Attention-deficit/hyperactivity disorder (ADHD) is a prevalent and chronic mental health disorder associated with adverse outcomes through the life span. It include severe disruptions in relationships with parents, teachers, peers and siblings during childhood, academic problems throughout the school years **(Fabiano, et.al 2010)**

Attention-Deficit/Hyperactivity Disorder (ADHD) is a childhood-onset neuro-developmental disorder characterized primarily by a persistent pattern of inattention, and/or hyperactivity-impulsivity that interferes with or reduces the quality of social, academic or occupational functioning **(American Psychiatric** **Association, 2013).**These dysfunctions can lead to behavioral problems in home, school, work, and social settings. Children with ADHD may have difficulty with learning in school, developing appropriate social skills, and managing frustration and aggression (**Wilcutt, 2012).**

There are three main types of ADHD, Attention-Deficit Hyperactivity Disorder, Primarily Inattentive Type, and Primarily Hyperactive-Impulsive Type. This is the most common type causing troubles with attention and hyperactivity.

The causes of ADHD have not been determined conclusively and continue to be studied. ADHD appears to be the result of a complex interaction of genetic, environmental and biological factors among children whose mothers smoked during pregnancy. Children whose mothers were exposed to poly-substance use and Maternal psychological stress during pregnancy had significantly elevated levels of impulsivity and attention problems contributes to ADHD symptoms in the offspring. **(Visser, et.al, 2013)**.

The criteria for the diagnosis of children and adolescents with ADHD through 16 years of age must present with at least six symptoms from one or both of the two major domains: inattention or hyperactivity/impulsivity. A persistent pattern of inattention and/or hyperactivity-impulsivity must be present in two or more settings (such as home or school), and must interfere with or reduce the quality of social, academic or occupational functioning. ADHD must have begun in childhood; several of the symptoms must have been present before 12 years of age (**Nutt, 2007).**

The Centers for Disease Control and Prevention (CDC) estimates those 4.4 million youth ages 4-17 have been diagnosed with attention deficit hyperactivity disorder (ADHD) by a healthcare professional. Overall estimates are that 5-10 percent of children may have ADHD. Several recent reports suggested that ADHD rates are on the rise **(Akinbami, 2011**).

The estimated national prevalence of current ADHD was 8.8 percent among children. Analyses of the 2011-2012 data found a significant increase from 2007 estimates in the prevalence of a history of ADHD, current ADHD, medicated ADHD, and moderate/severe ADHD (**Visser, et al., 2013)**

The impact of the disorder on the parent is almost as dramatic. Parenting classes can provide caregivers with a clearer understanding of the disorder; its symptoms, problems and treatment options. A group format is an efficient way to deliver this information, as well as an excellent technique for normalizing the situation. The group approach of a class can reduce the sense of hopelessness and isolation that many parents experience. Many parents have a need for emotional support beyond just receiving accurate and detailed educational information. In addition, family therapy provides a venue to sort through these concerns and clarify their reality, it provides a safe environment for parents and children to discuss what may have become extremely volatile issues.**(Austin., et . al 2014)**

Typical behavior modification procedures involve working with parents to program behavioral contingencies into the child's home and recreational environments. **(Barkley, 2013)**Parent behavior management training has been the most widely researched treatment option for children, involves training parents to implement behavior therapy programs in the home, to target both home and school behavior. Parents are taught the principles of positive reinforcement, and a functional behavior analysis is applied to the negative behaviors. **(Anastopoulos, 2010)**

 Professional nurses need to discuss with caregivers the available services and resources ADHD children can receive for creating the best environment as they become more aware of the diagnosis of ADHD. They have a huge role in helping children, understand and manage their relationship with others to maximize their potentials and helping them manage their behavior and adjust to rules and procedures **(Brittany Evert ., 2009).**

**Significance of the study**

ADHD appears to be a neurologically heterogeneous disorder, with varying patterns of impairment in different individuals and with significant subtypes **(AmericanAcademy of Pediatrics, 2011).** Moreover, it is a great cost to society from ADHD because of the resulting academic and occupational underachievement, conduct problems throughout the lifespan, higher levels of associated substance abuse, motor vehicle accidents, and interpersonal relationship problems **(Mick, et al., 2014)**

 The problems associated with ADHD appear in different ways at different ages, as the individual matures and as the environmental requirements for sustained self-control increase (Taylor &Sonuga-Barke,s 2008) Not only ADHD affects behavior of children, but also as a result of the diagnosis and accompanying criticism of their parenting abilities. Furthermore, the social stigma associated with the diagnosis-that is, children are seen as being mentally abnormal affects the child and the whole family (**Khan &Faraone, 2006)** So, this study tried to focus on implementing an intervention program for care givers of children with ADHD and how they try to manage and deal with the child, as this disorder causes disruption for all the family, especially for the mother who deals with the child on a daily basis

**Aim of the study**

This study aims to develop, implement and evaluate an intervention program for caregivers of ADHD children at Benha City through**:1-**Determining the knowledge of caregivers regarding ADHD 2- Assessing behavior of the children.3- Implementing the developed educational training program based on previously detected needs 4-Evaluating the impact of the program on caregivers ' knowledge and also on the children behavior.