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Building A Computerized Psychotic Disorders and Mental Illness Inventory for University Students with Special Needs and Normal According to The Fifth Statistical Diagnosis

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Abstract

The current study aims to build an objective tool using the computer to diagnose psychotic disorders and mental illness among university students, provided that the battery paragraphs are prepared from the exploratory study of measures of psychotic disorders and mental illness according to the fifth Diagnostic and Statistical Manual DSM-5. The study also aims to verify the criteria for the stability and validity of the computerized scale by calculating the apparent validity, content validity, extracting the internal consistency coefficients of the paragraphs, and the discriminatory power of the scale, provided that it is applied to a sample of undergraduate students with special needs and normal according to the specification features contained in the fifth Diagnostic Statistical Manual DSM-5, which is the stage in which students are in dire need of identifying and diagnosing psychotic disorders and mental illness, without the need for an experienced and trained specialist in the diagnosis process, and so that it can be applied by non-specialist caregivers, and at the same time obtain a diagnosis Specific and precise mental illness or disorder.

Keywords: *psychotic disorders, mental illness, special needs*

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
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www.mecsj.com

الملخص

تهدف الدراسة الحالية إلى بناء أداة موضوعية باستخدام الكمبيوتر لتشخيص الاضطرابات الذهانية والأمراض العقلية لدى طلاب الجامعة، على أن يتم إعداد فقرات البطارية من الدراسة الاستكشافية لمقاييس الاضطرابات الذهانية والأمراض العقلية وفقًا للدليل التشخيصي والإحصائي الخامس. DSM-5. كما تهدف الدراسة إلى التحقق من معايير ثبات وصلاحية المقياس المحوسب عن طريق حساب الصدق الظاهري وصدق المحتوى واستخراج معاملات التناسق الداخلية للفقرات والقوة التمييزية للمقياس، بعد تطبيقه على عينة من الطلاب الجامعيين ذوي الاحتياجات الخاصة وآخرين طبيعيين، وفقًا لخصائص المواصفات الواردة في الدليل الإحصائي التشخيصي الخامس DSM-5 ، وهي المرحلة التي يكون فيها الطلاب في أمسّ الحاجة إلى تحديد وتشخيص الاضطرابات الذهانية والأمراض العقلية، دون الحاجة إلى أخصائي متمرس ومدرب في عملية التشخيص، بحيث يمكن تطبيقه من قبل مقدمي الرعاية غير المتخصصين، وفي نفس الوقت الحصول على تشخيص مرض أو اضطراب عقلي محدد ودقيق.

الكلمات المفتاحية: الاضطرابات الذهانية، الأمراض العقلية ، الاحتياجات الخاصة

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
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ISSN: 2616-9185
www.mecsj.com

Introduction

Many college students may experience the persistence, exacerbation, or first onset of mental health and substance use problems, while possibly receiving no or inadequate treatment. With the increasing recognition of child mental health issues and the use of more psychotropic medications, the number of young adults with mental health problems entering college has significantly increased. For example, in a survey of 274 institutions, 88 % of counseling center directors reported an increase in “severe” psychological problems over the previous 5 years including learning disabilities, self-injury incidents, eating disorders, substance use, and sexual assaults. Thus, there is an increase in demand for counseling and specialized services. However, the increase in demands has not always corresponded to an increase in staff. In particular, counseling centers are in need of psychiatrists with expertise in treating traditional as well as non-traditional college students, two groups with specific age-related characteristics and challenges. In this commentary, the prevalence of psychiatric and substance use problems in college students, as well as their common onset, will be described. Next, the worrisome persistent nature of mental health problems among college students and its implication will be discussed. Finally, important treatment considerations for traditional and non-traditional college students will be outlined. (Pedreli et al., 2015:503).

Purpose of the study

The current study aims to build an objective tool using the computer to diagnose psychotic disorders and mental illness among university students, provided that the battery paragraphs are prepared from the exploratory study of measures of psychotic disorders and mental illness according to the fifth Diagnostic and Statistical Manual DSM-5. Additionally, the study also aims to verify the criteria for the stability and validity of the computerized scale by calculating the apparent validity, content validity, extracting the internal consistency coefficients of the paragraphs, and the discriminatory power of

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
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www.mecsj.com

the scale, provided that it is applied to a sample of undergraduate students with special needs and normal according to the specification features contained in the fifth Diagnostic Statistical Manual DSM-5, which is the stage in which students are in dire need of identifying and diagnosing psychotic disorders and mental illness, without the need for an experienced and trained specialist in the diagnosis process, and so that it can be applied by non-specialist caregivers, and at the same time obtain a diagnosis Specific and precise mental illness or disorder.

The inventory will contain the following subtests:

1. Scale of neurodevelopmental disorders.
2. Scale of Bipolar and related disorders.
3. Anxiety Disorders scale.
4. Scale of Trauma and stressor- Related disorders.
5. Dissociative Disorders.
6. The scale of problem solving disabilities.
7. Scale of Feeding and eating disorders.
8. Scale sleep – Wake disorders.
9. Scale of Disruptive impulsive- Control and Conduct Disorders.
10. Neurocognitive Disorders Scale.
11. Personality Disorders Scale.

Significance of the study

Theoretical importance: The theoretical importance of the current study lies in its handling of a new concept in contemporary psychological literature, which is the assessment of psychotic disorders and mental illness using a computer, according to the fifth Diagnostic and Statistical Manual as follows:

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

1. Scale of neurodevelopmental disorders.
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7. Scale of Feeding and eating disorders.
8. Scale sleep – Wake disorders.
9. Scale of Disruptive impulsive- Control and Conduct Disorders.
10. Neurocognitive Disorders Scale.
11. Personality Disorders Scale.

Which the Arab studies did not adequately address - as within the limits of the researcher's knowledge - and because of the importance of this computerized scale in the diagnostic curve of psychotic disorders and mental illnesses, and what it entails in reducing the impact of these disorders at the university level.

Practical importance

The applied importance of the current study lies in the possibility of using the list of psychotic disorders and computerized mental illnesses at the university stage, so that it can be developed and benefited from in the field of early diagnosis of these disorders and identifying their causes as a first step in diagnosis, and then preparing for the preparation of appropriate treatment programs and early intervention.

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Review of Literature

Attending college can be a stressful time for many students. In addition to coping with academic pressure, some students have to deal with the stressful tasks of separation and individuation from their family of origin while some may have to attend to numerous work and family responsibilities (Pedreli et al., 2015:503).

McMillan et al. (2013: 3) have found that Students with disabilities are at increased risk of experiencing mental health difficulties, but may not be recognized as an at-risk population in the design of school-based prevention and intervention efforts. Understanding the link between disability and mental health is important for school psychologists and guidance counsellors, teachers, and special education personnel who are in a position to provide targeted opportunities for social and emotional learning and to ameliorate the potential for marginalization and isolation.

An international review of studies on the prevalence of schizophrenia was found in poorer countries. Studies of the prevalence of personality disorders have been fewer and smaller-scale, but one broad Norwegian survey found a five-year prevalence of almost 1 in 7 (13.4%). Each year 73 million women are affected by major depression, and suicide is ranked 7th as the cause of death for women between the ages of 20–59. Psychotropic medications are available in Bangladesh but psychotherapy is hardly available. In Dutch higher students they have study-related stress a lot. During 1990s the physical and mental health of students in Europe and the United States were an emergent subject of research. Students feel limited in their daily activities of stress that cause their study to decline. Suicide, which is often mental disorder, is a leading cause of death among teenagers and adults under 35. There are an estimated 10 to 20 million attempted suicides every year worldwide. (Kabir and Ashraful, 2017: 17)

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Cadge et al. (2019) attempted to explore lay understanding and perceptions of schizophrenia in university students using Qualitative study using semi-structured interviews and thematic analysis at The University of Birmingham, West Midlands. The study was applied on 20 UK home students of white British (n=5), Indian (n=5), Pakistani (n=5), African Caribbean (n=4) and dual white British and African Caribbean ethnicity (n=1). Findings revealed a lack of knowledge about schizophrenia, particularly the negative symptoms that were not mentioned. There were mixed ideas on the causes and sources of available help for schizophrenia; however, positively many said they would consult their general practitioner. While there was a general misconception among the students that schizophrenia caused multiple personalities and was a dangerous illness, there were some differences in perceptions and understanding between ethnic groups, with more Indian students perceiving upbringing as a causal factor in the development of the illness and more Pakistani students perceiving possession by a spirit as a cause.

Kabir and Ashraful (2017) conducted a study that is an attempt to explore an empirical investigation on the search for psychological problems among the students in Bangladesh. The sample was composed of 300 respondents. A 2× 2×2 factorial design involving 2 levels of gender (male vs. female), 2 levels of residence (urban vs. rural) and 2 levels of students' category (science vs. humanities) were used. It was to study the psychological problems of 17 to 18 years old students. Four psychological problems such as anxiety, depression, obsessive compulsive disorder and eating disorder were found. These four problems are related with mentioned six categories at P at $P<0.01$ level and ANOVA were significant at $P<0.05$ level. It was found that students of humanities group were more vulnerable with these problems as compared to the students of science group. The findings of the present study were interpreted in the light of existing literature. It was concluded that these psychological problems could be addressed through proper counseling. Moreover, special emphasis on food and nutrition and yoga could bring the solution to these problems.

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

McMillan et al. (2013) conducted a paper is to discuss the connections between disability and mental health in school-age children and young people, and to review current research related to mental health promotion and intervention in schools, with a focus on students with disabilities. Until recently, limited attention has been paid to individuals with disabilities in discussions of mental health promotion and intervention; for example, Australia's National Mental Health Strategy 2003-2008 (Australian Health Ministers, 2003) did not include people with disabilities among specific 'at risk' groups. This is despite considerable evidence that prevalence rates for mental health difficulties are higher for individuals with a disability than for the general population (Ministerial Advisory Committee: Students with Disabilities. Understanding the link between disability and mental health is important for school psychologists and guidance counsellors, teachers, and special education personnel who are in a position to provide targeted opportunities for social and emotional learning and to ameliorate the potential for marginalization, isolation and academic and behavioral difficulties.

On the other side, Furnham et al. (2011) had a study to explore the mental health literacy of students. This study is part of the growing interest in mental health literacy among young people. Design/methodology/approach – Over 400 university students indicated their knowledge of over 90 psychiatric illnesses labels derived from DSM:IV. They rated disorders on six questions concerning whether they had heard of the disorder; knew anybody with it; could define or describe it; knew what causes it; whether those with it can be cured; and whether it is common. Findings – On average, participants had heard of just over one-third of the various illnesses. Those who rated the conditions as more common deemed them to have more known causes and to be more curable. Emotionally intelligent, open-to-experience females who had studied relevant academic subjects claimed to be better informed. The participant's age and personality, as well as whether they had studied clinical psychology, related to their awareness. Research limitations/implications – The paper favors recognition of mental disorders over an attempt to understand how well young people understand mental illness.

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
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www.mecsj.com

Originality/value – No study has attempted this methodology in the study of mental health literacy.

Methodology

The study will be carried out in university and will be applied on a sample of students with or without special needs. the study will adopt the descriptive method.

Study group: The population of the study will be from university students

Study sample: The researcher will choose two samples of university students: a group of university students with special needs, and a group of normal.

Tools: A battery of psychotic and mental illness using a computer that contains the following tests:

1. Scale of neurodevelopmental disorders.
2. Scale of Bipolar and related disorders.
3. Anxiety Disorders scale.
4. Scale of Trauma and stressor- Related disorders.
5. Dissociative Disorders.
6. The scale of problem solving disabilities.
7. Scale of Feeding and eating disorders.
8. Scale sleep – Wake disorders.
9. Scale of Disruptive impulsive- Control and Conduct Disorders.
10. Neurocognitive Disorders Scale.
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Applied Study

This section discusses the descriptive analysis for study sample and study variable as following:

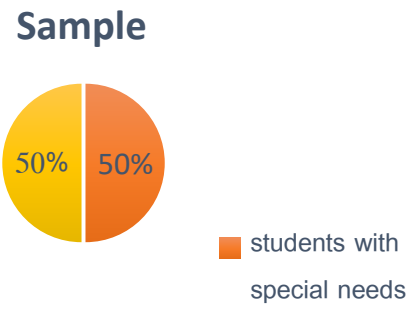
Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

-Descriptive analysis for study sample: A sample of 20 university students who suffer from mental disorders and developmental delays was selected as an experimental sample, and 20 university students from normal students were identified as a control sample, and in Table (1) a description of the two groups is presented.

Table (1): Study Groups of sample

		Frequency	Percent	Chi-Square	df	P-Value
Groups	students with special needs	20	50.0	.000	1	1.000
	Normal	20	50.0			
	Total	**40**	**100.0**			

Reliability Tests of the Study Tool: This part presents the test of validity and reliability of the proposed scale for the study, and to what extent this scale can be relied upon and used in diagnosing students' cases. This section will organize as follow:



Reliability Tests: Reliability analysis allows you to study the properties of measurement scales and the items that compose the scales. The Reliability Analysis procedure calculates a number of commonly used measures of scale reliability and also provides information about the relationships between individual items in the scale. Intraclass correlation coefficients can be used to compute inter-rater reliability estimates. This test results show as table (2).

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Table (2): Reliability Statistics

Cronbach's Alpha	N of Items
.950	68

Case Processing Summary

		N	%
Cases	Valid	38	95.0
	Excluded	2	5.0
	Total	**40**	**100.0**

From the previous table the Cronbach's alpha was 95% this means that the research tool is reliable, researcher can depend on it and complete the study procedures.

Consistency Tests of the Study tool: The consistency of research tool was test by correlation test to know how every dimension measure the objective which related it. The results of correlation test in table (3)

Table (3): Correlation matrix

		D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	Y
D1	Pearson Correlation	1											
	Sig. (2-tailed)												
	N	40											
D2	Pearson Correlation	.729**	1										
	Sig. (2-tailed)	.000											
	N	40	40										
D3	Pearson Correlation	.827**	.720**	1									
	Sig. (2-tailed)	.000	.000										
	N	40	40	40									
D4	Pearson Correlation	.647**	.614**	.674**	1								
	Sig. (2-tailed)	.000	.000	.000									
	N	40	40	40	40								
D5	Pearson Correlation	.746**	.591**	.759**	.727**	1							
	Sig. (2-tailed)	.000	.000	.000	.000								
	N	40	40	40	40	40							
D6	Pearson Correlation	.409**	.485**	.573**	.588**	.552**	1						
	Sig. (2-tailed)	.009	.002	.000	.000	.000							
	N	40	40	40	40	40	40						

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

D7	Pearson Correlation	.668**	.620**	.725**	.596**	.663**	.348*	1					
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.028						
	N	40	40	40	40	40	40	40					
D8	Pearson Correlation	.679**	.727**	.749**	.747**	.656**	.492**	.756**	1				
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.001	.000					
	N	40	40	40	40	40	40	40	40				
D9	Pearson Correlation	.596**	.676**	.667**	.691**	.730**	.698**	.534**	.709**	1			
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000				
	N	40	40	40	40	40	40	40	40	40			
D10	Pearson Correlation	.629**	.647**	.704**	.710**	.709**	.702**	.540**	.664**	.799**	1		
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000			
	N	40	40	40	40	40	40	40	40	40	40		
D11	Pearson Correlation	.647**	.614**	.674**	1.000**	.727**	.588**	.596**	.747**	.691**	.710**	1	
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000		
	N	40	40	40	40	40	40	40	40	40	40	40	
Y	Pearson Correlation	.803**	.794**	.866**	.883**	.857**	.718**	.759**	.863**	.860**	.863**	.883**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	
	N	40	40	40	40	40	40	40	40	40	40	40	40

The previous table shows that the correlation coefficient of the lowest dimensions was 71.8%, and this means that the research tool is able to measure what it was designed to measure and the researcher can rely on it and complete the study, and the highest correlation coefficient was 88.3%, and this means that there is a strong relationship between all dimensions of the scale and purpose from measurement.

-Descriptive analysis for study tool dimensions: In this section, descriptive and inferential statistics will be presented for each dimension of the scale, in order to identify the scale's ability to diagnose the condition of the sample students.

Scale of neurodevelopmental disorders: The statistical analysis results of this dimension were as follow: Frequency and Chi-square tests: The results of descriptive tests show in table (4).

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Table (4): descriptive analysis for D1

		Observed N	Expected N	Residual	Chi-Square	df	Asymp. Sig.
Intellectual disabilities, Intellectual development disorder	mild disease middle disease strong disease Total	24 11 5 40	13.3 13.3 13.3	10.7 -2.3 -8.3	14.150[a]	2	.001
Delayed overall growth	mild disease middle disease strong disease Total	19 14 6 1 40	10.0 10.0 10.0 10.0	9.0 4.0 -4.0 -9.0	19.400[b]	3	.000
Unspecified intellectual disability	mild disease middle disease strong disease Total	16 16 8 40	13.3 13.3 13.3	2.7 2.7 -5.3	3.200[a]	2	.202
Communication disorders	mild disease middle disease strong disease Total	21 10 8 1 40	10.0 10.0 10.0 10.0	11.0 .0 -2.0 -9.0	20.600[b]	3	.000
Language disorder, Speech sound disorder	mild disease middle disease strong disease Total	26 12 2 40	13.3 13.3 13.3	12.7 -1.3 -11.3	21.800[a]	2	.000
Infantile onset of stuttering fluency disorder, Practical social communication disorder	mild disease middle disease strong disease Total	28 9 2 1 40	10.0 10.0 10.0 10.0	18.0 -1.0 -8.0 -9.0	47.000[b]	3	.000
Unspecified Communication Disorder, Autism spectrum disorder	mild disease middle disease strong disease Total	24 13 2 1 40	10.0 10.0 10.0 10.0	14.0 3.0 -8.0 -9.0	35.000[b]	3	.000
Attention Deficit/Hyperactivity Disorder, Other Specific Attention Deficit /Hyperactivity Disorder, Unspecified Attention Deficit/Hyperactivity Disorder	mild disease middle disease strong disease Total	26 11 2 1 40	10.0 10.0 10.0 10.0	16.0 1.0 -8.0 -9.0	40.200[b]	3	.000
Specific learning disorder	mild disease middle disease strong disease Total	16 16 6 2 40	10.0 10.0 10.0 10.0	6.0 6.0 -4.0 -8.0	29.000[b]	3	.000

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Movement disorders Developmental coordination disorder, stereotyped movement disorder	mild disease middle disease strong disease Total	23 14 2 1 40	10.0 10.0 10.0 10.0	13.0 4.0 -8.0 -9.0	15.200[b]	3	.002
Tic disorders, Tourette's disorder, Chronic persistent motor or vocal tic disorder -Introductory tic disorder, Other Specific Tic Disorder, Unspecified tic disorder	mild disease middle disease strong disease Total	23 14 2 1 40	10.0 10.0 10.0 10.0	13.0 4.0 -8.0 -9.0	33.000[b]	3	.000
Other neurodevelopmental disorders, Other Specific Neurodevelopmental Disorders, Unspecified neurodevelopmental disorder	mild disease middle disease strong disease Total	22 14 3 1 40	10.0 10.0 10.0 10.0	12.0 4.0 -7.0 -9.0	40.600[b]	3	.000

The previous table shows that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant deficiencies between Study Groups.

T-test for two Groups: The T-test results shown in table (5)

Table (5): T-test results for D1

	Study Groups	N	Mean	t-test for Equality of Means		
				t	df	Sig. (2-tailed)
Intellectual disabilities, Intellectual development disorder	students with special needs	20	1.8500			
	Normal	20	1.2000	3.193	38	.003
Delayed overall growth	students with special needs	20	2.1000	3.193	28.0	.003
	Normal	20	1.3500	3.241	38	.002
Unspecified intellectual disability	students with special needs	20	2.3500	3.241	29.1	.003
	Normal	20	1.2500	6.681	38	.000
Communication disorders	students with special needs	20	2.1500	6.681	35.3	.000
	Normal	20	1.3000	3.474	38	.001
Language disorder, Speech sound disorder	students with special needs	20	1.4500	3.474	31.4	.002
	Normal	20	1.3500	.531	38	.599
Infantile onset of stuttering fluency disorder, Practical social communication disorder	students with special needs	20	1.5000	.531	34.3	.599
	Normal	20	1.3000	.890	38	.379
Unspecified Communication Disorder, Autism spectrum disorder	students with special needs	20	1.7500	.890	37.8	.379
	Normal	20	1.2500	2.330	38	.025

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Attention Deficit/Hyperactivity Disorder, Other Specific Attention Deficit /Hyperactivity Disorder, Unspecified Attention Deficit/Hyperactivity Disorder	students with special needs	20	1.7000	2.330	28.6	.027
	Normal	20	1.2000	2.337	38	.025
Specific learning disorder	students with special needs	20	1.9000	2.337	27.1	.027
	Normal	20	1.2500	3.025	38	.004
Movement disorders Developmental coordination disorder, stereotyped movement disorder	students with special needs	20	2.3000	3.025	28.6	.005
	Normal	20	1.4000	3.828	38	.000
Tic disorders, Tourette's disorder, Chronic persistent motor or vocal tic disorder - Introductory tic disorder, Other Specific Tic Disorder, Unspecified tic disorder	students with special needs	20	1.6500	3.828	29.3	.001
	Normal	20	1.4000	1.108	38	.275
Other neurodevelopmental disorders, Other Specific Neurodevelopmental Disorders, Unspecified neurodevelopmental disorder	students with special needs	20	1.8000	1.108	30.3	.277
	Normal	20	1.2000	2.368	38	.023

The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.2 for the normal group, but the greater mean was 2.35 for students with special needs group, this means that the impact of drugs was strong on group two.

Scale of Bipolar and related disorders: The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests: The results of descriptive tests show in table (6)

Table (6): descriptive analysis for D2

		Observed N	Expected N	Residual	Chi-Square	df	Asymp. Sig.
Exaggerated or grandiose self-esteem.	mild disease	24	10.0	14.0	35.000[a]	3	.000
	middle disease	13	10.0	3.0			
	strong disease	2	10.0	-8.0			
	deep disease	1	10.0	-9.0			
	Total	40					
Decreased need for sleep (for example, feeling rested after sleeping only 3 hours).	mild disease	26	10.0	16.0	38.600[a]	3	.000
	middle disease	10	10.0	.0			
	strong disease	3	10.0	-7.0			
	deep disease	1	10.0	-9.0			
	Total	40					

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

More chatter than usual or pressure to keep talking.	mild disease middle disease strong disease deep disease Total	22 13 3 2 40	10.0 10.0 10.0 10.0	12.0 3.0 -7.0 -8.0	26.600[a]	3	.000
Flying ideas or a personal experience of racing ideas.	mild disease middle disease strong disease deep disease Total	22 13 4 1 40	10.0 10.0 10.0 10.0	12.0 3.0 -6.0 -9.0	27.000[a]	3	.000
Distraction (easily diverting attention to unimportant or irrelevant external stimuli). As reported or observed.	mild disease middle disease strong disease deep disease Total	25 10 3 2 40	10.0 10.0 10.0 10.0	15.0 .0 -7.0 -8.0	33.800[a]	3	.000
An increase in purposeful activity (either socially, at work or at school, or sexually) or psychomotor agitation (i.e. non-purposeful activity that is not directed).	mild disease middle disease strong disease deep disease Total	27 9 2 2	10.0 10.0 10.0 10.0	17.0 -1.0 -8.0 -8.0	41.800[a]	3	.000
Excessive indulgence in activities that have a high potential for traumatic consequences (extravagant purchases of pleasure, sexual indiscretion or foolish business investments).	mild disease middle disease strong disease deep disease Total	25 11 2 2 40	10.0 10.0 10.0 10.0	15.0 1.0 -8.0 -8.0	35.400[a]	3	.000

From the previous table, the results show that most elements were have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

T-test for two Groups: The T-test results shown in table (7).

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Table (7): T-test results for D2

	Study Groups	N	Mean	t-test for Equality of Means		
				t	df	Sig. (2-tailed)
Exaggerated or grandiose self-esteem.	students with special needs	20	1.750	2.33	38	.025
	Normal	20	1.250	2.33	28.64	.027
Decreased need for sleep (for example, feeling rested after sleeping only 3 hours).	students with special needs	20	1.800	3.00	38	.005
	Normal	20	1.150	3.00	25.20	.006
More chatter than usual or pressure to keep talking.	students with special needs	20	1.900	2.17	38	.036
	Normal	20	1.350	2.17	27.29	.039
Flying ideas or a personal experience of racing ideas.	students with special needs	20	2.000	3.76	38	.001
	Normal	20	1.200	3.76	27.25	.001
Distraction (easily diverting attention to unimportant or irrelevant external stimuli). As reported or observed.	students with special needs	20	1.900	2.84	38	.007
	Normal	20	1.200	2.84	24.98	.009
An increase in purposeful activity (either socially, at work or at school, or sexually) or psychomotor agitation (i.e. non-purposeful activity that is not directed).	students with special needs	20	1.700	1.79	38	.081
	Normal	20	1.250	1.79	25.81	.085
Excessive indulgence in activities that have a high potential for traumatic consequences (extravagant purchases of pleasure, sexual indiscretion or foolish business investments).	students with special needs	20	1.850	2.71	38	.010
	Normal	20	1.200	2.71	25.36	.012

The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.2 for the normal group, but the greater mean was 2.00 for students with special needs group, this means that the impact of drugs was strong on group two.

Anxiety Disorders scale: The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests: The results of descriptive tests show in table (8).

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Table (8): descriptive analysis for D3

		Observed N	Expected N	Residual	Chi-Square	df	Asymp. Sig.
Repeated excessive discomfort) of this view strongly.	mild disease	24	13.3	10.7	16.550 [a]	2	.000
	middle disease	13	13.3	-.3			
	strong disease	3	13.3	-10.3			
	deep disease	40					
	Total						
A separation that forces separation from someone who is very attached to him occurs	mild disease	23	10.0	13.0	27.000 [b]	3	.000
	middle disease	11	10.0	1.0			
	strong disease	2	10.0	-8.0			
	deep disease	4	10.0	-6.0			
	Total	40					
(Continuous and interval, middle, middle, middle, middle, interval, foul, foul, foul) as disease, ratio, catastrophe, or the death.	mild disease	22	10.0	12.0	24.800 [b]	3	.000
	middle disease	12	10.0	2.0			
	strong disease	4	10.0	-6.0			
	deep disease	2	10.0	-8.0			
	Total	40					
Continuous and excessive fear that an unfortunate event will occur) such as being lost, being kidnapped, having an accident,	mild disease	23	10.0	13.0	25.400 [b]	3	.000
	middle disease	10	10.0	.0			
	strong disease	3	10.0	-7.0			
	deep disease	4	10.0	-6.0			
	Total	40					
Illness (will cause separation from a person with whom he is related)	mild disease	22	10.0	12.0	24.600 [b]	3	.000
	middle disease	12	10.0	2.0			
	strong disease	3	10.0	-7.0			
	deep disease	3	10.0	-7.0			
	Total	40					
Continuous objection or refusal of an outsider to an outsider such as school, work or other places because of Fear of separation.	mild disease	21	10.0	11.0	21.000 [b]	3	.000
	middle disease	12	10.0	2.0			
	strong disease	4	10.0	-6.0			
	deep disease	3	10.0	-7.0			
	Total	40					
Excessive persistent fear or reluctance, because we are alone or open At home or other places.	mild disease	16	10.0	6.0	33.800 [b]	3	.000
	middle disease	14	10.0	4.0			
	strong disease	6	10.0	-4.0			
	deep disease	4	10.0	-6.0			
	Total	40					
Continuous reluctance or refusal to sleep far from home or sleep without being near a person relates to him.	mild disease	16	10.0	6.0	10.400 [b]	3	.015
	middle disease	14	10.0	4.0			
	strong disease	6	10.0	-4.0			
	deep disease	4	10.0	-6.0			
	Total	40					

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

recurring nightmares contain 1000g)	mild disease	16	10.0	6.0			
	middle disease	16	10.0	6.0	14.600 [b]	3	.002
	strong disease	5	10.0	-5.0			
	deep disease	3	10.0	-7.0			
	Total	40					
frequent complaints of physical symptoms (such as headache, stomach upset, nausea or vomiting when)	mild disease	22	10.0	12.0			
	middle disease	14	10.0	4.0	28.800 [b]	3	.000
	strong disease	2	10.0	-8.0			
	deep disease	2	10.0	-8.0			
	Total	40					

From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

T-test for two Groups: The T-test results shown in table (9)

Table (9): T-test results for D3

	Study Groups	N	Mean	t-test for Equality of Means		
				t	df	Sig. (2-tailed)
Repeated excessive discomfort) of this view strongly.	students with special needs	20	1.7000	2.349	38	.024
	Normal	20	1.2500	2.349	31.307	.025
A separation that forces separation from someone who is very attached to him occurs	students with special needs	20	2.1000	3.048	38	.004
	Normal	20	1.2500	3.048	24.409	.005
(Continuous and interval, middle, middle, middle, middle, interval, foul, foul, foul) as disease, ratio, catastrophe, or the death.	students with special needs	20	2.0000	2.774	38	.009
	Normal	20	1.3000	2.774	30.701	.009
Continuous and excessive fear that an unfortunate event will occur) such as being lost, being kidnapped, having an accident,	students with special needs	20	2.1500	3.187	38	.003
	Normal	20	1.2500	3.187	24.262	.004
Illness (will cause separation from a person with whom he is related)	students with special needs	20	2.0500	2.806	38	.008
	Normal	20	1.3000	2.806	25.729	.009
Continuous objection or refusal of an outsider to an outsider such as school, work or other places because of Fear of separation.	students with special needs	20	2.1500	3.204	38	.003
	Normal	20	1.3000	3.204	25.840	.004
Excessive persistent fear or reluctance, because we are alone or open At home or other places.	students with special needs	20	1.7000	1.125	38	.267
	Normal	20	1.4000	1.125	30.490	.269
Continuous reluctance or refusal to sleep far from home or sleep without being near a person relates to him.	students with special needs	20	2.4000	3.214	38	.003
	Normal	20	1.5000	3.214	29.662	.003
recurring nightmares contain 1000g)	students with special needs	20	2.4500	5.123	38	.000

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

	Normal	20	1.3000	5.123	28.895	.000
frequent complaints of physical symptoms (such as headache, stomach upset, nausea or vomiting when)	students with special needs	20	1.9000	2.494	38	.017
	Normal	20	1.3000	2.494	27.493	.019

The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.30 for the normal group, but the greater mean was 2.45 for students with special needs group, this means that the impact of drugs was strong on group two.

Scale of Trauma and stressor- Related disorders: The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (10).

Table (10): descriptive analysis for D4

		Observed N	Expected N	Residual	Chi-Square	df	Asymp. Sig.
Feeling unusually restless.	mild disease	21	10.0	11.0	21.000[a]	3	.000
	middle disease	12	10.0	2.0			
	strong disease	4	10.0	-6.0			
	deep disease	3	10.0	-7.0			
	Total	40					
Difficulty concentrating due to anxiety.	mild disease	23	10.0	13.0	27.600[a]	3	.000
	middle disease	11	10.0	1.0			
	strong disease	5	10.0	-5.0			
	deep disease	1	10.0	-9.0			
	Total	40					
Fear of something awful that might happen.	mild disease	16	10.0	6.0	14.600[a]	3	.002
	middle disease	16	10.0	6.0			
	strong disease	5	10.0	-5.0			
	deep disease	3	10.0	-7.0			
	Total	40					
Feeling that the individual may lose control of himself or himself.	mild disease	14	10.0	4.0	13.000[a]	3	.005
	middle disease	17	10.0	7.0			
	strong disease	6	10.0	-4.0			
	deep disease	3	10.0	-7.0			
	Total	40					

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

T-test for two Groups: The T-test results shown in table (11)

Table (11): T-test results for D4

	Study Groups	N	Mean	Std. Deviation	t-test for Equality of Means		
					t	df	Sig. (2-tailed)
Feeling unusually restless.	students with special needs	20	2.1000	1.11921	2.746	38	.009
	Normal	20	1.3500	.48936	2.746	26.009	.011
Difficulty concentrating due to anxiety.	students with special needs	20	1.9500	.94451	2.999	38	.005
	Normal	20	1.2500	.44426	2.999	27.015	.006
Fear of something awful that might happen.	students with special needs	20	2.4000	.94032	4.430	38	.000
	Normal	20	1.3500	.48936	4.430	28.588	.000
Feeling that the individual may lose control of himself or himself.	students with special needs	20	2.5500	.82558	5.592	38	.000
	Normal	20	1.3500	.48936	5.592	30.884	.000

The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.30 for the normal group, but the greater mean was 2.45 for students with special needs group, this means that the impact of drugs was strong on group two.

Dissociative Disorders: The statistical analysis results of this dimension were as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (12).

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Table (12): descriptive analysis for D5

		Observed N	Expected N	Residual	Chi-Square	df	Asymp. Sig.
See the avatar in some avatars in some avatar examples.	mild disease	22	10.0	12.0	26.600	3	.000
	middle disease	13	10.0	3.0			
	strong disease	3	10.0	-7.0			
	deep disease	2	10.0	-8.0			
	Total	40					
Knowing about the desire to feel sexual, its farewell, its farewell, its farewell, memory, awareness, cognition, readiness, Arabic, and Arabic.	mild disease	22	10.0	12.0	22.400	3	.000
	middle disease	10	10.0	.0			
	strong disease	6	10.0	-4.0			
	deep disease	2	10.0	-8.0			
	Total	40					
These signs and symptoms may be noticed by others or remembered by the individual	mild disease	19	10.0	9.0	20.600	3	.000
	middle disease	15	10.0	5.0			
	strong disease	4	10.0	-6.0			
	deep disease	2	10.0	-8.0			
	Total	40					
Frequent loopholes in recalling events of daily life, important personal information, and/or traumatic events that--contrary to normal forgetfulness.	mild disease	20	10.0	10.0	22.200	3	.000
	middle disease	14	10.0	4.0			
	strong disease	5	10.0	-5.0			
	deep disease	1	10.0	-9.0			
	Total	40					
Symptoms are inferior or consequential. Good market. Children who show their symptoms in symptoms. Other medical condition complex partial seizures	mild disease	17	10.0	7.0	14.600	3	.002
	middle disease	15	10.0	5.0			
	strong disease	4	10.0	-6.0			
	deep disease	4	10.0	-6.0			
	Total	40					

From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

T-test for two Groups: The T-test results shown in table (13)

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Table (13): T-test results for D5

		t-test for Equality of Means		
		t	df	Sig. (2-tailed)
See the avatar in some avatars in some avatar examples.	Equal variances assumed	2.633	38	.012
	Equal variances not assumed	2.633	27.028	.014
Knowing about the desire to feel sexual, its farewell, its farewell, its farewell, memory, awareness, cognition, readiness, Arabic, and Arabic.	Equal variances assumed	4.759	38	.000
	Equal variances not assumed	4.759	24.349	.000
These signs and symptoms may be noticed by others or remembered by the individual	Equal variances assumed	3.637	38	.001
	Equal variances not assumed	3.637	28.060	.001
Frequent loopholes in recalling events of daily life, important personal information, and/or traumatic events that--contrary to normal forgetfulness.	Equal variances assumed	2.795	38	.008
	Equal variances not assumed	2.795	28.998	.009
Symptoms are inferior or consequential. Good market. Children who show their symptoms in symptoms. Other medical condition complex partial seizures	Equal variances assumed	4.065	38	.000
	Equal variances not assumed	4.065	26.933	.000

The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups.

The scale of problem-solving disabilities: The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (14).

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Table (14): descriptive analysis for D6

		Observed N	Expected N	Residual	Chi-Square	df	Asymp. Sig.
Difficulties in mathematical thinking, for example, has severe difficulty applying mathematical concepts, facts, or procedures to solve quantitative problems.	mild disease middle disease strong disease deep disease Total	23 13 3 1 40	10.0 10.0 10.0 10.0	13.0 3.0 -7.0 -9.0	30.800[a]	3	.000
Poor ability to use feedback to infer rules and solve problems.	mild disease middle disease strong disease deep disease Total	21 14 5 40	13.3 13.3 13.3	7.7 .7 -8.3	9.650[b]	2	.008
Controversy that may escalate into the threat of physical violence, avoiding problem solving. Cognition problems may include	mild disease middle disease strong disease deep disease Total	18 17 3 2 40	10.0 10.0 10.0 10.0	8.0 7.0 -7.0 -8.0	22.600[a]	3	.000

From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

T-test for two Groups: The T-test results shown in table (15)

Table (15): T-test results for D6

				t-test for Equality of Means		
	Study Groups	N	Mean	t	df	Sig. (2-tailed)
Difficulties in mathematical thinking, for example, has severe difficulty applying mathematical concepts, facts, or procedures to solve quantitative problems.	students with special needs	20	1.8000	2.213	38	.033
	Normal	20	1.3000	2.213	28.755	.035
Poor ability to use feedback to infer rules and solve problems.	students with special needs	20	1.9000	2.924	38	.006
	Normal	20	1.3000	2.924	31.005	.006
Controversy that may escalate into the threat of physical violence, avoiding problem solving. Cognition problems may include	students with special needs	20	2.1500	3.827	38	.000
	Normal	20	1.3000	3.827	29.125	.001

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.30 for the normal group, but the greater mean was 2.15 for students with special needs group, this means that the impact of drugs was strong on group two.

Scale of Feeding and eating disorders: The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (16).

Table (16): descriptive analysis for D7

		Observed N	Expected N	Residual	Chi-Square	df	Asymp. Sig.
Atypical anorexia nervosa: All criteria for anorexia nervosa are met, except that despite significant weight loss, the individual's weight is within or above the normal limit.	mild disease	24	10.0	14.0	31.400[a]	3	.000
	middle disease	11	10.0	1.0			
	strong disease	4	10.0	-6.0			
	deep disease	1	10.0	-9.0			
	Total	40					
Bulimia nervosa (of low frequency and/or limited duration): All criteria for bulimia nervosa are met, except that binge eating as well as inappropriate compensatory behaviors occur, on average less than once per week and/or for less than 3 months.	mild disease	18	10.0	8.0	12.000[a]	3	.007
	middle disease	12	10.0	2.0			
	strong disease	6	10.0	-4.0			
	deep disease	4	10.0	-6.0			
	Total	40					
Binge eating (of low frequency and/or limited duration): All criteria are met for binge-eating disorder, except that binge eating occurs on average less than once per week and/or for less than 3 months.	mild disease	15	13.3	1.7	4.850[b]	2	.088
	middle disease	18	13.3	4.7			
	strong disease	7	13.3	-6.3			
	deep disease	40					
	Total						
Laxative Disorder: Recurrent diarrhea behavior to effect Nocturnal eating syndrome: recurrent episodes of nighttime eating as demonstrated by eating, after waking up - from sleep or overconsumption of food after the evening meal there is awareness and rec	mild disease	21	13.3	7.7	6.950[b]	2	.031
	middle disease	11	13.3	-2.3			
	strong disease	8	13.3	-5.3			
	deep disease	40					
	Total						
Eating is not better explained by external influences such as changes in the individual's sleep-wake cycle or by local social norms nighttime eating causes' distress big and/ or a decrease in performance.	mild disease	16	10.0	6.0	14.600[a]	3	.002
	middle disease	15	10.0	5.0			
	strong disease	8	10.0	-2.0			
	deep disease	1	10.0	-9.0			
	Total	40					

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

T-test for two Groups: The T-test results shown in table (17)

Table (17): T-test results for D7

		t-test for Equality of Means		
		t	df	Sig. (2-tailed)
Atypical anorexia nervosa: All criteria for anorexia nervosa are met, except that despite significant weight loss, the individual's weight is within or above the normal limit.	students with special needs	1.219	38	.230
	Normal	1.219	32.561	.231
Bulimia nervosa (of low frequency and/or limited duration): All criteria for bulimia nervosa are met, except that binge eating as well as inappropriate compensatory behaviors occur, on average less than once per week and/or for less than 3 months.	students with special needs	3.126	38	.003
	Normal	3.126	25.847	.004
Binge eating (of low frequency and/or limited duration): All criteria are met for binge-eating disorder, except that binge eating occurs on average less than once per week and/or for less than 3 months.	students with special needs	4.168	38	.000
	Normal	4.168	37.969	.000
Laxative Disorder: Recurrent diarrhea behavior to effect Nocturnal eating syndrome: recurrent episodes of nighttime eating as demonstrated by eating, after waking up - from sleep or overconsumption of food after the evening meal there is awareness and rec	students with special needs	3.955	38	.000
	Normal	3.955	28.616	.000
Eating is not better explained by external influences such as changes in the individual's sleep-wake cycle or by local social norms nighttime eating causes' distress big and/ or a decrease in performance.	students with special needs	7.935	38	.000
	Normal	7.935	33.369	.000

The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups.

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Scale sleep –Wake disorders: The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (18)

Table (18): descriptive analysis for D8

		Observed N	Expected N	Residual	Chi-Square	df	Asymp. Sig.
This classification applies to cases in which the characteristic symptoms of a wakeful sleep disorder that cause.	mild disease	22	10.0	12.0	21.800[a]	3	.000
	middle disease	10	10.0	.0			
	strong disease	5	10.0	-5.0			
	deep disease	3	10.0	-7.0			
	Total	40					
Clinically significant distress or impairment in social, occupational, or other areas, but not meeting the criteria.	mild disease	19	10.0	9.0	13.400[a]	3	.004
	middle disease	11	10.0	1.0			
	strong disease	6	10.0	-4.0			
	deep disease	4	10.0	-6.0			
	Total	40					
A full diagnosis of any of the disorders in the wake-sleep disorder category that do not qualify for a diagnosis of insomnia disorder.	mild disease	19	10.0	9.0	15.000[a]	3	.002
	middle disease	12	10.0	2.0			
	strong disease	6	10.0	-4.0			
	deep disease	3	10.0	-7.0			
	Total	40					
Other specified or other specified hyperactive somnolence disorder.	mild disease	20	10.0	10.0	15.800[a]	3	.001
	middle disease	10	10.0	.0			
	strong disease	7	10.0	-3.0			
	deep disease	3	10.0	-7.0			
	Total	40					
The unspecified wakefulness disorder category is used in cases where the clinician chooses not to communicate a specific reason that.	mild disease	16	13.3	2.7	3.200[b]	2	.202
	middle disease	16	13.3	2.7			
	strong disease	8	13.3	-5.3			
	deep disease	40					
	Total						
The present presentations do not meet the criteria for a diagnosis of any of the disorders in wake-sleep disorder category.	mild disease	19	10.0	9.0	15.800[a]	3	.001
	middle disease	12	10.0	2.0			
	strong disease	7	10.0	-3.0			
	deep disease	2	10.0	-8.0			
	Total	40					
These include situations in which there is insufficient information to make a more definitive diagnosis.	mild disease	16	10.0	6.0	12.000[a]	3	.007
	middle disease	14	10.0	4.0			
	strong disease	8	10.0	-2.0			
	deep disease	2	10.0	-8.0			
	Total	40					

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

T-test for two Groups: The T-test results shown in table (19)

Table (19): T-test results for D8

	Study Groups	t-test for Equality of Means			N	Mean
		t	df	Sig. (2-tailed)		
This classification applies to cases in which the characteristic symptoms of a wakeful sleep disorder that cause.	students with special needs	3.567	38	.001	20	2.2000
	Normal	3.567	24.986	.001	20	1.2500
Clinically significant distress or impairment in social, occupational, or other areas, but not meeting the criteria.	students with special needs	3.778	38	.001	20	2.4000
	Normal	3.778	25.745	.001	20	1.3500
A full diagnosis of any of the disorders in the wake-sleep disorder category that do not qualify for a diagnosis of insomnia disorder.	students with special needs	4.114	38	.000	20	2.3500
	Normal	4.114	26.455	.000	20	1.3000
Other specified or other specified hyperactive somnolence disorder.	students with special needs	4.524	38	.000	20	2.4000
	Normal	4.524	25.635	.000	20	1.2500
The unspecified wakefulness disorder category is used in cases where the clinician chooses not to communicate a specific reason that.	students with special needs	8.270	38	.000	20	2.4000
	Normal	8.270	36.538	.000	20	1.2000
The present presentations do not meet the criteria for a diagnosis of any of the disorders in wake-sleep disorder category.	students with special needs	1.405	38	.168	20	2.0000
	Normal	1.405	37.942	.168	20	1.6000
These include situations in which there is insufficient information to make a more definitive diagnosis.	students with special needs	4.194	38	.000	20	2.4000
	Normal	4.194	38.000	.000	20	1.4000

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

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Scale of Disruptive impulsive- Control and Conduct Disorders: The statistical analysis results of this dimension were as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (20)

Table (20): descriptive analysis for D9

		Observed N	Expected N	Residual	Chi-Square	df	Asymp. Sig.
this classification applies to cases in which symptoms characteristic of confessional and impulse-control disorder predominate	mild disease	22	10.0	12.0	20.600	3	.000
	middle disease	9	10.0	-1.0			
	strong disease	5	10.0	-5.0			
	deep disease	4	10.0	-6.0			
	Total	40					
Behavior that cause clinically significant distress or impairment in social, occupational, or other areas.	mild disease	22	10.0	12.0	20.600	3	.000
	middle disease	9	10.0	-1.0			
	strong disease	5	10.0	-5.0			
	deep disease	4	10.0	-6.0			
	Total	40					
But do not meet the full criteria for a diagnosis of any of the disorders in the confusion and impulse control disorders And the path.	mild disease	22	10.0	12.0	21.600	3	.000
	middle disease	10	10.0	.0			
	strong disease	4	10.0	-6.0			
	deep disease	4	10.0	-6.0			
	Total	40					
The category Disorientation, Impulse Control, and Conduct Unspecified is used in situations in which the physician chooses.	mild disease	19	10.0	9.0	17.000	3	.001
	middle disease	13	10.0	3.0			
	strong disease	6	10.0	-4.0			
	deep disease	2	10.0	-8.0			
	Total	40					
Failure to communicate a specific reason that the current demonstrations do not meet the criteria established for the diagnosis of any of the disorders in this category	mild disease	20	13.3	6.7	7.400	2	.025
	middle disease	14	13.3	.7			
	strong disease	6	13.3	-7.3			
	deep disease	40					
	Total						
Disorders of confusion, impulse control, and behavior. Including cases where there is not enough information to develop More specific diagnosis	mild disease	21	13.3	7.7	8.450	2	.015
	middle disease	13	13.3	-.3			
	strong disease	6	13.3	-7.3			
	deep disease	40					
	Total						

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

T-test for two Groups: The T-test results shown in table (21)

Table (21): T-test results for D9

	Study Groups	N	Mean	t-test for Equality of Means		
				t	df	Sig. (2-tailed)
this classification applies to cases in which symptoms characteristic of confessional and impulse-control disorder predominate	students with special needs	20	2.3000	3.740	38	.001
	Normal	20	1.2500	3.740	24.330	.001
Behavior that cause clinically significant distress or impairment in social, occupational, or other areas.	students with special needs	20	2.3000	3.740	38	.001
	Normal	20	1.2500	3.740	24.330	.001
But do not meet the full criteria for a diagnosis of any of the disorders in the confusion and impulse control disorders And the path.	students with special needs	20	2.2000	3.131	38	.003
	Normal	20	1.3000	3.131	24.731	.004
The category Disorientation, Impulse Control, and Conduct Unspecified is used in situations in which the physician chooses.	students with special needs	20	2.2000	3.400	38	.002
	Normal	20	1.3500	3.400	27.526	.002
Failure to communicate a specific reason that the current demonstrations do not meet the criteria established for the diagnosis of any of the disorders in this category	students with special needs	20	2.0500	4.067	38	.000
	Normal	20	1.2500	4.067	30.648	.000
Disorders of confusion, impulse control, and behavior. Including cases where there is not enough information to develop More specific diagnosis	students with special needs	20	2.0000	3.684	38	.001
	Normal	20	1.2500	3.684	29.819	.001

The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups.

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

We can show that the less mean was 1.250 for the normal group, but the greater mean was 2.30 for students with special needs group, this means that the impact of drugs was strong on group two.

Neurocognitive Disorders Scale: The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (22).

Table (22): descriptive analysis for D9

		Observed N	Expected N	Residual	Chi-Square	df	Asymp. Sig.
This classification applies to cases in which symptoms characteristic of a neurocognitive disorder that cause clinically significant distress or impairment in social, occupational, or other areas of functioning predominate, but do not satisfy	mild disease	21	10.0	11.0	19.600[a]	3	.000
	middle disease	11	10.0	1.0			
	strong disease	5	10.0	-5.0			
	deep disease	3	10.0	-7.0			
	Total	40					
The full criteria for diagnosing any of the disorders from the category of neurocognitive disorders.	mild disease	22	10.0	12.0	23.400[a]	3	.000
	middle disease	11	10.0	1.0			
	strong disease	5	10.0	-5.0			
	deep disease	2	10.0	-8.0			
	Total						
The Unspecified Neurocognitive Disorder category is used in cases in which an exact etiology cannot be determined to make a firm diagnosis.	mild disease	22	10.0	12.0	23.400[a]	3	.000
	middle disease	11	10.0	1.0			
	strong disease	5	10.0	-5.0			
	deep disease	2	10.0	-8.0			
	Total	40					
Note to coding: For severe or moderate nonspecific neurocognitive disorder, the code is a note that does not use additional symbols for presumed medical reasons. The behavioral disorder cannot be coded but should be mentioned when writing.	mild disease	21	13.3	7.7	9.650[b]	2	.008
	middle disease	14	13.3	.7			
	strong disease	5	13.3	-8.3			
	deep disease	40					
	Total						

From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

T-test for two Groups: The T-test results shown in table (23)

Table (23): T-test results for D10

	Study Groups	N	Mean	t-test for Equality of Means		
				t	df	Sig. (2-tailed)
This classification applies to cases in which symptoms characteristic of a neurocognitive disorder that cause clinically significant distress or impairment in social, occupational, or other areas of functioning predominate, but do not satisfy	students with special needs	20	2.1500	2.891	38	.006
	Normal	20	1.3500	2.891	25.809	.008
The full criteria for diagnosing any of the disorders from the category of neurocognitive disorders.	students with special needs	20	2.0500	2.915	38	.006
	Normal	20	1.3000	2.915	26.324	.007
The Unspecified Neurocognitive Disorder category is used in cases in which an exact etiology cannot be determined to make a firm diagnosis.	students with special needs	20	2.1000	3.414	38	.002
	Normal	20	1.2500	3.414	25.948	.002
Note to coding: For severe or moderate nonspecific neurocognitive disorder, the code is a note that does not use additional symbols for presumed medical reasons. The behavioral disorder cannot be coded but should be mentioned when writing.	students with special needs	20	1.9500	3.559	38	.001
	Normal	20	1.2500	3.559	30.648	.001

The previous table shows that most elements have a significant level less than 5%, this means that there are significant shown between Study Groups. We can show that the less mean was 1.250 for the normal group, but the greater mean was 2.30 for students with special needs group, this means that the impact of drugs was strong on group two.

Personality Disorders Scale: The statistical analysis results of this dimension were as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (24).

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Table (24): descriptive analysis for D11

		Observed N	Expected N	Residual	Chi-Square	df	Asym p. Sig.
Ignite an intentional and purposeful fire on more than one occasion or opportunity.	mild disease	22	9.5	12.5	24.52	3	.000
	middle disease	9	9.5	-.5			
	strong disease	5	9.5	-4.5			
	deep disease	2	9.5	-7.5			
	Total	40					
B Emotional tension or excitement before the action	mild disease	23	10.0	13.0	23.400	3	.000
	middle disease	8	10.0	-2.0			
	strong disease	5	10.0	-5.0			
	deep disease	4	10.0	-6.0			
	Total	40					
An increased sense of tension just before the theft was committed.	mild disease	22	10.0	12.0	23.400	3	.000
	middle disease	11	10.0	1.0			
	strong disease	5	10.0	-5.0			
	deep disease	2	10.0	-8.0			
	Total	40					
The feeling of pleasure, satisfaction, or relief (relaxation) at the time of the theft.	mild disease	18	10.0	8.0	18.600	3	.000
	middle disease	15	10.0	5.0			
	strong disease	6	10.0	-4.0			
	deep disease	1	10.0	-9.0			
	Total	40					
The category of Disorder, Impulse Control, and Conduct Disorder is another specific type of disorder that is used in situations	mild disease	21	10.0	11.0	23.600	3	.000
	middle disease	13	10.0	3.0			
	strong disease	5	10.0	-5.0			
	deep disease	1	10.0	-9.0			
	Total	40					

From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

T-test for two Groups: The T-test results shown in table (25).

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Table (25): T-test results for D11

	Study Groups	N	Mean	t-test for Equality of Means		
				t	df	Sig. (2-tailed)
Ignite an intentional and purposeful fire on more than one occasion or opportunity.	students with special needs	20	2.0500	3.116	36	.004
	Normal	20	1.2222	3.239	25.678	.003
B Emotional tension or excitement before the action	students with special needs	20	2.3000	3.955	38	.000
	Normal	20	1.2000	3.955	23.573	.001
An increased sense of tension just before the theft was committed.	students with special needs	20	2.1500	3.971	38	.000
	Normal	20	1.2000	3.971	25.366	.001
The feeling of pleasure, satisfaction, or relief (relaxation) at the time of the theft.	students with special needs	20	2.3000	5.858	38	.000
	Normal	20	1.2000	5.858	29.853	.000
The category of Disorder, Impulse Control, and Conduct Disorder is another specific type of disorder that is used in situations	students with special needs	20	2.0000	3.036	38	.004
	Normal	20	1.3000	3.036	28.332	.005

The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.20 for the normal group, but the greater mean was 2.30 for students with special needs group, this means that the impact of drugs was strong on group two.

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

Conclusion

It is clear from the results of the statistical analysis that the scale that was formulated during the study enjoys validity and stability, as the results of the Alpha Cronbach test indicate the reliability and validity of the scale, and the results of the correlation test indicate the validity and reliability of the scale and therefore it can be relied upon in completing the study and using it in diagnosis.

The results of the all dimensions of the scale indicate that the sample of students who suffer from disorders were more affected and vulnerable to problems resulting from drug abuse of various kinds, but the ordinary students were less affected and their problems did not worsen to the same degree, as the diagnosis was mostly at the level of mild disease.

The results of the chi-squared test also indicate that there are significant differences in the diagnosis of the control group from the test group, where the statistical significance of the test was less than 5%.

A T-test was conducted and the results for all dimensions of the scale indicated that there are fundamental differences between the diagnosis of each of the study groups, in favor of the first group, where the levels of problems and psychological and neurological disorders were higher in the experimental sample than the control sample, at a level of significance of 5%.

Multi-Knowledge Electronic Comprehensive Journal For Education And Science Publications (MECSJ)
Issue (57) 2022
ISSN: 2616-9185
www.mecsj.com

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