergence of psychological pressures in her, and then she becomes afflicted with psychological illnesses [13]. The experience of motherhood may be defined as the possible relationship of any woman with her children, which represents a social institution that requires mothers to play different roles and be good mothers, while devoting their lives completely to their children, because the mother is subject to a surveillance gaze in caring for her children and must behave in certain ways, and therefore It is her responsibility to monitor the modification of her behaviors to suit the building standards in force in society [14].

Coexistence skills constitute a cognitive or behavioral pattern that enhances the individual's ability to adapt, which includes coping skills such as system and problem solving, social skills, psychological energy, commitment to a social network, and the methods that the individual uses with nervous situations and confronting them, the adaptation process is an interactive process between the individual and the environment, social problems, and this may affect various aspects of personal resources and strategies for dealing with families of children with disabilities. Coexistence skills generally vary in their impact according to situations and the suitability of the skill to it. People usually adapt to life's pressures when they possess several coping skills [15].

Folkman and Lazarus see (1980) their willingness to choose coexistence strategies based on the way they perceive and analyze their situation [16]. Efforts to regulate the emotional consequences of events or potentially stressful events, and research indicates that people use both types of strategies to combat most stressful events. Coping skill is one of the cognitive behavioral models, developed by Michael [17].

This model focuses on helping the individual to acquire the skills of coexistence with the conditions of daily life, and to develop skills that will facilitate the individual's task to adapt to the difficult situations and circumstances that he faces. Coexistence for Michael Mahoney is: define the problem, collect data, limit patterns and sources, test options, select and experiment, compare data, improve, adjust, replace, and therapy and training often includes the use of different techniques such as role-playing, modeling and cognitive practice [18]. In a study conducted by Rathore and Mathur [19] the results of the study showed that there is a strong positive relationship between spiritual values and strategies of coexistence, and a negative relationship between social support and strategies of coexistence with mothers of children with disabilities. The results of Mowed's study [20] showed that there is a statistically significant relationship between the mother's age and the cognitive reformulation strategy and the negative evaluation strategy, and a significant relationship between the arrangement of the disabled child and the strategy of preparing the family to obtain and accept help. As for the results of the study of Badawi, Salem, and Ashour [21], there were statistically significant differences between the average ranks of the scores of the experimental and control group members on the dimensions of the scale, confrontation styles, in favor of the

experimental group. The results of Bwalsa [22] also revealed that there are high levels of stress experienced by parents of children with disabilities, and the tendency of parents of children with hearing impairment to have the lowest levels of stress. It focuses on the problem more than the sharing strategies that focus on emotion. On the other hand, fathers of children with disabilities prefer to use participation strategies more than mothers who prefer avoidance strategies. Finally, the results indicated that there is a positive correlation between the levels and strategies of coexistence.

The results of the study Akturk, & Aylas [23] indicated that there are statistically significant differences between age, marital status, economic status, education of parents who have disabled children, age of the disabled child, type of disability and level of anxiety, and according to the results of the study, a relationship was determined Between the status of parents with disabled children and the social support strategy, the level of coping with distress was higher for parents who had children with disabilities and received psychosocial support. Finally, the results of Islam's study found that the mothers' coping strategies were average, and the results also showed that there was no predictive ability for the variables (age, level of education, monthly income, and number of family members) [24].

The current study comes to help mothers adapt to their disabled children, especially since they are the most closely associated with him, the most familiar with his problems, and suffer from many pressures as a result of dealing with him, and it is difficult to live with him, which affects their personal, family and social lives, through raising their awareness, guiding them, and training them in skills. Coexistence, which in turn reduces the impact of disability on them, which benefits the family and society as a whole.

2. Study Problem:

The birth of an abnormal child with a disability is a negative event and a strong shock to the family in general and to the mother in particular, and the mother often generates feelings of guilt and depression, low self-esteem and a lack of control over the events going on around her, and the disability results in the emergence of many family and marital problems Which is represented by a defect in the psychological, social and economic organization of the family, which results in problems that are unique to the families of this category, especially mothers, and there is no doubt that the appropriate coping skills used by mothers when they are exposed to stressful factors, can change their personal perception of them, and improve the ability to deal with The problems they are exposed to, as well as the improvement of their emotions, so it was necessary for mothers to have appropriate coexistence skills in order to be able to achieve mental health. The study of Al-Bustami [25] and the study of Al-Kilani [26] indicated the importance of individuals having coping strategies, especially problem-based strategies, to achieve a high level of positive adaptation. Statistics from the Directorate of People with Disabilities and Mental Health of the Ministry of Health in Irbid Governorate,

northern Jordan, indicated that the number of visitors with multiple disabilities reached (467), out of a total number of (2538) visitors, i.e. a percentage of (12.4), which gives an indication of the increase in the number of people with disabilities. This is a significant percentage, which must be highlighted through the preparation of studies and research[27]. Through the researchers' work as volunteers in the Disability Diagnosis Department in the Directorate of People with Disabilities and Mental Health, they noticed that mothers who frequent the Diagnosis and Evaluation Department have bad psychological effects, resulting from the presence of a child with multiple disabilities, represented by feelings of rejection and denial of their son's condition, then fear and anxiety, and an attempt to coexist with reality and accept it, and striving to find the appropriate treatment. Hence, I found the importance of creating counseling programs directed at mothers of children with multiple disabilities. Therefore, the problem of the study is to identify the effectiveness of a counseling program in developing coexistence skills among mothers of children with multiple disabilities in Irbid Governorate, northern Jordan, by answering Regarding the following study questions:

1. What is the level of coping skills among mothers of children with multiple disabilities?
2. Are there statistically significant differences at the significance level ($\alpha = 0.05$) between the averages of the performance of members of the experimental and control groups on the post-measurement of the level of coexistence skills among mothers of children with multiple disabilities attributable to the counseling program?
3. Are there statistically significant differences at the significance level ($\alpha = 0.05$) between the averages of the experimental group on the post and follow-up measurements on the level of coexistence skills of mothers of children with multiple disabilities due to the counseling program?

Objectives of the study : The study aimed to explore the existence of statistically significant differences between the average performance of the experimental group and the control group on the post-measurement in developing coexistence skills among mothers of children with multiple disabilities. Maintaining the effect on the coping skills of mothers of children with multiple disabilities.

Importance of studying:

The importance of the study lies as follows:

- **Theoretical importance:** The importance of the study stems from the importance of the group it addressed, which is the mothers of children with multiple disabilities, the importance of the theoretical study also stems from the importance of the variables of the study, which are the counseling programs and the mothers of the children, who are considered the source of care for their children and directed to acquire those skills that enable them to adapt and coexist with a disability, their sons, and the current study represents enriching the theoretical literature related to this variable, and framing it to suit people with multiple needs.
- : This study provides an indicative measure, which is the measure of coexistence skills. It is hoped that this measure will be used in diagnosing the reality of mothers and

assisting in their care, and the behavioral program can be used in dealing with mothers and reducing many of their problems, which will be reflected on their children and in the field of education. Special needs in general, and this study can be benefited from by counselors, especially those working with groups with special needs, to work on providing appropriate programs for mothers. This study also helps in disseminating its program and opening the way for other professions that deal with individuals of this category in applying and building counseling programs,thers to help these groups adapt and coexist with their children's circumstances.

Terminological and procedural definitions:

- **Coping Skills:** Coexistence skill is defined by Foikman, & Lazarus (1980) as cognitive and behavioral efforts that help the individual acquire the skills of coexistence with life's circumstances, and develop skills that will facilitate the process of adapting to the difficult situations that are encountered, it is known procedurally as the degree that the mother obtains when applying Coexistence skills scale.
- **Cognitive Behavioral Counseling Program:** It is an organized process that aims to help the individual understand his personality and develop his abilities and potentials so that he can solve the problems that stand in his way, and train and educate the individual on the various skills and strategies derived from the theory, so that he is able to achieve the goals that he seeks in his life, and through them maintain a high level of health. Psychological: It is procedurally defined as a set of various procedures and activities, based on cognitive-behavioral therapy, which will be applied to the experimental group through mothers who have children with multiple disabilities, and is timed to improve their adaptation. The program consists of (18) counseling sessions, the duration of each session, (60 minutes), two sessions per week.
- **Mothers of children with multiple disabilities:** They are mothers who have children with multiple disabilities, and whose children have been found to have a disability based on the classification of special education centers [28].

4. Method and procedures

Study methodology: The semi-experimental approach was used to reach the results and provide the suggested recommendations for the study

Study Population: The study population consisted of all mothers of children with multiple disabilities, who attended the diagnosis and evaluation centers in the city of Irbid, for the year 2023, whose number was (885).

Study sample: The researchers made an announcement to all mothers of children with multiple disabilities who attended the Disability Diagnosis Center during the first half of the year (2023), and their number is (885) mothers, and when the mothers meet at the Disabilities Diagnosis Center, that it is related to planning to provide training programs for them to help them develop Coexistence skills in dealing with the pressures they are exposed to. The meeting was attended by (110) mothers of children with multiple disabilities, during the meeting, the measure of coexistence skills was applied to the mothers who attended, grades in coexistence skills, and work was done to address these

mothers, and to identify the degree of their readiness to voluntarily participate in the training program, and to adhere to the rules of the counseling groups that they were made aware of, the thirty-six mothers were then randomly distributed into two groups, a control group and an experimental group, The experimental group included (12) mothers, who underwent the training program, the control group also included (12) mothers, who did not undergo the training program. The members of the exploratory sample were chosen by (30) mothers, from outside the study sample members and within the community.

Study Tools: To achieve the objectives of the study, a scale of coexistence skills was used, and counseling programs based on cognitive behavioral therapy were used.

First: Coexistence skills scale: The researchers used the Coexistence Skills Scale of McCubbin, Olsen, and Larsen translated into Arabic, which measures a variety of coping behaviors that a family may use in times of distress or crisis, the scale consists of (30) items, distributed over five dimensions: obtaining social support, restoring Formulation, obtaining spiritual support, preparing the family to obtain and accept help, and negative evaluation), the researchers verified the validity and reliability of the scale through:

- 1- **The veracity of the arbitrators:** The scale was presented to a group of specialists in the field of psychological and educational counseling, where (10) arbitrators reviewed the scale, made a number of comments and observations on it, and reformulated (7) paragraphs, based on what more than %80 agreed upon of arbitrators.
- 2- **Internal construct validity:** The construct validity of the coexistence skills scale used in the study was verified by distributing the scale to (30) mothers of children with multiple disabilities from the study population outside of her sample, and the Pearson correlation coefficient was calculated between each area of the scale and the total score. The scores ranged between (0.65 - 0.85), and all of them were significant at the level of significance (0.05) between the dimension and the total score, and the items and the total score ranged between (0.77 - 0.87), which indicates that the scale enjoys internal validity that makes it a faithful performance of what was set. For his sake, these values are appropriate and indicate the validity of the internal structure of the coexistence skills scale .
- 3- Reliability using the internal consistency method (Cronbach's alpha coefficient): where the overall reliability of the scale and its various dimensions was calculated by calculating the Cronbach's alpha coefficient, and Table (1) shows this.
- 4- Reliability by the repetition method: The reliability coefficient was also calculated by the repetition method by applying it to the exploratory sample (30) either from outside the study sample or within the community, and re-applying it after two weeks to the same sample, and Table (1) shows this.

Table (1): Reliability coefficients for the coexistence skills scale using Cronbach alpha and reliability by repetition method

Domain	The number of paragraphs	Cronbach's alpha coefficients	Stability by repetition method
Get social support	6	0.820	0.790
paraphrasing	6	0.792	0.820
Get spiritual support	6	0.650	0.770
Preparing the family to accept and accept help	6	0.731	0.739
Negative Evaluation	6	0.770	0.790
Total	30	0.815	0.871

** The correlation coefficient is statistically significant at the significance level (0.05).

Statistical standard

Answering the paragraphs of the scale requires selection within a graded scale according to the five-point Likert scale: strongly agree (5) degrees, (4) degrees, neutral (3) degrees, disagree (2) degrees, strongly disagree (1) degrees, and range from The score on the total score is between 30-180, where the range = the largest value - the smallest value / number of classes was calculated

The range = 3-3/5, the range = 1.33, and the scores obtained by the mothers of the sample can be interpreted as follows

From 1.00-2.33 a few

From 2.34-3.67 medium

From 3.68-5.00 large

Second: Guidance programmes

The counseling programs were built in the current study to be applied to members of the experimental group. The programs were based on cognitive behavioral therapy in most of its sessions. The counseling program may consist of (16) sessions, and the duration of each session is (45) minutes, two sessions each week, and to verify the suitability of the program. It was presented to (8) arbitrators who were specialists from various Jordanian universities in psychological and educational counseling. Some comments were made and they were taken into consideration. The following is a brief overview of the counseling program sessions:

- **The first session:** Building a counseling relationship with the mothers, talking about the counseling program and its goals, and agreeing on the counseling group’s standards regarding session time, regularity, and observing the session’s rules of confidentiality, respect, and other agreed-upon rules.
- **Second session:** Introducing mothers to multiple disabilities and coexistence skills by talking about the life cycle and the role of families in accepting different roles and training them on coexistence skills and their impact on alleviating sources of stress.
- **Third session:** Helping family members acquire information about their members in different and appropriate ways.

- **Session Four:** Developing mothers' awareness of the importance of social support, and the importance of enhancing mothers' resilience by clarifying social support systems and their importance.
- **Fifth session:** Social support network, by identifying their basic needs, which can be met through the social support network and effective use of the support network.
- **Sixth session:** Cognitive reformulation, through cognitive restructuring and required behavior modification, and identification of irrational beliefs and their relationship to coexistence skills.
- **Seventh session:** Discovering the wrong ideas and beliefs of mothers related to their children with multiple disabilities.
- **The eighth session:** Working on discussing the mothers with their erroneous and distorted thoughts related to their thoughts in order to refute those negative thoughts and replace them with more positive ones.
- **The ninth session:** Spiritual support: Introducing mothers to the importance of spiritual support represented by the religious aspect, which is the main influence on the souls of mothers and the belief in fate and destiny.
- **The tenth session:** Immunization against stress, familiarizing mothers with the method of immunizing against stress, and providing mothers with the procedures for immunizing against stress.
- **The eleventh session:** Training mothers on the skills of mental and muscular relaxation, introducing mothers to the strategy of relaxation as skills for coexistence, and training and providing mothers with this skill.
- **Twelfth session:** Teaching mothers the skill of time management when their children are burdened and prevent them from carrying out the duties entrusted to them appropriately.
- **Thirteenth session:** Talking about the future of their children and how to deal with expected problems with children in the future.
- **Session Fourteen:** Helping mothers explore the problems associated with their children with multiple disabilities
- **Session Fifteen:** Working to help mothers in developing different alternatives to the problem and working to help them choose appropriate decisions for their children.
- **Sixteenth session:** Completion and evaluation of guidance programs.

5. Study results and discussion:

Results related to the first question: What is the level of coping skills among mothers of children with multiple disabilities?

To answer this question, the arithmetic means, standard deviations, and level of coexistence among mothers of children with multiple disabilities were extracted. Table (2) shows the results of this question.

Table (2) Arithmetic means, standard deviations, and level of coping skills among mothers of children with multiple disabilities for the total score and sub-dimensions of the coping skills scale, ranked in descending order.

Number	Rank	Domain	SMA	Std.	Level
2	1	Get spiritual support	2.65	0.65	Medium
4	2	Preparing the family to obtain and accept help	2.91	0.87	Medium
1	3	paraphrasing	2.87	0.81	Medium
5	4	Negative evaluation	3.01	0.81	Medium
3	5	Get social support	3.09	0.66	Medium
The overall mean of the coexistence skills scale			2.91	0.80	middle

Table (2) shows that the arithmetic mean of the sub-dimensions of the coexistence skills scale for mothers of children with multiple disabilities was all average, and this shows the average level of coexistence skills among mothers who have children with multiple disabilities, and the need for those skills for the purpose of accepting and coexisting with the presence of a disabled child. To improve the methods of dealing with their children and participating in confronting the problems faced by their children with multiple disabilities, since the family is an integrated whole, and the interpretation of the results is that the mothers and the family do not face their problems in an effective way, and they believe that waiting a sufficient period of time will go away the problem, and the view of the families seems somewhat negative. It does not represent correct and proper communication between members of a family that has a child suffering from multiple disabilities, and the results of this study are consistent with the results of the study of Bidawi, Salem, and Ashour [21], [18], [22].

Results and discussion of the second question: Are there statistically significant differences at the significance level ($\alpha = 0.05$) between the averages of the performance of the experimental and control group members on the post-measurement of the level of coping skills among mothers of children with multiple disabilities attributable to the counseling program?

To answer this question, the arithmetic means and standard deviations were extracted for the performance of the experimental group members and the average performance of the control group on the post-measurement on the sub-dimensions and the total score for the coexistence skills scale for mothers of children with multiple disabilities, the following table shows these results:

Table (3) Arithmetic means and standard deviations for members of the experimental and control group in the post-measurement on the sub-dimensions and the total score for the coexistence skills scale

Domain	Group	SMA	Std.
Get spiritual support	Experimental	3.65	0.56

	The female officer	2.65	0.65
Preparing the family to obtain and accept help	Experimental	3.71	0.67
	The female officer	2.91	0.87
paraphrasing	Experimental	3.81	0.078
	The female officer	2.87	0.81
Negative evaluation	Experimental	3.77	0.56
	The female officer	3.01	0.81
Get social support	Experimental	3.79	0.42
	The female officer	2.91	0.80
The total score of the scale	Experimental	3.74	0.70
	The female officer	3.09	0.75

Table (3) shows that there are apparent differences in the arithmetic means and standard deviations between the experimental and control groups on the post-measurement, in the sub-dimensions of the coexistence skills scale, and the total score of the scale. To know the significance of these differences, Mann and Netty were used to clarify the significance of the differences and the direction of the differences between the members of the experimental group and between the averages. The control group's scores in the post-measurement on the coexistence skills scale (4) shows the results of this question:

Table (4) test (Man-Whitney) To measure differences between group average scores the experimental and control group's average scores in the post-measurement on the coexistence skills scale

Domain	Measurement	N	SMA	Std.
Get spiritual support	The dimension	12	3.65	0.56
	The tracer	12	3.64	0.64
Preparing the family to obtain and accept help	The dimension	12	3.71	0.67
	The tracer	12	3.74	0.58
paraphrasing	The dimension	12	3.81	0.78
	The tracer	12	3.76	0.74
Negative evaluation	The dimension	12	3.77	0.56
	The tracer	12	3.64	0.67
Get social support	The dimension	12	3.79	0.42
	The tracer	12	3.70	0.58
The total score of the scale	The dimension	12	3.74	0.70
	The tracer	12	3.68	0.72

Table (4) shows the presence of apparent differences in the arithmetic means and standard deviations on the post and follow-up measurements of the Coexistence Skills Scale for Mothers of Children with Multiple Disabilities. To detect the significance of the differences, the Wilcoxon test was conducted, which is one of the appropriate nonparametric tests to detect differences between the two applications, conduct the post-test for the two applications, and traceability in the case of small samples, for the post-coexistence skills scale (Wilcoxon signed rank test).

Table (5) Wilcoxon signed rank test according to the guideline program

Domain	Rank distribution	Number of ranks	Average ranks	Sum of ranks	Z-value	Level of significance
Get spiritual support	positive	8	6.56	52.50	-1.814	.070
	Negative	3	4.50	13.50		
	A draw	1	-	-		
Preparing the family to obtain and accept help	positive	10	5.50	55.00	-2.859	.004
	Negative	0	.00	.00		
	A draw	2				
paraphrasing	positive	11	6.36	70.00	-2.557	.011
	Negative	1	8.00	8.00		
	A draw	0	-			
Negative evaluation	positive	7	4.00	28.00	-2.401	.016
	Negative	0	.00	.00		
	A draw	5	-	-		
Get social support	positive	7	4.21	29.50	-1.651	.099
	Negative	1	6.50	6.50		
	A draw	4	-	-		
The total score of the scale	positive	8	7.69	61.50	-1.775	.076
	Negative	4	4.13	16.50		
	A draw	0	-			

It is clear from Table (5) that there are no statistically significant differences at the significance level ($\alpha=0.05$) Between average scores, The experimental group in the post and follow-up measurements, in the coexistence skills scale, the continuity of the effectiveness of the counseling program became clear through the absence of statistically significant differences between the average ranks of the experimental group’s scores after implementing the program and following up after a month through retaining the skills that these mothers learned when dealing with their children with disabilities.

Multiple disabilities, and their ability to retain acquired skills, behaviors, and ideas, and maintain an appropriate level of improvement in positive methods in dealing with their children. This result also explains the extent to which the guidance program used contributes to transferring the necessary experiences and skills, and providing a set of activities and techniques based on the conceptual framework of cognitive therapy in solving problems. Problems and insight into their causes, and immunization against stress, by teaching participants how to express their feelings and fears, and encouraging them to talk about the difficult and critical situations to which they were exposed, in addition to acquiring a number of skills, including relaxation and emotional release. The organized and planned counseling interventions and treatments also created a precise focus on Preparation, implementation and evaluation ensure the continued positive impact of the program in helping participants realize their abilities and the skills they possess, as well as having a conscious understanding of the environment and the nature of the problems they face, and exploiting the potential they have of themselves and the

environment and employing them to achieve their personal and social compatibility and positive interaction, and thus achieve the goals to reach a level of Coexistence skills, and the results of the current study are consistent with the results of the study (Mowed, 2012), the study (Rathore, & Mathur, 2015), the study (Aktuek, & Aylas, 2017), and the study by Boulasa (2016) on the role of guidance programs directed at mothers in improving various skills and aspects of Children with multiple disabilities.

6. Recommendations:

In light of the results, the study recommends the following:

- Providing specialized guidance programs for mothers of people with multiple disabilities, to help them improve their coping skills and understand the importance of their role in supporting and assisting their children in overcoming the obstacles that hinder their lives.
- Applying the guidance program and tools that were prepared for the purposes of this study to other groups, such as: mothers of people with autism, and mothers of children with learning difficulties.
- The necessity of working through workshops and lectures in family centers to care for mothers of children with multiple disabilities
- The necessity of supporting the mother from all educational, cultural and social institutions and institutions, especially when she discovers that she has a son with special needs
- Working to establish integrated guidance units in institutions and ministries related to this category, to meet the evolving need for guidance for families of disabled children, and to educate families of children with disabilities about the supportive services related to their child's disability.
- It is necessary to educate family members and those caring for their children to follow appropriate methods for children with special needs

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