



AMERICAN UNIVERSITY OF BEIRUT

SCHOOL COUNSELORS' AND SCHOOL PRINCIPALS'  
PERCEPTIONS IN PREVENTING, ASSESSING, AND  
INTERVENING INTO STUDENT HIGH-RISK BEHAVIORS IN  
LEBANON

by  
MARWA JAMAL EL ZEIN

A thesis  
submitted in partial fulfillment of the requirements  
for the degree of Master of Arts  
to the Department of Education  
of the Faculty of Arts and Sciences  
at the American University of Beirut

Beirut, Lebanon  
May, 2014

AMERICAN UNIVERSITY OF BEIRUT

SCHOOL COUNSELORS' AND SCHOOL PRINCIPALS'  
PERCEPTIONS IN PREVENTING, ASSESSING, AND  
INTERVENING INTO STUDENT HIGH-RISK BEHAVIORS IN  
LEBANON

by  
MARWA JAMAL EL ZEIN

Approved by:



Dr. Anies Al-Hroub, Associate Professor

Advisor

Education



Dr. Hoda Baytiyeh, Assistant Professor

Member of Committee

Education



Dr. Tamer Amin, Associate Professor

Member of Committee

Education

Date of thesis defense: May 8<sup>th</sup>, 2014

AMERICAN UNIVERSITY OF BEIRUT

THESIS, DISSERTATION, PROJECT RELEASE FORM

Student Name: El Zein Marwa Jamal  
Last First Middle

Master's Thesis       Master's Project       Doctoral Dissertation

I authorize the American University of Beirut to: (a) reproduce hard or electronic copies of my thesis, dissertation, or project; (b) include such copies in the archives and digital repositories of the University; and (c) make freely available such copies to third parties for research or educational purposes.

I authorize the American University of Beirut, **three years after the date of submitting my thesis, dissertation, or project**, to: (a) reproduce hard or electronic copies of it; (b) include such copies in the archives and digital repositories of the University; and (c) make freely available such copies to third parties for research or educational purposes.

Marwa El Zein May 19, 2014  
Signature Date

## ACKNOWLEDGEMENTS

I would like to express my deepest gratitude towards my advisor and committee chair, Dr. Anies Al-Hroub, for his excellent guidance and patience. Without his supervision and constant help, this thesis would not have been possible. Special thanks to my committee members, Dr. Hoda Baytiyeh and Dr. Tamer Amin, for agreeing to be part of the committee and for their helpful advice.

I would like to thank my father, Jamal, for encouraging me to pursue a Master's Degree at AUB and for his unconditional support and constant follow-up. My most heartfelt appreciation goes to my mother, Samar, for her endless prayers and delicious meals that gave me strength through the long over-nights. Special thanks to my brother, Khaled, his wife, Mariam, and my cousins for supporting me and encouraging me with their best wishes.

Finally, I would like to thank my fiancé, Ali. You stood by me through the good and bad times and cheered me up whenever I felt down. You raise me up with your encouraging spirit and give me strength to work to the fullest.

## AN ABSTRACT OF THE THESIS OF

Marwa Jamal El Zein for Master of Arts  
Major: Educational Psychology - School Guidance and  
Counseling

Title: School Counselors' and School Principals' Perceptions in Preventing, Assessing, and Intervening Into Student High-Risk Behaviors in Lebanon

This is an exploratory-descriptive study that uses a mixed-method design method to examine school counselors' and school principals' perceptions in preventing, assessing, and intervening into student high-risk behaviors. The study focuses on the following five high-risk behaviors: Bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing. It explores (1) counselors' perceptions of their preparation, motivation, and effectiveness in dealing with student high-risk behaviors, (2) the most common responses and roles of counselors in dealing with student high-risk behaviors, (3) current prevention, assessment, and intervention strategies and barriers of principals and counselors, (4) and training experience and internship opportunities of principals and counselors. The study targeted working school counselors and school principals in private schools in Lebanon, in two cities: Beirut and Saida. Thirteen participating school counselors/psychologists received a counselor/psychologist's questionnaire whereas fifteen participating school principals received a principal's questionnaire. The counselor/psychologist's questionnaire includes four appendices including a demographic section, four scales and four open-ended questions adopted from Gregory E. Harris and Gary Jeffery's study (2010). The principal's questionnaire includes two appendices containing a demographic section and the same open-ended questions as in the counselor/psychologist's questionnaire. Since no similar study was implemented in Lebanon, the study expands our limited understanding of school counselors' and school principals' perceptions on working with certain student high-risk behaviors in private schools in the Lebanon. The main findings of the study revealed a need to enhance counselors' and principals' preparation to deal with high-risk behaviors. Some of the needs counselors and principals called for are providing more pre-service and in-service training for all school personnel, hiring more counselors per school; and strengthening collaboration between the school personnel and with the parents.

# CONTENTS

ACKNOWLEDGEMENTS.....	v
ABSTRACT.....	vi
LIST OF TABLES.....	xiii

## Chapter

1. INTRODUCTION.....	1
1.1 Statement of the Problem.....	1
1.2 Purpose of the Study.....	2
1.3 Research Questions.....	2
1.4 Rationale of the Research.....	3
1.5 Significance of the Study.....	5
2. LITERATURE REVIEW.....	7
2.1 Training and Roles.....	7
2.1.1 Bullying.....	8
2.1.2 Eating Disorders.....	10
2.1.3 School Vandalism.....	12
2.1.4 Self-injurious Behaviors.....	13
2.1.5 Stealing.....	15
2.2 Prevention of High-Risk Behaviors.....	16

2.3 Assessment of High-Risk Behaviors.....	18
2.4 Intervention of High-Risk Behaviors.....	19
2.5 Perceptions of School Counselors and school Principals.....	21
2.6 Conclusion.....	23
<b>3. METHODOLOGY.....</b>	<b>24</b>
3.1 Purpose of the Study.....	24
3.2 Research Questions.....	24
3.3 Operational Definitions of the Variables.....	25
3.4 Research Design.....	27
3.5 Method.....	28
3.5.1 Population, Sample, and Sampling Procedure.....	28
3.5.2 Selection of Schools.....	29
3.5.3 Recruitment of Participants.....	29
3.5.3.1 Direct Approaching.....	30
3.5.3.2 Structured Interviews.....	30
3.5.3.3 Via Email.....	30
3.6 Instruments.....	30
3.6.1 School Counselor’s Questionnaire.....	31
3.6.1.1 Demographic questions.....	32
3.6.1.2 High-risk behavior scales.....	32
3.6.1.3 Open-ended questions.....	32
3.6.2 School Principals’ Questionnaire.....	34
3.6.2.1 Demographic questions.....	34
3.6.2.2 Open-ended questions.....	34
3.7 Data Collection.....	34
3.7.1 Coding.....	34
3.7.2 Consent Forms.....	35
3.7.3 Confidentiality.....	35



3.8 Data Analysis.....	36
3.8.1 Qualitative Analysis.....	36
3.8.2 Quantitative Analysis.....	36
<b>4. RESULTS.....</b>	<b>38</b>
4.1 Participants versus Non-Participants.....	38
4.2 Demographic Findings.....	39
4.2.1 School Principals.....	39
4.2.2 School Counselors.....	40
4.3 School Counselors' Perceptions.....	40
4.3.1 Preparation, Motivation, and Effectiveness in Prevention.....	41
4.3.2 Preparation, Motivation, and Effectiveness in Assessment.....	42
4.3.3 Preparation, Motivation, and Effectiveness in Intervention.....	43
4.3.4 Involvement in Prevention, Assessment, and Intervention Strategies.....	45
4.4 Prevention Strategies of Principals and Counselors and their Barriers.....	49
4.4.1 Advisory Program and Awareness Campaigns.....	49
4.4.2 Character Education.....	49
4.4.3 Counseling Services.....	50
4.4.4 Policies and Regulations.....	50
4.4.5 Parental Education.....	51
4.5 Barriers to Implementing Prevention Strategies.....	51
4.5.1 Time Barrier.....	51
4.5.2 Lack of Teacher Collaboration.....	52
4.5.3 Absence of Lebanese Laws.....	52
4.5.4 Lack of Parental Support.....	52
4.5.5 Social and Religious Issues.....	53

4.5.6 Comparison between Principals and Counselors in Prevention Strategies and Barriers.....	53
4.6 Assessment Strategies of Principals and Counselors.....	54
4.6.1 Observations and Feedback from School Personnel .....	54
4.6.2 Standardized Forms and Surveys.....	55
4.6.3 School-Parent Communications.....	55
4.6.4 Communication with Students.....	56
4.7 Barriers to Implementing Assessment Strategies.....	56
4.7.1 Subjectivity of Assessor.....	56
4.7.2 Lack of Parental Support.....	57
4.7.3 Lack of Teachers’ Support and Involvement.....	57
4.7.4 Cost of Professional Development.....	57
4.7.5 Time Consuming.....	58
4.7.6 No Support from Law.....	58
4.7.7 Difficult to Assess Issues.....	58
4.7.8 Comparison between Principals and Counselors in Assessment Strategies and Barriers.....	58
4.8 Intervention Strategies of Principals and Counselors.....	60
4.8.1 Individual, Small Group, or Large Group Counseling....	60
4.8.2 Parental Meetings.....	60
4.8.3 External Professional Help.....	60
4.9 Barriers to Implementing Intervention Strategies.....	61
4.9.1 Inconsistent Parenting and Lack of Support.....	61
4.9.2 Poor Quality and Shortage of Staff.....	62
4.9.3 Unhelpful Students.....	62
4.9.4 Time Barrier.....	63
4.9.5 Absence of Lebanese Laws.....	63
4.9.6 Comparison between Principals and Counselors in Intervention Strategies and Barriers.....	63
4.10 Responses and Roles of School Counselors.....	64
4.10.1 Responses of School Counselors.....	64
4.10.1.1 Responses to bullying behavior.....	65
4.10.1.2 Responses to school vandalism behavior.....	65
4.10.1.3 Responses to eating disorder behavior.....	66

4.10.1.4 Responses to Self-injurious behaviors.....	66
4.10.1.5 Responses to stealing.....	66
4.10.2 Roles of School Counselors.....	68
4.10.2.1 Roles taken in dealing with bullying.....	68
4.10.2.2 Roles taken in dealing with school vandalism.....	68
4.10.2.3 Roles taken in dealing with eating disorders..	68
4.10.2.4 Roles taken in dealing with self-injurious behaviors.....	69
4.10.2.5 Roles taken in dealing with stealing.....	69
4.11 Training Experience of Principals and Counselors.....	73
4.11.1 Workshops on Various Topics.....	73
4.11.2 Self-Teaching.....	74
4.11.3 Professional Training.....	74
4.11.4 University Courses.....	75
4.12 Internship Opportunities of Principals and Counselors.....	75
4.12.1 In-School Internships.....	75
4.12.2 Out of School Internships.....	76
4.12.3 Lack of Internship Opportunities.....	76
4.12.4 Comparison between Principals and Counselors in Training and Internship Opportunities.....	76
4.13 Skill-Sets of Principals and Counselors.....	77
4.13.1 Personal Skills.....	77
4.13.2 Experience.....	78
4.13.3 Comparison between school Principals and Counselors' Skills.....	78
4.14 Needs to Increase Preparedness of Principals and Counselors.....	79
4.14.1 More Pre-Service and In-Service Training.....	79
4.14.2 Partnership between School Personnel.....	80
4.14.3 Partnership with Parents.....	80
4.14.4 Help from Lebanese Laws.....	81
4.14.5 More Counselors.....	81
4.14.6 Comparison between school Principals and Counselors' Proposed Needs to Increase Preparedness.	81

5. DISCUSSION AND CONCLUSION.....	83
5.1 Reflections on Data Collection Process.....	83
5.1.1 Sample Selection Method.....	83
5.1.2 Background of Participants.....	84
5.2 Key Findings.....	85
5.3 Discussion.....	87
5.3.1 School Counselors’ Perceptions on Dealing with high- Risk Behaviors.....	87
5.3.1.2 Involvement in High-Risk Behaviors.....	88
5.3.2 Strategies and Barriers to Manage High-Risk Behaviors.	89
5.3.3 School Counselors’ Most Common Actions to Deal with High-Risk Behaviors.....	90
5.3.4 School Counselors’ Roles to deal with High-Risk Behaviors.....	92
5.3.5 School Principals’ and Counselors’ Training Experiences.....	92
5.3.6 Skills and Needs to Increase Preparedness of Principals and Counselors.....	93
5.4 Future Directions and Study Limitations.....	94
5.5 Concluding Thoughts and Recommendations.....	95
REFERENCES.....	97

Appendix

1. CONSENT FORMS AND QUESTIONNAIRES.....	108
--	-----

## TABLES

Table	Page
4.1 Number of Participants in Each School.....	39
4.2 Preparation, Motivation, and Effectiveness of School Counselors in the Prevention of the Five High-Risk Behaviors.....	41
4.3 Preparation, Motivation, and Effectiveness of School Counselors in the Assessment of the Five High-Risk Behaviors.....	42
4.4 Preparation, Motivation, and Effectiveness of School Counselors in the Intervention of the Five High-Risk Behaviors.....	44
4.5 Counselors' Perceptions and Practices in Dealing with High Risk Behaviors.....	45
4.6 School Counselors' Involvement in Prevention, Assessment, and Intervention of the Five High-Risk Behaviors.....	46
4.7 Frequencies and Percentages of School Counselors' Involvement in the Five High-Risk Behaviors.....	48
4.8 Counselors' First, Second, and Third Most Common Responses/Actions in Managing High-Risk Behaviors.....	67
4.9 Most Common Responses Taken in Dealing with Bullying.....	70
4.10 Roles Taken in Dealing with the Five High-Risk Behaviors.....	72

# CHAPTER I

## INTRODUCTION

High-risk behaviors, such as bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing are happening all over the world and to different types of populations. Even in Lebanon, we hear about these behaviors in schools and from parents. However, research in Lebanon concerning the field of student high risk-behaviors is limited. There are some studies implemented in Lebanon about the increase of awareness on bullying (e.g., Mirza, 2010; Rabah, 2006; Zein, 2001), the rise in eating disorders (Afifi, Najem, & Shediak, 2001; Haddadin, 2010; Nasreddine, Naja, Chamieh, Adra, Sibai, & Hwalla 2012), and the prevalence of intentional self-poisoning (Sinno, Majdalani, Chatila, Musharrafieh, & Al-Tanni, 2009). However, the topics of children's stealing behavior and school vandalism are not found in Lebanese research.

### **Statement of the Problem**

Over the years, certain high-risk behaviors are becoming more and more prevalent and worrying to school professionals and parents. By high-risk behaviors, we mean those behaviors that are dangerous to self and to others especially in the environment (Harris & Jeffery, 2010). To reduce many high-risk behaviors among youth, multifaceted intervention programs were issued (Strack, Vincent, Hussey, & Kelly, 1998). These programs include school and community interventions and involve several professionals (Strack, Vincent, Hussey, & Kelly, 1998). According to Costin, Page, Pietrzak, Kerr, and Symons (2002),

school counselors are the main interveners and contributors in intervention programs. At the same time, the American School Counselor Association (ASCA, 2012) stated that “effective school counseling is a collaborative process involving school counselors, students, parents, teachers, administrators, community leaders, and other stakeholders” (p. 150). In other words, only a collaborative team of school professionals, students, and parents contribute to a successful counseling program.

### **Purpose of the Study**

The main purpose of this study is to examine school counselors’ and school principals’ perceptions in preventing, assessing, and intervening into student high-risk behaviors (bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing). Three other specific purposes stem from the main purpose. The study explores prevention, assessment, and intervention strategies and barriers of principals and counselors, the most common responses and roles of school counselors when faced with such behaviors, in addition to training and internship opportunities of school counselors and principals on addressing high-risk behavior.

### **Research Questions**

The current study addresses four research questions:

1. What are school counselors’ perceptions of their preparation, motivation, and effectiveness, in preventing, assessing, and intervening in students’ high-risk

- behaviors (bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing) in Lebanon?
2. What are counselors and principals' prevention, assessment, and intervention strategies and their corresponding barriers in dealing with student-high risk behaviors?
  3. What are school counselors' most common responses and roles in preventing, assessing, and intervening in students' high-risk behaviors in Lebanon?
  4. What types of training experience or internship opportunities did counselors and principals in Lebanon receive regarding students' high-risk behaviors?

### **Rationale of the Research**

The researcher chose certain high-risk behaviors that she believes are prevalent, even though studies are limited in the area of student high-risk behaviors in Lebanon. The high-risk behaviors are bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing. The researcher's field experience in two schools in Lebanon helped her learn that certain high-risk behaviors; such as drug using behavior, sexual behavior, and suicide attempts; are perceived by in-service school professionals and by parents as irrelevant to the norms and nature of students in their schools. Even though it is interesting to test whether this notion is true or not, the researcher believes that the chosen risk-behaviors are more prevalent in our context.

The problem is that in-service and pre-service school counselors feel incompetent and lack confidence in addressing student behaviors such as suicide attempts, drug using



behavior, and school violence (Carney & Cobia, 2003; King, Price, Telljohann, & Wahl., 2000; Schaefer & Ginsberg, 2003). Moreover, research by Harris and Jeffery (2010) found that school counselors feel motivated but not prepared or effective in addressing and working with bullying, drug-using behaviors leading to risk of Human Immunodeficiency Virus (HIV) or other Sexually Transmitted Infections (STI's), eating disorders, extreme school violence, self-mutilation, sexual behaviors leading to risk of HIV or other STI's, and student suicide risk. The study shed light on the importance of training and helped us as researchers generate an idea about the case of school professionals in Lebanon, their training and internship opportunities and their competencies on working with some types of behaviors.

Research has extensively studied the concepts of bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing (e.g., Afifi et al., 2001; Bardick, Bernes, McCulloch, Witko, Spriddle, & Roest., 2004; Barker, Se´guin, White, Bates, Lacourse, Carbonneau, & Tremblay, 2007; Boes, 2004; Castiglia, 1999; Espelage & Swearer, 2003; Horowitz & Tobaly, 2003; Laye & Schonert, 2005; Moyer, Haberstroh, & Marbach, 2008). Studies handling these issues help us generate a clear picture about the prevalence of these high-risk behaviors and their corresponding prevention, assessment, and intervention strategies implemented in schools. However, research examining the competencies of school counselors and school principals on working with these high-risk behaviors in Lebanon is rare.

Moreover, this study contributes to the existing body of literature on students' behaviors and might trigger school professionals and parents to put more effort into

addressing and training in these behaviors. Moreover, the researcher believes that this research paves the way for future research on the competencies of working with different student high-risk behaviors that are not addressed in this study. Collecting data on this topic exposes unrevealed information about formal training in the mentioned categories of high-risk behaviors. Most importantly, this research is of importance to the researcher who is interested in clarifying perceptions about school professionals' competencies and training experience.

### **Significance of the Study**

The findings of the current study provide information on the perceptions of school counselors and school principals in Lebanon in dealing with students' high-risk behaviors. The results of this study contributes to educational research and practice as it expands understanding on school counselors' and school principals' perceptions, training and internship experience and school counselors' perceived competencies, most common responses and roles when dealing with certain student high-risk behaviors in Lebanon. In addition, the outcomes may provide insight on a gap in training and role identification on the various high-risk behaviors. Consequently, the study may assist the Ministry of Education and Higher Education (MEHE) in Lebanon in defining job qualifications of school counselors and school principals and provide mandatory training in different student high-risk behaviors. Research continuity is very important; therefore, the researcher encourages future researchers in Lebanon and the Arab world to target various high-risk behaviors in their studies. The study might trigger counseling and teaching programs at universities to provide formal training and internship opportunities in the areas of prevalent

high-risk behaviors, since school professionals including teachers, principals, and counselors may be called upon anytime to assess or intervene into these behaviors. Moreover, continuing education courses in the areas of prevention, assessment, and intervention might strengthen school professionals' skills in dealing with student high-risk behaviors. Furthermore, counseling programs should highlight the importance of theoretically informed practices during training in the area of high-risk preventions, assessment, and interventions, as they are important building blocks for a successful practice.

## CHAPTER II

### LITERATURE REVIEW

This is a literature review on the different high-risk behaviors chosen by the researcher to be included in her study. The chapter presents the prevalence of these behaviors in schools, school professionals' and parents' roles, and training experiences. In addition, the chapter reviews studies done in Lebanon about several high-risk behaviors. The literature review includes different prevention, assessment, and intervention strategies for different high-risk behaviors. The researcher also presents perceptions of school professionals on working with high-risk behaviors.

School counselors have been facing overwhelming tasks, among them are administrative, disciplinary, and office duties. At the same time, they provide students with quality counseling and education (Stevens, Theodore, & Remley, 1994). Moreover, school counselors collaborate with “students, teachers, administrators and school staff to work toward the common goals of equity, access and academic success for every student” (ASCA, 2012, p. 6). Thus, “inter-professional collaboration” is important to create an encouraging and successful environment for every student in the school (ASCA, 2012, p.6).

#### **Training and Roles**

This section presents available research on training roles of school stakeholders, mainly school counselors and school principals, regarding students' high-risk behaviors (bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing). By

high-risk behaviors, we mean those behaviors that have “adverse impacts on society and in our school environments” (Harris & Jeffery, 2010, p. 150). High-risk behaviors can be “hidden or pervasive” and are “often dangerous to self and others” (Harris & Jeffery, 2010, p. 150). Given the limited research on some of these behaviors in relation to school counselors and school principals, other individuals in students’ home and school environment are referred to in this literature review. Moreover, the prevalence of each high-risk behavior in research is also presented.

## **Bullying**

Bullying is a serious and harmful problem (Espelage & Swearer, 2003). One in three children in the United States are victims of bullying incidents in schools (Pearl & Dulaney, 2006). Bullying is a subdivision of aggression, which comes in three forms: verbal (name-calling, teasing, threatening), physical (hitting, kicking), or relational (gossiping, spreading rumors, leaving student out of activities) (Shore, 2005; as cited in Jacobsen & Bauman, 2007). School counselors who worked in schools with anti-bullying programs proposed stronger interventions for bullies in physical bullying scenarios and were more likely to intervene in relational and verbal bullying than counselors in schools without a program. The reason might be that program guidelines specify sanctions for bullying behaviors that school counselors then are committed to implement (Jacobsen & Bauman, 2007).

Peer aggression is an important subdivision of bullying; girls are more relational in their aggression whereas boys are more physical in their aggression (Crick & Grotpeter,

1996). Moreover, female victims are more likely to receive relational aggression than male victims (Finnegan, Hodges & Perry, 2008; as cited in Pearl, 2003). A recent study found that school counselors rated relational bullying as the least serious among verbal and physical bullying and were least likely to intervene into relational bullying incidents (Jacobsen & Bauman, 2007). However, school counselors with anti-bullying training rated relational bullying as more serious and were more likely to intervene in relational bullying incidents than those without anti-bullying training experience (Jacobsen & Bauman, 2007).

McAdams and Schmidt (2007) identified bullies as having a proactive type of aggression. Intervention is essential to help proactive aggressors develop empathy for others, stop the need to satisfy themselves by being aggressive, and help them develop pro-social ways that maintain their positive self-esteem (McAdams & Schmidt, 2007). Moreover, school counselors should be proactive with students by teaching them guidance curricula on how to make their school bully-free (Colvin, 2004). Moreover, school counselors can help in the training of other school personnel about anti-bullying and help in the implementation of bullying prevention programs (Casey, Hayward, & Gowen, 2001)

In Lebanon, bullying incidences are more verbal and less physical due to strict school measures (Mirza, 2010). School professionals are concerned since parents cooperate and involve poorly in the prevention of this behavioral problem and later hold the school accountable for their inability to protect their kids from bullying (Mirza, 2010). Another study in Lebanon found that teachers and administrators believe that they need in-service training to deal with bullying (Rabah, 2006). Results of another study in Beirut private

schools showed that 23.3 % of the students were involved in bully/victim problems with 8.2 % of the students as bullies and 15.1 % of them as victims (Zein, 2001).

## **Eating Disorders**

Anorexia Nervosa and Bulimia Nervosa have been increasing over the past fifty years, especially in young females (Hoek, 1993; Lucas, Beard, O'Fallon, & Kurland, 1991). However, it was previously perceived to be related to one segment of the society, but this notion changed when research showed that eating disorders reach individuals from different races, socioeconomic backgrounds, and gender (Wilfley & Rodin, 1995; as cited in Gurney & Halmi, 2001). Being the persons in frequent contact with individuals with eating disorders, primary caregivers play an essential role in the diagnosis of anorexia, bulimia, and binge-eating disorders in their first stages (Gurney & Halmi, 2001). It is important to identify the disorder at an early stage or else it may often remain unidentified until it progresses to an obvious stage (Gurney & Halmi, 2001). To address the lack of caregiver training, Gurney and Halmi (2001) developed an Eating Disorder Curriculum for Primary Care Providers in New York to teach caregivers about the warning signs of eating disorders, how to identify the disorder at an early stage; how to assess the symptoms, and how to motivate patients to seek professional help. Gurney and Halmi (2001) claimed that the curriculum is useful, since the primary experiences of the curriculum showed that caregivers were able to identify previously unidentified cases.

A study by Haddadin (2010) in Lebanon found that with the increase in body dissatisfaction there is an increase in dysfunctional eating behaviors in overweight and obese female university students. Consequently, the first step to reduce the occurrence of

disordered eating is to enhance positive body image perception (Haddadin, 2010). A recent prevalence in obesity in Lebanon was exposed in 2012 after a comparison was made between the Body Mass Indexes (BMIs) of adults, adolescents, and children in 1997 and in 2009. The study found that obesity in 2009 was two times more prevalent than it was in 1997. This highlights the importance of formulating strategies to decrease obesity in Lebanon (Nasreddine et al., 2012). Another study found a prevalence of eating disorder among university students in Lebanon. The study found that 20% of men in the study are preoccupied with weight and 12% have eating disorders (Afifi et al., 2001). Moreover, 13% of male and female students are underweight and trying to lose weight, and 36% of males and females students are of normal weight, also trying to lose weight (Afifi et al., 2001). Research by Ousley, Cordero and White (2008) suggested that college men with an eating disorder are more preoccupied with weight and muscle tone than men without an eating disorder. Moreover, women with eating disorders are more prominent to concerns about feeling fat than men with eating disorders (Ousley et al., 2008).

School counselors are in position to identify, prevent, and intervene into students' eating disorders (Boes, 2004). Unfortunately, they do not have the necessary tools to involve in the prevention of eating disorders (Yager & O' Dea, 2005). Therefore, they need training and education regarding eating disorders (Boes, 2004). At the same time, school principals play an essential role to help students with eating disorders beat their problems by providing help in consultation with mental health professionals and training teachers about warranty clues (Thomas, 2006).



## **School Vandalism**

According to Koch (1975), school vandalism has been a topic of concern to administrators and trustees since the 1950s. Cohen (1974) claimed there are five motives for participating in vandalism: anger/frustration, boredom, erosion, aesthetics, and catharsis. In the study by Horowitz and Tobaly (2003), a new independent variable was created called general motivation (perceived level of vandalism at school, attitude toward school, attitude toward teacher, and school anxiety). Results emphasized the importance of the social context when considering vandalism (Horowitz & Tobaly, 2003). The results are compatible with Goldstein's claim that "schools are a prime ecological context for vandalism, not only due to the presence of a large number of youths at a highly vandalism-prone age, the personal component, but also because of several real and symbolic qualities of the school itself, the environmental component" (as cited in Horowitz & Tobaly, 2003; p. 135).

A longitudinal study by Van Lier, Vitaro, Barker, Koot, and Tremblay (2009) found that the trajectory of vandalism in students from the age 10 until 14 has increased. Thus, intervention is crucial to put an end to school vandalism. Moreover, an old study by Levine and Kozak (1978) found that students involving in school vandalism two or three times in a nine-month period are 52 in one school from upper middle class.

A study in Jordan explored the demographic variables of student misbehavior in Jordanian high schools using a questionnaire focusing on three categories: disobedience, classroom disruption and vandalizing school property. The results revealed that Jordanian high school students who have lower academic achievement were more likely to misbehave

than those with higher academic achievement. Moreover, students with more educated fathers are less involved than students with more educated fathers in disobedience, classroom disruption, and school vandalism (Mahasneh et al., 2012).

There are two concerns for school counselors regarding school vandals. One is finding out what in the child's environment is causing the intense feelings behind their behavior and two is gaining the student's trust to defeat this behavior (Thomson & Henderson, 2007). Prevention and intervention techniques include determining the goal of the child's vandalism, using appropriate punishment (paying money), refraining from harsh punishment, asking the child to write about the destructive act and come up with ways of fixing the damage, and starting an anti-vandalism campaign (Thomson & Henderson, 2007). Moreover, Goslin (1984) emphasized that the school principle must play an important role controlling vandalism.

A 1998 U.S. Department of Education study found that 234 of every 100,000 students are involved in some degree of vandalism. Susan Roxburgh proposed reasons to why students vandalize; they are anger from the school hierarchy, no involvement in extracurricular activities, no connection to school life, and enjoyment in the act of vandalism (Black, 2001).

### **Self-Injurious Behaviors**

The terms self-injury, self-harm, self-mutilation, and self-cutting are used interchangeably to refer to a type of high-risk behavior (Laye & Schonert, 2005). Children and adolescents use several forms of self-harm: self-cutting, self-burning, refusing to let

wounds heal, self-hitting, self-carving, or putting objects inside their body (Ross & Heath, 2002). According to Yip (2005), cutting is one of the most common forms of self-harm in adolescence. In fact, self-harm behaviors begin at puberty (Conterio & Lader, 1998; as cited in Thomson & Henderson, 2007). Thus, consistent self-harmers constitute 1% of the general population (Conterio & Lader, 1998). Literature documented that girls have a higher frequency of self-harming behavior than boys do (Ross & Heath, 2002). However, females and males have reported similar reasons for self-harm and many of the suggested interventions are applicable for both genders (Kumar, Pepe, & Steer, 2004; as cited in Thomson & Henderson, 2007). According to Muehlenkamp (2005), previous studies related self-harm to borderline personality. However, recent studies suggest that self-harm can occur in both clinical and nonclinical populations (Muehlenkamp, 2005).

Boys and girls with self-harming behavior reported an equal increased level of anxiety than those who were not involved in self-injurious behaviors (Ross & Nancy, 2003). Moreover, boy who self-harm act more hostile than girls who self-harm (Ross & Nancy, 2003). The findings of a study by Laye and Schonert (2005) indicated that a significant proportion of adolescents harm themselves intentionally whereas others spend time on self-destructive thoughts that may negatively impact their well-being (Laye & Schonert, 2005).

To gain information about self-harming behavior and its treatment, families and counselors can refer to websites to review online information (Moyer et al., 2008). Moyer et al. (2008) evaluated 37 websites related to self-injurious behaviors to assess the accuracy and credibility of the online information and emphasized going for the Health on the Net

Foundation (HON) searches since it is an accredited trustworthy search engine for websites. Moreover, a study in Lebanon about self-intoxication, mainly by using pharmaceuticals and chemicals, reported that the majority of incidents in their sample were intentional poisoning in girls between the ages of 12 and 18 years (Sinno et al., 2009).

School counseling programs should address prevention and intervention for students' self-harming behavior and not diagnosis and treatment (Baker, 1992; as cited in Kress et al., 2004). However, school counselors must be aware of treatment options and availability (Kress et al., 2004). Furthermore, school counselors working with students engaged in self-injury should monitor their own personal reactions and maintain an objective standpoint when working with them (Kress et al., 2004).

### **Stealing**

School counselors are in position to design and deliver interventions to help students in their personal/social development (ASCA, 2012, p. 138). Stealing is an “anti-social conduct disorder” (Castiglia, 1999, p.248). It requires school counselors and parents to collaborate for the sake of the children (Thomson & Henderson, 2007).

Around the age of seven, children learn that taking something that is not of personal belonging is wrong (Castiglia, 1999). Before that age, children might simply take objects they desire in the supermarket believing it is theirs, when in reality they belong to the owner of the market until the child buys them with money (Castiglia, 1999). A study by Tremblay (2010) indicated that child theft escalates from age 10 into early adulthood, and that it increases with opportunity and cognitive ability. Results of a study on self-reported

theft found a 55% increase in theft between the start of adolescence and early adulthood (Barker et al., 2007).

Even though behavioral procedures do not cure all stealing problems, however, they have been used successfully to eliminate theft (Williams, 1985). Thus, persistent stealing or theft is a problem that is difficult to treat especially that it is hard to observe in naturalistic settings. However, suspecting theft is strong enough to make adults concerned about their children (Pawsey, 1996). In a study on students' stealing behavior, results found that the overall prevalence of stealing was 15.2 % (Grant, Potenza, Krishnan, Cavallo, & Desai, 2011). Moreover, boys were more likely to report stealing than were girls (Grant et al., 2011). A treatment strategy was used to eliminate students' stealing behavior in Stumphauzer's study (1976). It was a combination of self-control techniques and family contingency contracting. After 15 sessions, the child received individual therapy and family meeting session once a week or one every 4 weeks. Most importantly, school counselors are in position to address the breakdown of trust between the child and the parents when the child commits theft (Pawsey, 1996).

### **Prevention of High-Risk Behaviors**

This section presents prevention strategies and methods used for student high-risk behaviors. There are several methods for preventing bullying in schools, examples are promoting positive social interaction and reward impulsive behaviors (Casey et al., 2001). Other methods might include parents as promoters of good relationships between their children and peers (Casey et al., 2001). Modeling, role-playing, and student-to-student

feedback about social skills are effective strategies to reduce aggressive behaviors (Nuttall & Kalesnik, 1987, as cited in Casey et al., 2001). Preventive measure for students at-risk of having eating disorders can simply rely on school professional being good models by transferring to students attitudes and behaviors related to proper health (Yager & O' Dea, 2005). For example, school professionals are encouraged to have a healthy body image and address appropriate weight control practices (Yager & O' Dea, 2005). Moreover, a successful eating disorder prevention program can reduce the prevalence of future eating disorders (Stice & Shaw, 2004). Moreover, reducing school vandalism as a preventive strategy could include be having a supportive climate, an encouraging team-work, fair norms and rules, a more productive perception of their roles in school (Casserly, Bass, & Garrett, 1982; as cited in Horowitz & Tobaly, 2003). Another solution to reducing school vandalism is using surveillance systems. Around 1990, vandalism and theft were very common in Alabama's Hunstville City Schools and the annual insurance costs reached more than \$1 million a year. The schools adopted a \$1.6 million surveillance system that reduced vandalism costs to \$200 a year. Preventative strategies related to self-harm include screening adolescents at high risk to offer suitable counseling, and providing preventive guidance for parents of young children (Sinno et al., 2009). A school counseling approach to prevent self-harm was described in a study by Kress et al. (2004) where school counselors would identify at-risk students and provide individual or group counseling to promote smooth expression of stress and emotions. Moreover, designing psycho-educational groups could help in the prevention of self-harm especially that it addresses issues such as impulse control, anger management, and self-efficacy (Kress et al., 2004). A prevention strategy to use with students on the topic of stealing is having group discussions

about stealing, about its consequences, and the rights of ownership (Thomson & Henderson, 2007).

### **Assessment of High-Risk Behaviors**

This section presents assessment strategies and methods used to assess student high-risk behaviors. Adolescents may be reluctant to report being bullied by others due to the fear that exposing will lead to additional victimization (Casey et al., 2001). Thus, school counselors need to work individually with students to find out if they are being hurt by other peers or left out (Casey et al., 2001). Assessment could include observation and taking notice of the student's interactions in the school environment (Casey et al., 2001). Conducting a student survey could also help counselors identify the extent of the problem levels of distress related to bullying, and types of victimization (Roberts & Coursol, 1996). In the case of eating disorders, primary caregivers are given a unique role in the assessment of eating disorders where they often have the opportunity to diagnose an eating disorder in the early stages (Gurney & Halmi, 2001). A curriculum was devised by to provide training for primary caregivers on how to identify early warning signs, assess the symptoms, and motivate the child to receive help (Gurney & Halmi, 2001). A study by Fennig, Carlson, and Fennig (1995) reported that students with self-harming behavior did not demonstrate any symptoms of overt psychopathology and were not identified as emotionally disturbed. However, more evident assessment symptoms were drop in grades, anxiety and depressive characteristics, and isolation (Fennig et al., 1995; as cited in Kress et al., 2004). Stealing is more difficult to assess since it is a covert behavior (Pawsey, 1996) and because it is often suspected rather than evident (Venning, Blampied, & France, 2003). Students who steal are

not reliable sources of assessment, so self-report cannot be considered authentic; and even with overt behaviors, self-report is not reliable until at least age ten (Tremblay, 2010). Dealing with the problem comprehensively requires being able to address instances when stealing is suspected as well as proven (Pawsey, 1996).

### **Interventions for High-Risk Behaviors**

This section presents interventions programs, strategies, and methods used with student high-risk behaviors. Intervention strategies related to bullying include individual counseling sessions with the victim to give the latter the chance to tell their stories. The counselor needs to listen carefully and give the victim the change to explain situation since this will boost their self-esteem. Long-term involvement with the victim increases the likelihood of developing more effective interventions to support the student's coping abilities (Roberts & Coursol, 1996). Students with eating disorders have a tendency to deny that they have a problem and often resist treatment (Vitousek & Watson, 1998). The first step to treatment is referring the at-risk student to professionals capable of assessing and treating eating disorders. Treatment might require a team of medical doctor, nutritionist, and mental health professionals. Furthermore, the treatment team might engage family members and school staff in the student's treatment process, only if it was necessary (Bardick et al., 2004). Thomson and Henderson (2007) discussed interventions for school vandalism. Among them are: using appropriate consequences rather than harsh punishment, discussing ways of repairing the damage, conducting a plan to avoid future possibilities of destructive behavior, involving in productive tasks of their interest, keeping a diary/tape recorder to record feelings and thoughts, initiate group family discussions, and use



contracts with rewards (Thomson & Henderson, 2007). Kress et al. (2004) offered strategies to address self-injury specifically for the school counselor. With regard to intervention, Kress et al. (2004) encouraged school counselors to build a strong relationship with a student engaged in self-mutilation, which includes addressing the act of self-mutilation in a non-threatening way; creating a safety plan outlining triggers, cues, and safe alternatives; increasing alternative coping skills; and fostering the ability to identify and express emotions. School counselors should also stress the importance of not bringing self-mutilation instruments to school, lest they be viewed as weapons. School counselors must act as referral agents so that adolescents engaged in self-mutilation will have appropriate care and counseling in the community (Kress et al., 2004). One family-based intervention on the issue of stealing requires parents to identify the stolen object, confront the child about it, and deliver appropriate consequences. The consequences are first to apologize to the owner of the object, return the stolen object, pay the victim money equal to the cost of the object, and lose a possession that is of equal value (Tremblay & Drabman, 1997). Other ways to put an end to theft, described in Ingamells and Epston (2013), are honesty tests where the family meets and comes against the stealing problem. In addition, an effective procedure to reduce stealing behavior in children is stimulus control (Rosen & Rosen, 1983). A study on a sample of 200 teachers in various schools in Yemen revealed that most teachers referred to school-parental cooperation and the use of proper guidance to treat students with theft problems (Kathem, 2005).

## **Perceptions of School Counselors and School Principals**

This section presents available research on perceptions of school counselors and school principals in dealing with student high-risk behaviors. The study by Harris and Jeffery (2010) has a same purpose to the current study, excluding the part on school principals, and uses the same tool for assessment, with some modifications in the open-ended questions in the current study. It is important to know the findings of a similar study. Harris and Jeffery (2010) examined in their study school counselors' competencies in working with students' high-risk behaviors, among those behaviors were bullying, self-mutilation, and eating disorders. The findings showed that school counselors were highly motivated than prepared or effective to work with bullying, self-mutilation, and eating disorders. Among the risk-behaviors, bullying was the behavior that school counselors felt most highly motivated, prepared, and effective to deal with. Perceived preparation and effectiveness to deal with bullying was in the moderate to highly neutral range. On the other hand, perceived preparation to prevent and be effective to deal with self-mutilation was in the low range of the neutral category. In terms of preparation and effectiveness, school counselors fell in the low end of the neutral category in dealing with eating disorders.

Regarding roles, the majority and school counselors indicated that becoming "directly involved in assessing and intervening into each of the high-risk behaviors" as their top role especially for bullying and self-mutilation (Harris & Jeffery, 2010, p. 159). The second top role was to "consult with a colleague" and the third top role was to "transfer the case to a different type of help professional" (Harris & Jeffery, 2010, p. 159). Moreover,

most counselors indicated “taking a team leader” role in dealing with bullying and self-mutilation (Harris & Jeffery, 2010, p. 159). A large number of participants did not perceive prevention, assessment, and intervention as part of their professional role especially when dealing with eating disorders. Moreover, a larger than expected group indicated that prevention, assessment, and intervention in dealing with bullying and self-mutilation were not part of their roles. However, over five years, participants were engaging in preventing, assessing, and intervening into risk-behaviors even if they believed that it was not part of their professional role to do so. Over the previous five years, a large number of school counselors received no formal training in addressing some types of high-risk behavior such as eating disorders. The majority of counselors reported formal training on bullying. Likewise, the majority reported addressing eating disorder behaviors even though they received very little or no formal training in this area. Harris and Jeffery (2010) believe that this probably reflects the reality that some school counselors do not perceive dealing with eating disordered-behavior as part of their role.

Perceptions on school vandalism were reported in a study by Goslin (1984). Findings revealed that 85% of the principals felt they had the authority to control vandalism. As preventive measures, 15% of the principals only have written rules to discourage vandalism and 83% have had discussions with students about vandalism. Moreover, 93% felt that parental support was a strong factor in controlling vandalism.

## **Conclusion**

The literature review revealed a lot of research related to prevalence of bullying (Pearl & Dulaney, 2006; Zein, 2001), eating disorders (Haddadin, 2010; Hoek, 1993), school vandalism (Levine & Kozak, 1978; Van Lier, et al., 2009), self-injurious behaviors (Conterio & Lader, 1998; Laye & Schonert, 2005), and stealing (Barker et al., 2007; Grant et al., 2011; Tremblay, 2010; ). However, there was a limit in the variations of independent variables such as perceptions for prevention, assessment, and intervention, competences for roles, and training. Moreover, minimum information was found in literature regarding training professionals in the fields of eating disorders, school vandalism, and stealing. Furthermore, perceptions of school counselors' competencies and roles only targeted the topics of bullying, eating disorders, and self-mutilation (Harris and Jeffery, 2010). Unfortunately, perceptions of school principals were only included in one study targeting prevention and roles on the topic of school vandalism (Goslin, 1884). However, the current study covered all the mentioned variables (prevention, assessment, intervention, roles, training) with participants in the Lebanese context.

## CHAPTER III

### METHODOLOGY

This chapter presents the methods and procedures for data collection. Collecting data from school counselors and school principals in Lebanon is fundamental for understanding their perceptions regarding working with students' high-risk behaviors.

#### **Purpose of Study**

The main purpose of this study is to examine school counselors' and school principals' perceptions in preventing, assessing, and intervening into student high-risk behaviors (bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing). Three other purposes stem from the main purpose. The study explored counselors' perceptions of their preparation, motivation, and effectiveness in dealing with student high-risk behaviors, training of school counselors and principals on addressing high-risk behavior; in addition to the most common responses and roles of school counselors when faced with such behavior.

#### **Research Questions**

The study addresses four research questions:

1. What are school counselors' perceptions of their preparation, motivation, and effectiveness, in preventing, assessing, and intervening in students' high-risk

- behaviors (bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing) in Lebanon?
2. What are counselors and principals' prevention, assessment, and intervention strategies and their corresponding barriers in dealing with student-high risk behaviors?
  3. What are school counselors' most common responses and roles in preventing, assessing, and intervening in students' high-risk behaviors in Lebanon?
  4. What types of training experience or internship opportunities did counselors and principals in Lebanon receive regarding students' high-risk behaviors?

### **Operational Definitions of the Variables**

In the proposed study, there are several variables: Prevention, assessment, intervention, preparation, motivation, effectiveness, bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing. The following are definitions for each.

*Assessment.* Assessment is “gathering information about a young person’s perceptions of their problems, the specific symptoms, the behavior involved in the presenting problem, and the perceptions of the family and the school” to devise a “suitable strategy-and-implementation plan” suiting the particular needs of the person (Barwick, 2000, p. 99).

*Bullying.* Bullying is “a destructive form of aggression. It can be defined as physical, verbal, or psychological attack or intimidation that is intended to cause fear,

distress, or harm to the victim, where the intimidation involves an imbalance of power in favor of the perpetrator” (Slee, 2010, p. 482).

*Eating disorders.* Eating disorders are anorexia-nervosa, bulimia-nervosa, binge-eating disorders, and obesity. They are described by the following characteristics: “high weight, low weight; vomiting, purging, binge-eating, and atypical exercise” (Abraham, 2008, p. 19).

*Effectiveness.* To be effective is to be “able to help students” (Cruickshank, Jenkins, & Metcalf, 2003, p. 329).

*Intervention.* Intervention is using “teaching and management approaches which are designed to bring about changes in children circumstances. The subjects of intervention are the children whose behavior is desired to change” (Gupta & Coxhead, 1990, p. 1).

*Motivation.* To be motivated is “to be moved to do something”. The motivated person is “Someone who is energized or activated toward an end is considered motivated” (Ryan & Deci, 2000, p. 54).

*Preparation.* To be prepared is “to possess the necessary content knowledge” (Shuls & Ritter, 2013, p. 31).

*Prevention.* Using approaches that “provide coordinated, comprehensive, intensive support designed to teach students appropriate behavior and problem-solving skills and to enhance academic instruction” (Algozzine & Kay, 2002, p. 3).

*School vandalism.* Vandalism is the “illegal destruction or defacement of property belonging to someone else” (Cohen, 1973, p. 23).

*Self-injurious behaviors.* “SIB is defined as non-suicidal behavior in which youth physically harm themselves using a variety of techniques to overtly or covertly mutilate parts of their bodies” (Muehlenkamp, 2005, p. 227).

*Stealing.* Stealing is “taking something that does not belong to” the person who took it (Castiglia, 1999, p.248).

### **Research Design**

This research is exploratory-descriptive that uses a mixed-method design to gain a deeper understanding of the perceptions of school counselors and school principals. Gall, Gall, and Borg (2010) defined the mixed method research as “A type of study that uses both quantitative and qualitative techniques for data collection and analysis, either concurrently or sequentially, to address the same or related research questions” (p. 557).

The instruments used in this study are questionnaires. The components of the school counselors’ questionnaires are scales (e.g., 5-point scales, percentage scales, and ordinal scales) and open-ended questions. They form the quantitative and qualitative forms respectively. However, the components of the school principals’ questionnaires are open-ended questions representing a qualitative method design.



## **Method**

### **Population, Sample, and Sampling Procedure**

The target population is school counselors and school principals in Lebanon private-for-profit educational schools regardless of the school size (number of students in each school), the educational system, type of program/curriculum in the school, or socio-economic status of students. The sampling method that is used to select the schools is purposive sampling. The sample of convenience was selected from two main cities in Lebanon, Beirut and Saida. Because of practicality of research, the researcher chose these cities. The researcher lives in both cities, and this caters for feasibility and proximity purposes related to transportation from and to schools. There are approximately 35 k-12 private co-educational schools in Beirut District One, Two and Three and in Saida city. However, around 20 schools have in-service school counselors or psychologists in the academic year 2013-2014. Upon calling the schools to acquire the primary permission to approach them to deliver the consent forms, fifteen schools agreed. Accordingly, the target number of school principals was indicated to be fifteen and the target number of school counselors was indicated to be fifteen. Since six out of fifteen target schools refused to participate in the study, the criteria for participating schools was modified and three schools who exclusively do not have in-service counselors this year, or will start having counseling services next year were included reaching eventually the consent of twelve schools with fifteen principals and thirteen counselors. Some school principals did not want to participate in the study but granted us permission to conduct structured interviews with the vice principal or school level directors instead. All available and consented school

counselors and principals in the twelve schools received a questionnaire with open-ended and closed-ended questions.

### **Selection of Schools**

In Lebanon, public schools do not have in-service school counselors or psychologists. Hiring a school counselor/psychologist is an extra service that some private schools choose to include. Therefore, the researcher selected private schools only because the main criterion for including schools is the availability of school counselors or psychologists. The researcher contacted the Ministry of Education and Higher Education (MEHE) to obtain the list of private schools in Beirut and Saida to contact the schools and find out which schools have school counselors/psychologists.

The schools in Lebanon who hire school counselors/psychologists have only one school counselor or more than one counselor. The Lebanese laws regarding private schools do not necessitate the employment of school counselors. Thus, the law does not mandate that all schools should employ counselors. It is up to schools to include or not to include school counseling services. However, under the authority of Executive Order 1436, it is indicated that every private high school needs to have its own school principal (Alem Law, n.d.). This means that every private school in Lebanon has a working school principal.

### **Recruitment of Participants**

Each package included Arabic and English versions of the questionnaire. The code of the school and participant was indicated on the cover of the package (e.g., AP: school A, principal). The participants were free to choose their preferred version.

### ***Direct Approaching***

I visited the schools and submitted the packages by hand to school counselors and principals. I explained briefly the purpose of my study and note down their preferred contact information. After a couple of days, I contacted the participants, to remind them to complete the surveys and provided them with the deadline to when I would come to collect them. A couple of days afterwards, I collected the surveys from the schools. The period for collecting questionnaires varied between one week and one month. Direct approaching was used with seven principals and six counselors.

### ***Structured Interviews***

I scheduled appointments with as much participants as I can in order to complete the questionnaires together. However, some participants preferred to fill them on their own. The researcher engaged in structured interviews with six principals and two counselors.

### ***Via Email***

Some participants preferred receiving and sending the questionnaire by email. I catered for all the preferences of participants in order to collect the needed data. The researcher used the email approach with two principals and five counselors.

## **Instruments**

The study uses a survey originally developed by Greg Harris (2010). Permission was obtained from the author to use this questionnaire in the present study. However, Harris's original questionnaire focuses on bullying, drug-using behaviors leading to risk of

HIV or other STI's, eating disorders, extreme school violence, self-mutilation, sexual behaviors leading to risk of HIV or other STI's, and student suicide risk. The current study focuses on bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing. Drug using behavior leading to HIV and STIs, extreme school violence, sexual behavior leading to HIV and STIs, and suicide risk were excluded due to the sensitivity of these issues with regard to the Lebanese context. The questionnaires neither included a demographic section nor definitions for the mentioned-risk behaviors. The questionnaires of the current study have these additions. Furthermore, the open-ended questions in Harris's version were adapted by two professionals in the field of Educational Psychology and School Counseling where they were reduced to four open-ended questions instead of eleven open-ended questions.

### **School Counselor's Questionnaire**

The school counselor/psychologists' questionnaire includes a demographic section, four scales, and four open-ended questions. It is worth noting that the original questionnaire by Harris and Jeffery (2010) included scales on training experience; however, Harris did not provide the researcher of the current study with these scales since they were not available. Since some schools have psychologists instead of counselors, the researcher combined data from guidance counselors and educational psychologists.

### ***Demographic Questions***

This is the first part of the questionnaire that is a two-page demographic section measuring several variables (age, gender, highest degree earned, level of employment participant group, and years of experience) (see Appendix A).

### ***High-risk Behavior Scales***

The first scale (Part One) is on assessing perceived preparation, motivation, and effectiveness to prevent, assess, and intervene into bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing. It requires counselors to rate how prepared, how motivated, and how effective they feel in terms of preventing, assessing, and intervening into the five student high-risk behaviors using a 5-point scale. The second scale (Part Two) requires participants to identify certain types of student high-risk behaviors they have prevented, assessed, or intervened into by placing an X under all that apply. The third scale (Part Three) requires participants to identify certain types of actions or responses they have taken in dealing with specific types of student high-risk behaviors and rank order the top three actions or responses taken when dealing with each of the five student risk-risk behaviors (see Appendix B). The fourth scale (Part Four) explores the specific roles that counselors have taken in dealing with high-risk behaviors by placing an “X” under all that apply (see Appendix C).

### ***Open-Ended Questions***

Open-ended questions regarding high-risk behaviors were also included (see Appendix D in the school counselor’s questionnaire and Appendix B in the school

principal's questionnaire). The following are the questions: What types of training (e.g., course work, workshops, seminars, personal reading) or internship opportunities have you received in terms of intervening, assessing, and preventing student high-risk behavior situations (e.g., bullying, self-injurious behaviors, school vandalism)? Identify the specific skill sets you have which you feel assist you in dealing with student high-risk behaviors. Describe typical assessment, prevention, and interventions strategies you have used when dealing with student high-risk behaviors along with the most frequent challenges/barriers than you faced (e.g., bullying, self-injurious behaviors, school vandalism). What do you perceive as being needed to increase your preparedness to deal with student high-risk behavior situations? (see Appendix D in the school counselor's questionnaire and Appendix B in the school principal's questionnaire).

The researcher used the adopted scales as they are but modified the open-ended questions (see Appendix D in counselor's questionnaire or Appendix B in principal's questionnaire). To obtain validity, two professionals in the field of Educational Psychology and School Counseling were provided with this instrument. The first professional is an Associate Professor of Educational Psychology and Special Education at the American University of Beirut and the second professional is a High School Counselor at the American Community School at Beirut. The comments of each of the professionals on the open-ended questions were shared through the researcher and the final version was agreed on by both professionals.

## **School Principals' Questionnaire**

The school principal's questionnaire includes a demographic section and the same four open-ended questions included in the school counselor/psychologist's questionnaire. No scales are included in the school principal's questionnaires.

### ***Demographic Questions***

This is the first part of the questionnaire that is a two-page demographic section measuring several variables (age, gender, highest degree earned, level of employment participant group, and years of experience) (see Appendix A).

### ***Open-Ended Questions***

The same open-ended questions in the counselor's questionnaire are repeated in the principal's questionnaire (see Appendix B). They are on (1) training experience and internship opportunities, (2) skill-sets, (3) prevention, assessment, and intervention strategies and barriers; and (4) needs to increase preparedness of principals and counselors.

## **Data Collection**

### **Coding**

The schools and participants were alpha coded to maintain confidentiality. The schools are coded: A, B, C, D, E, F, G, H, I, J, etc., and the participating school principals and school counselors were coded as follows: Principal = P and Counselor = C.

## **Consent Forms**

First, the selected schools were contacted by phone to inform school principals about the study and acquire their permission to participate in the study. I visited the schools to hand in the sealed envelopes having the consent forms to the school principals. I gave the principals a period of 48 hours to decide on their own whether they would like to participate in this survey or not and whether to permit the school counselors working in the same schools to receive a consent form. After the 48-hour period was over, I visited the schools to collect the forms. On the same day, I handed in sealed envelopes having consent forms to the school counselors whose principals agreed on their participation. I gave the counselors a period of 48 hours to decide on their own whether they would like to participate in this survey or not. After the 48-hour period is over, I visited the schools to collect the forms.

## **Confidentiality**

Data access including the names of schools, names of participants and their contact information are limited to the researcher and the Principal Investigator. Identifying information related to the participants was not used in presentations or reports. No one else has access to this information. The questionnaires and the consent forms were shredded after data analysis was completed.



## **Data Analysis**

### **Qualitative Analysis**

Thematic analysis requires the researcher to identify themes and subthemes in the study. The researcher combined the answers of principals and counselors who were approached through direct approaching, structured interviews, and emails. The themes are derived from participants' responses as answers to the research questions. Some of the themes could be lack of training, lack of parental support, and shortage of counselors. Chapter four presents the themes and subthemes of participants' responses.

### **Quantitative Analysis**

To analyze the four scales in the School Counselor/Psychologist's Questionnaire, descriptive analysis was used. SPSS Statistics 20 was employed to find the frequencies, percentages, means, and standard deviations. Moreover, I divided the 5-point Likert scale into three quantitative cut-off points as follows:

- Two or below ( $x \leq 2$ ) = Disagreement
- Above two or below four ( $2 < x < 4$ ) = Neutral
- Four or above ( $x \geq 4$ ) = Agreement

These cut-off points help the researcher analyze the data in Part One by looking at overall mean score or average means score and the mean score for each item. If the mean score is less than or equal to two, then participants do not agree with this item. If the mean score is above or below four, then they are neutral about this item. If the mean score is

equal to four or above, then the participants agree with this particular item. However, since the mean scores for counselors' motivation, preparation, or effectiveness for each high-risk behavior are numerically close to each other, we will discuss the findings based on the overall mean scores.

## CHAPTER IV

### RESULTS

#### **Participants versus Non-Participants**

Twelve schools agreed to participate in the study. The participating schools either have in-service counselors, or exclusively do not have in-service counselors this year, or will start having counseling services next year. Some schools have more than one counselor per school and others have more than one principal per school particularly for each school level. Principals and counselors of schools A, B, C1, C2, C3, E, G, H, and L participated in the study. Principals of schools D and K refused to participate in the study. However, school K permitted the participation of the school's counselor and school D permitted the participation of the three vice principals in the school. School C has three school principals, one for each school level with separate counselors for each level; therefore, I considered each school level as a distinct school. School D has a working school counselor but was not available in Lebanon in the period of data collection. School F does not have a counseling department but has another approach that target students' high-risk behaviors. School I does not have a counseling department but they claimed that they will hire a counselor next year. School J used to have an in-service school counselor but did not hire a counselor this year for unreported reasons. The schools are coded with letters for confidentiality reasons. Table 4.1 presents the distribution of participating principals and counselors in each school.

Table 4.1

*Number of Participants in Each School*

Code of School	A	B	C1	C2	C3	D	E	F	G	H	I	J	K	L
Principals	1	1	1	1	1	3	1	1	1	1	1	1	0	1
Counselors	1	2	1	1	2	0	1	0	1	1	0	0	1	2

**Demographic Findings**

**School Principals**

The fifteen school principals who participated in the study are nine females and six males. Eight principals are 40-50 years old, four principals are 50 or above, and three principals are 30-40 years old. Nine principals have a Master’s Degree where one of them is in progress, three principals have a Bachelor’s Degree, and three principals have a Doctor of Philosophy where one of them is in progress. Nine school principals are responsible for all the school whereas the other six are responsible for specific school levels only. Five principals have 11-15 years of working experience as principals, four principals have 21 years or more of working experience as principals, three principals have 6-10 years of working experience as principals, two principals have 5 years or fewer of working experience as principals, and one principals has 16-20 years of working experience as a principal.

## **School Counselors**

The thirteen school counselors/psychologists who participated in the study are all females. Four counselors are 30-40 years old, four counselors are 40-50 years old, four counselors are 20-30 years old, and one counselor is 50 or above. All the counselors have a Master's Degree in field of education, counseling, or psychology. Four counselors are responsible for the whole school whereas the others are responsible for specific school levels. Five counselors have 5 years or fewer of working experience as counselors, three counselors have 16-20 years of experience as counselors, two counselors have 21 years or more of working experience as counselors, one counselor has 11-15 years of working experience as a counselor, and two counselor have 6-10 years of working experience as counselors.

### **School Counselors' Perceptions**

Research question one is "What are school counselors' perceptions of their preparation, motivation, and effectiveness, in preventing, assessing, and intervening into students' high-risk behaviors (bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing) in Lebanon?" School counselors' perceptions were identified using scales in "Part One" and "Part Two" (Appendix B) in the School Counselor/Psychologist's Questionnaire.

## Preparation, Motivation, and Effectiveness in Prevention

Table 4.2 shows the means and standard deviations of counselors' preparation, motivation and effectiveness in the prevention of high-risk behaviors. As mentioned in the methodology, I divided the 5-point Likert scale into three quantitative cut-off points. Looking at the overall mean scores, the participating counselors perceive that they are prepared to deal with all high-risk behaviors ( $M = 4.15$ ), motivated to prevent all high-risk behaviors ( $M = 4.55$ ), and are neutrally effective to prevent high-risk behaviors ( $M = 3.92$ ). In short, they are more motivated than prepared and more prepared than effective to prevent the five high-risk behaviors.

Table 4.2

### *Preparation, Motivation, and Effectiveness of School Counselors in the Prevention of the Five High-Risk Behaviors*

Prepared in High-Risk Behavior Prevention (n = 13)		
School counselors feel prepared in...	Mean	Std. Deviation
Bullying prevention	4.46	.776
School vandalism prevention	4.38	.768
Eating disorders prevention	4.00	.913
Self-injurious behavior prevention	4.15	.689
Stealing prevention	3.77	.927
Overall	4.152	
Motivated in High-Risk Behavior Prevention (n = 13)		
School counselors feel motivated in...	Mean	Std. Deviation
Bullying prevention	4.69	.480
School vandalism prevention	4.38	.506
Eating disorders prevention	4.62	.506
Self-injurious behavior prevention	4.69	.480
Stealing prevention	4.38	.650
Overall	4.552	

Effective in High-Risk Behavior Prevention (n = 13)		
School counselors feel effective in...	Mean	Std. Deviation
Bullying prevention	4.38	.768
School vandalism prevention	4.00	.816
Eating disorders prevention	3.69	.751
Self-injurious behavior prevention	3.77	.725
Stealing prevention	3.77	.832
Overall	3.922	

### **Preparation, Motivation, and Effectiveness in Assessment**

Table 4.3 shows the means and standard deviations of counselors' motivation in the assessment of high-risk behaviors. According to the cut-off points and the overall mean scores, the participating counselors perceive that they are prepared to assess all the student high-risk behaviors ( $M = 4.34$ ), motivated to assess all the high-risk behaviors ( $M = 4.526$ ), and effective to assess all the high-risk behaviors ( $M = 4.244$ ). In short, they are more motivated than prepared and more prepared than effective to assess the five high-risk behaviors.

Table 4.3

#### *Preparation, Motivation, and Effectiveness of School Counselors in the Assessment of the Five High-Risk Behaviors*

Prepared in High-Risk Behavior Assessment (n = 13)		
School counselors feel prepared in...	Mean	Std. Deviation
Bullying assessment	4.31	.751
School vandalism assessment	4.38	.650
Eating disorders assessment	4.31	.630
Self-injurious behavior assessment	4.46	.519
Stealing assessment	4.23	.832
Overall	4.338	

Motivated in High-Risk Behavior Assessment (n = 13)		
School counselors feel motivated in...	Mean	Std. Deviation
Bullying assessment	4.62	.506
School vandalism assessment	4.31	.480
Eating disorders assessment	4.54	.519
Self-injurious behavior assessment	4.62	.506
Stealing assessment	4.54	.519
Overall	4.526	
Effective in High-Risk Behavior Assessment (n = 13)		
School counselors feel effective in...	Mean	Std. Deviation
Bullying assessment	4.38	.506
School vandalism assessment	4.15	.689
Eating disorders assessment	4.15	.689
Self-injurious behavior assessment	4.31	.630
Stealing assessment	4.23	.725
Overall	4.244	

### **Preparation, Motivation, and Effectiveness in Intervention**

Table 4.4 shows the means and standard deviations of counselors' preparation in the intervention of high-risk behaviors. According to the cut-off points and the overall mean scores, the participating counselors perceive that they are prepared to intervene into all the high-risk behaviors ( $M = 4.28$ ), motivated to intervene into all the high-risk behaviors ( $M = 4.57$ ), and effective in the intervention of all high-risk behaviors ( $M = 4.03$ ). In short, they are more motivated than prepared and more prepared than effective to intervene into the five high-risk behaviors.



Table 4.4

*Preparation, Motivation, and Effectiveness of School Counselors in the Intervention of the Five High-Risk Behaviors*

Prepared in High-Risk Behavior Intervention (n = 13)		
School counselors feel prepared in...	Mean	Std. Deviation
Bullying intervention	4.54	.519
School vandalism intervention	4.38	.650
Eating disorders intervention	4.00	.707
Self-injurious behavior intervention	4.23	.725
Stealing intervention	4.23	.725
Overall	4.276	
Motivated in High-Risk Behavior Intervention (n = 13)		
School counselors feel motivated in...	Mean	Std. Deviation
Bullying intervention	4.69	.480
School vandalism intervention	4.46	.519
Eating disorders intervention	4.54	.519
Self-injurious behavior intervention	4.62	.506
Stealing intervention	4.54	.519
Overall	4.57	
Effective in High-Risk Behavior Intervention (n = 13)		
School counselors feel effective in...	Mean	Std. Deviation
Bullying intervention	4.38	.650
School vandalism intervention	4.08	.641
Eating disorders intervention	3.54	1.266
Self-injurious behavior intervention	3.77	1.363
Stealing intervention	4.38	.768
Overall	4.03	

Table 4.5 is a visual representation comparing the findings of the first scale on counselors' perceptions of their motivation, preparation, and effectiveness to prevent, assess, and intervene into each of the five high-risk behaviors.

Table 4.5

*Counselors' Perceptions and Practices in Dealing with High Risk Behaviors*

Practices	High-Risk Behavior	Motivation/Preparation/Effectiveness
Prevention	Bullying Eating disorders Self-injurious behaviors Stealing	motivation > preparation > effectiveness
	School vandalism	motivation = preparation > effectiveness
Assessment	Bullying	motivation > effective > preparation
	School vandalism	preparation > motivation > effectiveness
	Eating disorders Self-injurious behaviors Stealing	motivation > preparation > effectiveness
Intervention	Bullying School vandalism Eating disorders Self-injurious behaviors	motivation > preparation > effectiveness
	Stealing	motivation > effectiveness > preparation

**Involvement in Prevention, Assessment, and Intervention Strategies**

Table 4.6 presents the means and standard deviations of counselors' involvement in the prevention of high-risk behaviors. However, Table 4.7 presents further information about each high-risk behavior and their corresponding means and standard deviations.

According to table 4.7, all participating counselors reported that they have been involved in the prevention of bullying. Nine counselors said that they have been involved in the prevention of eating disorders and self-injurious behaviors whereas four counselors said that they have not. Six counselors said that they have been involved in the prevention of school vandalism and stealing whereas seven counselors said they have not.

Moreover, twelve participating counselors reported that they have been involved in the assessment of bullying and one said she has not. Eight counselors said that they have been involved in the assessment of school vandalism and stealing whereas five counselors said that they have not. Nine counselors said that they have been involved in the assessment of eating disorders whereas four counselors said they have not. Moreover, eleven counselors said that they have been involved in the assessment of self-injurious behaviors whereas two have not.

Furthermore, twelve participating counselors reported that they have been involved in the intervention of bullying and one said she has not. Nine counselors said that they have been involved in the intervention of school vandalism whereas four counselors said that they have not. Ten counselors said that they have been involved in the intervention of eating disorders and stealing whereas three counselors said they have not. Moreover, twelve counselors said that they have been involved in the intervention of self-injurious behaviors whereas one has not.

Table 4.6

*School Counselors' Involvement in Prevention, Assessment, and Intervention of the Five High-Risk Behaviors*

High-Risk Behavior	Involved in High-Risk Behavior Prevention (n = 13)				
	Bullying Prevention	School Vandalism Prevention	Eating Disorders Prevention	Self-Injurious Behavior Prevention	Stealing Prevention
<i>Mean</i>	1.00	1.54	1.31	1.31	1.54
<i>Std. Deviation</i>	.000	.519	.480	.480	.519

Involvement in High-Risk Behavior Assessment (n = 13)					
High-Risk Behavior	Bullying assessment	School vandalism assessment	Eating disorders assessment	Self-injurious behavior assessment	Stealing assessment
<i>Mean</i>	1.08	1.38	1.31	1.15	1.38
<i>Std. Deviation</i>	.277	.506	.480	.376	.506
Involvement in High-Risk Behavior Intervention (n = 13)					
High-Risk Behavior	Bullying intervention	School vandalism intervention	Eating disorders intervention	Self-injurious behavior intervention	Stealing intervention
<i>Mean</i>	1.08	1.31	1.23	1.08	1.23
<i>Std. Deviation</i>	.277	.480	.439	.277	.439

Table 4.7

*Frequencies and Percentages of School Counselors' Involvement in the Five High-Risk Behaviors*

Bullying Prevention				Bullying Assessment				Bullying Intervention			
		Frequency	Percent			Frequency	Percent			Frequency	Percent
				Yes	12	92.3		Yes	12	92.3	
				No	1	7.7		No	1	7.7	
Valid	Yes	13	100	Valid	Total	13	100	Valid	Total	13	100
School Vandalism Prevention				School Vandalism Assessment				School Vandalism Intervention			
		Frequency	Percent			Frequency	Percent			Frequency	Percent
	Yes	6	46.2	Yes	8	61.5		Yes	9	69.2	
	No	7	53.8	No	5	38.5		No	4	30.8	
Valid	Total	13	100	Valid	Total	13	100	Valid	Total	13	100
Eating Disorders Prevention				Eating Disorders Assessment				Eating Disorders Intervention			
		Frequency	Percent			Frequency	Percent			Frequency	Percent
	Yes	9	69.2	Yes	9	69.2		Yes	10	76.9	
	No	4	30.8	No	4	30.8		No	3	23.1	
Valid	Total	13	100	Valid	Total	13	100	Valid	Total	13	100
Self-Injurious Behavior Prevention				Self-Injurious Behavior Assessment				Self-Injurious Behavior Intervention			
		Frequency	Percent			Frequency	Percent			Frequency	Percent
	Yes	9	69.2	Valid	Yes	11	84.6	Valid	Yes	12	92.3
Valid	No	4	30.8		No	2	15.4		No	1	7.7
	Total	13	100		Total	13	100		Total	13	100
Stealing Prevention				Stealing Assessment				Stealing Intervention			
		Frequency	Percent			Frequency	Percent			Frequency	Percent
	Yes	6	46.2	Valid	Yes	8	61.5	Valid	Yes	10	76.9
Valid	No	7	53.8		No	5	38.5		No	3	23.1
	Total	13	100		Total	13	100		Total	13	100

## **Prevention Strategies of Principals and Counselors and their Barriers**

Research question two is “What are counselors and principals’ current prevention, assessment, and intervention strategies and their corresponding barriers in dealing with student high-risk behaviors?” Qualitatively, perceptions were targeted in question three in the open-ended questions in the School Counselor/Psychologists’ Questionnaire (Appendix D). Similarly, school principal’s perceptions were handled qualitatively in question three in the open-ended questions in the School Principal’s Questionnaire (Appendix B). The following five themes present counselors and principals’ answers to the current prevention strategies.

### **Advisory Program and Awareness Campaigns**

Seven principals mentioned that “awareness programs for students and parents”, “awareness campaigns by teachers and specialists”, and/or the “advisory programs” are preventions they use at their schools. Moreover, seven counselors mentioned that prevention strategies can be “raising awareness in school through PowerPoint presentations or workshops”, “advisory sessions” and/or “bullying campaigns”.

### **Character Education**

“Character education” is one of the prevention strategies mentioned by three counselors and four principals in answering this question. In fact, four school principals emphasized the importance of character education as an integrated program in the

educational curriculum or as a separate program where students do activities that enhance their personal skills.

### **Counseling Services**

Only three principals said that the existence of the counseling department and counseling services or the “psychologist” prevents high-risk behaviors. However, since we did not explore in-depth interviews with the participants, we will not consider that school counselors and principals do not emphasize the importance of the counseling department. Thus, a large number of counselors and principals spoke about the importance of the “advisory program”, the “awareness campaigns”, and the “assemblies” or “walk-throughs” that are planned by the school.

### **Policies and Regulations**

Three principals and two counselors emphasized the importance of policies and rules. In fact, one principal mentioned that they have a student handbook that is distributed to all students at the beginning of the academic year, including guides on what to do when being involved in some high-risk behaviors. The same principal mentioned that she provides her personal mobile number to some students who are involved in at-risk behaviors such as eating disorders or self-injurious behaviors in order to contact her whenever they feel like talking or even in case of emergencies outside the school.

## **Parental Education**

Two principals mentioned that initiating “workshops for parents and students” is a preventive strategy in dealing with student high-risk behaviors. Moreover, one principal also mentioned that “educating parenting” is a preventive measure. At the same time, one counselor stated that “parental meetings” help in the prevention of student high-risk behaviors.

## **Barriers to Implementing Prevention Strategies**

Based on the previous part, school principals and school counselors use several strategies to prevent student high-risk behaviors. However, many challenges and barriers face principals and counselors and sometimes prevent them from succeeding at using prevention strategies. Five themes are generated to display school counselors and school principals’ answers on the perceived barriers to prevention strategies.

### **Time Barrier**

Three principals and one counselor referred to “time” as a barrier to prevention strategies. The busy schedules of principals and counselors within the context of the school do not permit the initiation of all prevention strategies they wish to implement. Principals and counselors are overloaded with meetings and appointments which makes it hard for them to design prevention plans (“Finding time within the content of the school for preventative programming” a counselor said). At the same time, if a plan is designed, they need free time to initiate it. Some prevention strategies might replace one of the class sessions they have which might demotivate them and increase “uncontrollable attitude” as



one the principals said, and sometimes makes it “hard to get the students hooked” as one of the counselors said.

### **Lack of Teacher Collaboration**

“Teachers not supporting and following up consistently with students” because they are “not comfortable” to deal with anything outside the courses they teach is one of the problems stated by three principals. Similarly one counselor stated that “teachers are the ones to deliver the information to students and not all have the needed skills to do so” and this highlights what another counselor said, there is a “lack of adequate training”. A “non-collaborative consistent team” is the reality of some schools as noted by one counselor. Similarly, another counselor said that “teachers are not helpful”.

### **Absence of Lebanese Laws**

In Lebanon, which is the current context of the participants under study, Lebanese laws are unclear to some of them. Two principals stated that there is “no support from Law in Lebanon”. One of the counselors said that there is “lack of legislations against bullying” in the school due to the “type of violence in community”.

### **Lack of Parental Support**

According to five principals, parents’ “resistance” or “denial of causes and problems” of their students is a barrier to prevention strategies, in addition to their “preconceived ideas” and the fact of “not accepting that their child has at-risk behaviors”.

“Non-collaborative, consistent parents” are a barrier to prevention strategies as one the counselors stated. In fact, another counselor said that there is a “lack of parental support”.

### **Social and Religious Issues**

Starting with the religious issues, one principal said that “religious issues” could be a barrier since each religion has different beliefs in handling certain high-risk behaviors. There are various social issues that could challenge prevention strategies. For example, “peer pressure” as stated by one principal, “teachers’ gossip” as mentioned by one principal, and “social media” as said by one principal. Three counselors also highlighted some social issues such as “increase of environmental stressors (violence, deviance)”, “students don’t take bullying seriously”, and “fear of victims” not to be stigmatized.

### **Comparison between Principals and Counselors in Prevention Strategies and Barriers**

An equal number of principals (freq. = 7) and counselors (freq. = 7) indicated that advisory program, awareness campaigns, and inclusion of character education as a separate or integrated curriculum are prevention strategies that they use in their schools. Moreover, three principals mentioned counseling services as prevention to high-risk behaviors but none of the counselors did so. Almost an equal number of principals (freq. = 3) and counselors (freq. = 2) indicated that policies and regulations are preventative measure used by schools to decrease the incidence of high-risk behaviors. More principals (freq. = 3) than counselors (freq. = 1) emphasized parental education to increase their knowledge about high-risk behaviors and managing strategies.

More principals (freq. = 3) than counselors (freq. = 1) referred to “time” as a barrier to prevention strategies in terms of lack of time due to their being overloaded with other work and in terms of time consumption that prevention strategies require to implement. Almost an equal number of principals (freq. = 3) and counselors (freq. = 2) highlighted a lack in teachers’ collaboration with school personnel. Similarly, almost an equal number of principals (freq. = 2) and counselors (freq. = 1) reported that there is lack of support from Lebanese laws towards handling high-risk behaviors. More principals (freq. = 5) than counselors (freq. = 2) indicated that there is lack of support from parents which is a barrier to prevention strategies. One principal only stated that religious issues could serve as a barrier to prevention strategies due to difference in beliefs and attitudes towards certain high-risk behaviors. However, an equal number of principal and counselors said that social issues could challenge preventative practice such as peer pressure, teachers’ gossip, social media, and increase in environmental stressors, student not taking bullying seriously, and students’ fear from stigmatization.

### **Assessment Strategies of Principals and Counselors**

The second part of open-ended question three requires counselors and principals to identify assessment strategies. The following four themes present counselors and principals’ answers to the current assessment strategies.

#### **Observations and Feedback from School Personnel**

Seven school principals emphasized the importance of observations in assessing student high-risk behaviors. In fact, some principals use observation charts with students to

monitor the frequency of inappropriate behaviors. Others rely on teachers' observations in the classroom setting or in the playground when they are on duty. Five school counselors also said that observations are assessment strategies. Five principals stated that "teachers' referrals" or "feedback on students" helps a lot in assessing high-risk behaviors. Similarly, eight counselors said that "asking staff members what's going on" and teachers' "reports" and "feedback" are current assessment strategies. Moreover, three school principals stated that the "counselor's assessment" helps in gaining information about students. One principal mentioned that "communication with the school psychologist" is one of the assessment strategies.

### **Standardized Forms and Surveys**

Some school use questionnaires or surveys to gather information about students. Three of the counselors said that they use standardized forms with students, sometimes to know about only one of the students. However, delivering the questionnaire to all students will make them feel equal instead of stigmatizing them by giving it to certain students only.

### **School-Parent Communications**

Five principals stated that "parental conversations" is one of the tools that help gather information about students. Two counselors also said that "communication with parents" is an assessment strategy that they use at school. Thus, parental communications with the school personnel are important since the two most direct environments in students' lives are working hand-in-hand.

## **Communication with Students**

Two school principals mentioned that “communication with the students” is one of the assessment tools to gather information about them. Moreover, one principal said that “self-reflection” of students enables them to know more about their problems. Thus, sometimes students approach school personnel to talk about personal or academic problems and other times it is the counselor, teacher, or principal who calls the student in to discuss suspected or obvious issues.

## **Barriers to Implementing Assessment Strategies**

Based on the previous part, school principals and school counselors use several strategies to assess student high-risk behaviors. However, many challenges and barriers face principals and counselors and sometimes prevent them from succeeding at using assessment strategies. Seven themes are generated to display school counselors and school principals’ answers on the perceived barriers to assessment strategies.

## **Subjectivity of Assessor**

Three principals stated that “subjectivity of assessors”, “accuracy”, “credibility”, and “bias in perspectives in teachers and staff” are barriers to assessment strategies. In fact one of these principals said that due to “human nature”, it is possible that the assessor could be subjective at some level. One counselor also mentioned that teachers might share their “perceptions rather than their observations” which threatens the credibility of assessment.

### **Lack of Parental Support**

Three principals mentioned that a barrier is that “parents are not willing to access their children” because of “denial”, “they are not accepting that their child has at-risk behaviors”. Two principals said that there is no “clarity of details provided by parents about the status of their children and how problems are being solved” due to their “preconceived ideas”. Similarly, two counselors said that “parents do not agree to do assessment” because they are “in denial”. Moreover, one counselor said that there is “poor or lack of insight of adults” which prevents them from forming a clear picture about the students.

### **Lack of Teachers’ Support and Involvement**

Two principals said that a barrier is that “teachers overlook problems” and “do not want to report incidents out of fear of parent repercussion”. Thus, one counselor said that there is “poor communication with the team” which prevents them from forming a clear picture about the students. Another counselor said that it is “difficult to get teachers together because of busy schedules to share observations and concerns”.

### **Cost of Professional Development**

Two principals said that the “cost of professional development” is a problem. In fact, some schools and parents cannot afford such costly expenses. At the same time, one principal said that there is a problem of “reliability of professions - testing”, explaining that some professionals copy the same reports of previous clients and change the name only, and many times have they forgotten to change the name of the client.

### **Time Consuming**

According to two principal, assessment is “time consuming”. In fact, “anecdotal records are compiled” upon the request of the parents and specialists. One counselor also mentioned that “time” is a barrier. Thus, in order to gather clear and adequate information about a child, time is needed to observe and record data.

### **No Support from the Law**

One principal highlighted a problem they have at school concerning drug testing. Some students display symptoms of drug-intake and the only support that the law could offer in this country is prison or rehabilitation. However, some cases do not need such extreme consequences. The school provides these students with a list of doctors whom they know are loyal to the school personnel and could help the students without making a fuss out of it.

### **Difficult to Assess Issues**

One counselor said that “moral development is difficult to assess” and that “some high-risk behaviors are easy to hide like self-injurious and eating disorders”. Another counselor mentioned that “cyber-bullying outside the school comes with the students to school and could escalate”.

### **Comparison between Principals and Counselor in Assessment Strategies and Barriers**

The majority of participants, 12 principals and 13 counselors mentioned that they use observations and feedback from school personnel as strategies for assessment. Three

counselors emphasized the use of standardized forms and surveys as assessment strategies but none of the principals did so. More principals (freq. = 5) than counselors (freq. = 2) mentioned that school-parent communication is an important strategy to gather information about students. Moreover, three principals and none of the counselors emphasized the importance of communication with the students as an assessment strategy.

The principals and counselors talked about several barriers to assessment strategies. In fact, more principals (freq. = 3) than counselors (freq. = 1) mentioned the subjectivity of assessors as a barrier to assessment strategies. More principals (freq. = 5) than counselors (freq. 3) said that the lack of parental support makes it hard for the school personnel to form a clear picture about the students. Moreover, almost an equal number of principals (freq. = 2) and counselors (freq. = 1) believe that the lack of teachers' support is a barrier. Moreover, three principals and none of the counselors reported that the high cost of professional help is an obstacle. Almost an equal number of principals (freq. = 2) and counselors (freq. =1) mentioned time consumption that assessment strategies need as a barrier. To add, one principal only said that the lack of support from the law is a barrier especially in high-risk behaviors including drug-using behavior. Furthermore, two counselors only stated that there are issues that are difficult to access such as self-injurious behaviors and eating disorders.



## **Intervention Strategies of Principals and Counselors**

The third part of open-ended question three requires counselors and principals to identify intervention strategies. The following three themes present counselors and principals' answers to the current intervention strategies.

### **Individual, Small Group, or Large Group Counseling**

Ten school principals stated that what they usually do to intervene is “meeting with the students” to talk about their high-risk problems and try to solve them. Six counselors also mentioned that “individual, small group, and large group” counseling helps to solve students' problems.

### **Parental Meetings**

Four principals emphasized the importance of “parental support”. At the same times, five school counselors said that “parental meetings” or “involving parents” is one of the intervention strategies used at their schools. One counselor and two principals said that “principal meetings with parents and students” at the same time helps in dividing responsibilities between each of the members and designing a collaborative plan.

### **External Professional Help**

Four principals said that some cases require the assistance of outside specialists. Thus, “external professional help” is one of the interventions strategies used by the school where recommendations are proposed for teachers. One counselor also mentioned that, depending on the case; she might “refer the student to another specialist”.

## **Barriers to Implementing Intervention Strategies**

Based on the previous part, school principals and school counselors use several strategies to intervene into student high-risk behaviors. However, many challenges and barriers face principals and counselors and sometimes prevent them from succeeding at using intervention strategies. Five themes are generated to display school counselors and school principals' answers on the perceived barriers to intervention strategies.

### **Inconsistent Parenting and Lack of Support**

There are eight answers from principals revolving around parental inconsistency and lack of support. Some say that parents are “hesitant”, “lack cooperation” and display “unsupportive behavior”. Other answers are:

- “Sometimes parents do not stick to behavioral plans”.
- “Parents not interested to solve students’ problems.
- “Some parents prefer to hit as an intervention”.
- “Parents think children can do no harm to themselves and others”

Five principals stated that it is hard to convince parents and “get permission for their child to see a specialist”. “Parenting practices and their perceptions on children’s behaviors” in addition to their “preconceived ideas” makes them refuse any other ideas. One principal said that, in Lebanon, we have the “nanny culture”. Nannies are the ones who take care of the children instead of parents. This unfortunate fact in many families is a challenge especially when an intervention plan is designed and parents are not there to implement, observe, or follow-up.

Similarly, six answers from counselors have parental worries. Some say that “parents do not want”, are in “denial”, “not cooperative”, “do not follow through”, and “minimize the problem”. Other answers are:

- “Parents have a negative unconstructive attitude towards the child and/or issue”.
- “Fear of parents’ reaction, students won’t express and resist”.
- “Parents encourage bullying, consider it as manly”.

### **Poor Quality and Shortage of Staff**

One principal reflected that a barrier could be that there is a “shortage of staff”. Two other principals explained that “not all teachers are equipped to deal with at-risk behaviors” thus there is a “poor quality of staff”. One principal said that “teachers are inconsistent in providing corrective feedback and modeling feedback”. One counselor expressed the need for more counselors at school, the counselor said, “It is difficult to follow-up as much as I want to because I teach and I am a counselor for the whole school”.

### **Unhelpful Students**

Two principals and one counselor said that one of the barriers to intervention strategies is that students “want to stay impulsive” and are “in denial of their problem”.

Two other principals said:

- “In group counseling, few numbers of students are not comfortable to share personal issues with fellow students”.
- “Students prefer to remain hidden than stigmatized”.

### **Time Barrier**

There is always a time barrier when non-academic programs, such as intervention programs, are added to the school. One of the counselors said that in her school interventions are initiated “only through snacks and breaks” thus “students are not happy to come”.

### **Absence of Lebanese Laws**

One principal said that there is “no law to protect the child” in Lebanon. Thus, when parents choose violent procedures at home as a way of teaching them a lesson, no law protects the child.

### **Comparison between Principals and Counselors in Intervention Strategies and Barriers**

More principals (freq. = 10) than counselors (freq. = 6) indicated that individual, small group, or large group counseling as intervention strategies to high-risk behaviors. An equal number of principals (freq. = 6) and counselors (freq. = 6) emphasized the importance of having meetings with parents to discuss the students’ problems and come up with a mutual intervention plan. More principals (freq. = 4) than counselors (freq. = 1) indicated that they might refer the students for external professional help when needed.

An equal number of principals (freq. = 6) and counselors (freq. = 6) believe that lack of support and inconsistency from parents is a barrier to intervention practices since the parents’ role is very important especially in applying the action plan at home and

following-up with their children. More principals (freq. = 4) than counselors (freq. = 1) stated that the poor quality of staff in schools and the shortage in counselors per school challenges intervention practices and follow-ups. More principals (freq. = 4) than counselors (freq. = 1) mentioned that students might sometimes be unhelpful due to denial of their problems or fear to expose their issues which is a barrier to intervention practices. One counselor only said that finding time within the academic schedule for intervention strategies is a challenge. Moreover, one principal only mentioned that a barrier is the lack of Lebanese laws to protect students from parents who choose to use violent measures as intervention strategies.

### **Responses and Roles of School Counselors**

Research question three is “What are school counselors’ most common responses and roles in preventing, assessing, and intervening into students’ high-risk behaviors in Lebanon?” School counselors’ responses and roles were handled using scales in “Part Three” (Appendix B) and “Part Four” (Appendix C) in the School Counselor/Psychologist’s Questionnaire.

### **Responses of School Counselors**

Table 4.8 presents a summary of the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> responses of each high-risk behavior. To report counselors’ answers on the most common responses to dealing with each high-risk behavior, I used the “most common responses” column in table 4.9 which combines the frequencies and percentages for the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> responses of each high-risk behavior.

### ***Responses to Bullying Behavior***

In dealing with bullying, 77% (freq. = 10) of the counselors said that they consult with a colleague to deal with bullying. Sixty-nine percent (freq. = 9) of the counselors reported that they assess the situation and offer an intervention. Fifty-four percent (freq. = 7) reported that they bring the case to their team leader or team prior to taking action. Furthermore, 23% (freq. = 3) said that they would seek supervision. Moreover, one counselor mentioned that she would transfer the case to a different type of helping professional and one counselor said that she would transfer the case to another helping professional in her discipline.

### ***Responses to School Vandalism Behavior***

In dealing with school vandalism, 54% (freq. = 6) of the counselors reported that they bring the case to your team leader or team prior to taking action. Forty-six percent (freq. = 7) of the counselors said that they consult with a colleague to deal with school vandalism. Thirty-nine percent (freq. = 5) reported that they assess the situation and offer an intervention. Furthermore, 23% (freq. = 3) said that they would seek supervision and 23% (freq. = 3) mentioned that they transfer the case to a different type of helping professional. Moreover, one counselor said that she would transfer the case to another helping professional in her discipline.

### ***Responses to Eating Disorder Behavior***

In dealing with eating disorders, 46% (freq. = 6) of the counselors reported that they consult with a colleague. Thirty-nine percent (freq. = 5) of the counselors said that they assess the situation and offer an intervention. Thirty-one percent (freq. = 4) reported that they transfer the case to a different type of helping professional. Twenty-three percent (freq. = 3) seek supervision and 23% (freq. = 3) bring the case to their team leader or team prior to taking action. Furthermore, one counselor chose another response, which is “parents”.

### ***Responses to Self-Injurious Behaviors***

In dealing with self-injurious behaviors, 46% (freq. = 6) of the counselors reported that they assess the situation and offer an intervention and 46% (freq. = 6) of the counselors reported that they consult with a colleague. Moreover, 31% (freq. = 4) said that they seek supervision and 31% (freq. = 4) reported that they bring the case to their team leader or team prior to taking action. Furthermore, 23% (freq. = 3) of the counselors said that they would transfer the case to a different type of helping professional and 15% (freq. = 2) reported that they transfer the case to another helping professional in their discipline.

### ***Responses to Stealing***

In dealing with stealing, 62% (freq. = 8) of the counselors reported that they assess the situation and offer an intervention. Forty-six percent (freq. = 6) of the counselors reported that they consult with a colleague. Moreover, 39% (freq. = 5) said that they bring the case

to their team leader or team prior to taking action. Furthermore, 31% (freq. = 4) of the counselors said that they would seek supervision. One counselor said that she would transfer the case to a different type of helping professional and one counselor reported another response, which is “parents”.

Table 4.8

*Counselors’ First, Second, and Third Most Common Responses/Actions in Managing High-Risk Behaviors*

	1 <sup>st</sup> Most Common Response	2 <sup>nd</sup> Most Common Response	3 <sup>rd</sup> Most Common Response
Bullying	Consult with a colleague	Assess the situation and offer an intervention	Bringing the case to the team leader or team prior to taking action
School Vandalism	Bring the case to the team leader or team prior to taking action	Consult with a colleague	Assess the situation and offer an intervention
Eating Disorders	Consult with a colleague	Assess the situation and offer an intervention	Transfer the case to a different type of helping professional
Self-Injurious Behaviors	Consult with a colleague  Assess the situation and offer an intervention	Seek supervision  Bring the case to the team leader or team prior to taking action	Transfer the case to a different type of helping professional
Stealing	Assess the situation and offer an intervention	Consult with a colleague	Bring the case to the team leader or team prior to taking action



## **Roles of School Counselors**

To report school counselors' roles in dealing with student high-risk behaviors, I presented the three highest frequencies for each of the roles taken using table 4.10.

### ***Roles Taken in Dealing with Bullying***

Eleven counselors (85%) take an "active team member" role to deal with bullying. Moreover, eleven counselors (85%) take an "assessor alone" role to deal with bullying. Furthermore, eleven counselors (85%) take an "intervene alone" role to deal with bullying.

### ***Roles Taken in Dealing with School Vandalism***

Nine counselors (69%) take an "active team member" role to deal with school vandalism. Moreover, seven counselors (54%) take an "assessor alone" role to deal with school vandalism. Furthermore, six counselors (46%) take an "intervene alone" role to deal with school vandalism.

### ***Roles Taken in Dealing with Eating Disorders***

Nine counselors (69%) take an "intervene alone" role to deal with eating disorders. Moreover, eight counselors (54%) take an "assessor alone" role to deal with eating disorders. Furthermore, six counselors (46%) take an "active team member" role to deal with eating disorders and six counselors (46%) take a "prevent alone" role to deal with eating disorders.

### ***Roles Taken in Dealing with Self-Injurious Behaviors***

Nine counselors (69%) of the counselors reported that they take an “assessor alone” role to deal with self-injurious behaviors. Moreover, nine counselors (69%) reported that they take an “intervene alone” role to deal with self-injurious behaviors. Eight counselors (62%) reported that they take a “prevent alone” role to deal with self-injurious behaviors. Furthermore, seven counselors (54%) reported that they take a “team leader” role to deal with self-injurious behaviors.

### ***Roles Taken in Dealing with Stealing***

Eight counselors (62%) reported that they take an “assessor role” to deal with stealing. Eight counselors (62%) reported that they take an “intervene role” to deal with stealing. Moreover, seven counselors (54%) take an “active team member” role to deal with stealing and seven counselors (54%) take a “prevent alone” role to deal with stealing. Furthermore, four counselors (31%) reported that they take a “team leader” role to deal with stealing.

Table 4.9

*Most Common Responses Taken in Dealing with Bullying*

High Risk Behavior	Bullying							
Frequencies and Percentages of the Most Common Responses	1 <sup>st</sup> response		2 <sup>nd</sup> response		3 <sup>rd</sup> response		Most common responses	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
	Assess the situation and offer an intervention	6	46.2	3	23.1	0	0	9
Consult with a colleague	5	38.5	4	30.8	1	7.7	10	77
Seek supervision	0	0	0	0	3	23.1	3	23.1
Transfer the case to a different type of helping professional	0	0	0	0	1	7.7	1	7.7
Transfer the case to another helping professional in your discipline	0	0	0	0	1	7.7	1	7.7
Bring the case to your team leader or team prior to taking action	0	0	3	23.1	4	30.8	7	53.9
Another response	0	0	0	0	0	0	0	0
High Risk Behavior	School Vandalism							
Frequencies and Percentages of the 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> Most Common Responses	1 <sup>st</sup> response		2 <sup>nd</sup> response		3 <sup>rd</sup> response		Most common responses	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
	Assess the situation and offer an intervention	2	15.4	3	23.1	0	0	5
Consult with a colleague	3	23.1	2	15.4	1	7.7	7	46.2
Seek supervision	1	7.7	0	0	2	15.4	3	23.1
Transfer the case to a different type of helping professional	1	7.7	1	7.7	1	7.7	3	23.1
Transfer the case to another helping professional in your discipline	0	0	0	0	1	7.7	1	7.7
Bring the case to your team leader or team prior to taking action	1	7.7	3	23.1	3	23.1	6	53.9
Another response	0	0	0	0	0	0	0	0

High Risk Behavior	Eating Disorders							
Frequencies and Percentages of the 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> Most Common Responses	1 <sup>st</sup> response		2 <sup>nd</sup> response		3 <sup>rd</sup> response		Most common responses	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Assess the situation and offer an intervention	3	23.1	2	15.4	0	0	5	38.5
Consult with a colleague	4	30.8	1	7.7	1	7.7	6	46.2
Seek supervision	0	0	0	0	3	23.1	3	23.1
Transfer the case to a different type of helping professional	0	0	3	23.1	1	7.7	4	30.8
Transfer the case to another helping professional in your discipline	0	0	0	0	0	0	0	0
Bring the case to your team leader or team prior to taking action	1	7.7	1	7.7	1	7.7	3	23.1
Another response	0	0	0	0	1	7.7	1	7.7

  

High Risk Behavior	Self-Injurious Behaviors							
Frequencies and Percentages of the 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> Most Common Responses	1 <sup>st</sup> response		2 <sup>nd</sup> response		3 <sup>rd</sup> response		Most common responses	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Assess the situation and offer an intervention	4	30.8	2	15.4	0	0	6	46.2
Consult with a colleague	3	23.1	2	15.4	1	7.7	6	46.2
Seek supervision	0	0	0	0	4	30.8	4	30.8
Transfer the case to a different type of helping professional	0	0	3	23.1	0	0	3	23.1
Transfer the case to another helping professional in your discipline	1	7.7	0	0	1	7.7	2	15.4
Bring the case to your team leader or team prior to taking action	1	7.7	1	7.7	2	15.4	4	30.8
Another response	0	0	0	0	0	0	0	0

High Risk Behavior Frequencies and Percentages of the 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> Most Common Responses	Stealing							
	1 <sup>st</sup> response		2 <sup>nd</sup> response		3 <sup>rd</sup> response		Most common responses	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Assess the situation and offer an intervention	4	30.8	3	23.1	1	7.7	8	61.6
Consult with a colleague	1	7.7	4	30.8	1	7.7	6	46.2
Seek supervision	1	7.7	0	0	3	23.1	4	30.8
Transfer the case to a different type of helping professional	1	7.7	0	0	0	0	1	7.7
Transfer the case to another helping professional in your discipline	0	0	0	0	0	0	0	0
Bring the case to your team leader or team prior to taking action	1	7.7	2	15.4	2	15.4	5	38.5
Another response	0	0	0	0	1	7.7	1	7.7

Table 4.10

*Roles Taken in Dealing with the Five High-Risk Behaviors*

Roles Taken	Bullying		School Vandalism		Eating Disorders		Self-Injury		Stealing	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Team Leader	6	46.2	3	23.1	5	38.5	7	53.8	4	30.8
Active Team Member	11	84.6	9	69.2	6	46.2	4	30.8	7	53.8
Bystander	0	0	2	15.4	1	7.7	0	0	2	15.4
Work Alone	2	15.4	0	0	4	30.8	4	30.8	2	15.4
Prevent Role	10	76.9	5	38.5	6	46.2	8	61.5	7	53.8
Assessor Role	11	84.6	7	53.8	8	61.5	9	69.2	8	61.5
Intervene Role	11	84.6	6	46.2	9	69.2	9	69.2	8	61.5
Another response	0	0	1	7.7	1	7.7	0	0	0	0

## **Training Experience of Principals and Counselors**

Research question four is “What kind of training or internship opportunities do school counselors and school principals have regarding students’ high-risk behaviors in Lebanon?” School counselors’ training experience was handled in open-ended question one (Appendix D) in the School Counselor/Psychologist’s Questionnaire. School principals’ training experience was similarly handled in open-ended question one (Appendix B) in the School Principal’s Questionnaire. The following four themes display school principals and school counselors’ answers on their training experiences.

### **Workshops on Various Topics**

Two principals and one counselor mentioned attending workshops on bullying and one principal mentioned attending a workshop on school vandalism. Moreover, two principals mentioned attending seminars on “at-risk behaviors”. However, there were many school principal-answers stating attending workshops, seminars, or general training that is not directly related to high-risk behaviors such as workshops and lectures in counseling, family counseling, leadership, character education, advanced educational psychology, child and adolescent counseling, adolescent disorders, applied behavior analysis, motivation, causes of students’ behaviors and some workshops and lectures on unreported topics. Similarly, some counselors mentioned attending workshops on multidisciplinary team functions, group therapy, drug addiction intervention, leadership, emotional disorders, parental guidance, global approach, and workshops on unreported topics. Moreover, some

counselors mentioned training on interventions for intellectual disability, on bully prevention, and in school psychology.

### **Self-Teaching**

Seven principals and seven counselors said that they do personal reading to learn more about different high-risk behaviors. One of the counselors said that she reads books by Dr. Michael Thompson<sup>1</sup> to learn about counseling. Moreover, one counselor mentioned that she has undergone self-therapy for four years which made her learn about the nature of therapy sessions. Two counselors said that they do online research to learn about high-risk behaviors. Another counselor stated that she is part of an online blog where questions about counseling are asked and answered by counselors.

### **Professional Training**

Some participants mentioned being involved in some types of professional trainings. For example, one counselor mentioned training at Save Our Selves (SOS) Drug international in Paris and Lama center in Belgica. Another counselor said that she had training at the Nonviolent Crisis Intervention program in Canada. Moreover, one principal mentioned training at the National Association for the Education of Young Children (NAEYC) in Atlanta and another principal had the opportunity to join British Council workshops.

---

<sup>1</sup> Michael G. Thompson, Ph.D., is the bestselling author in the New York Times and an international speaker specialized in children and families. Among his books are: “Raising Cain: Protecting the Emotional Life of Boys”, “Finding the Heart of the Child”, “Understanding Independent School Parents”, “Best Friends, Worst Enemies” and “Mom, They’re Teasing Me” (Retrieved from <http://www.michaelthompson-phd.com/about/>).

## **University Courses**

Five principals and three counselors considered their university courses as the training they had on student high-risk behaviors. Moreover, one counselor mentioned that she has done her thesis study on the topic of bullying and she considers this as the training she had on high-risk behaviors.

## **Internship Opportunities of Principals and Counselors**

The second part of research question three is on internship opportunities. School counselors' internship opportunities were handled in open-ended question one (Appendix D) in the School Counselor/Psychologist's Questionnaire. School principals' internship opportunities were similarly handled in open-ended question one (Appendix B) in the School Principal's Questionnaire. The following three themes display school principals and school counselors' answers on their internship opportunities.

### **In-School Internships**

Six principals mentioned that they had internship opportunities at schools. Two principals interned as teachers in schools, one as a leader, one as a counselor, one as a school administrator, and one as a vice principal. Seven counselors mentioned that they interned as school counselors in schools. One of those counselors said that she had an internship in a school for students who have "hard times dealing with their anger and violence towards self and others". Moreover, one counselor said that she did an internship as a teacher and another said that she did an internship as a special educator.



### **Out of School Internships**

One principal mentioned that she has done an internship with a psychologist and psychotherapist. One counselor had several internships such as at Caritas, Roumieh Prison, community service, and at the Ministry of Health. Another counselor mentioned internships at Non-Governmental Organizations (NGOs) and an orphanage.

### **Lack of Internship Opportunities**

Eight principals and four counselors mentioned that they did not have any type of internship opportunities or left it blank. This means that (11/26) almost half of the participants did not experience any internship opportunity.

### **Comparison between Principals and Counselors in Training and Internship Opportunities**

Almost an equal number of principals (freq. = 2) and counselors (freq. = 1) indicated that they have attended workshops on bullying and only one principal indicated attending a workshop on school vandalism. The rest of the principals and counselors mentioned attending workshops, seminars, and lectures on subjects different to the target high-risk behaviors (e.g. intellectual disability, emotional disorders, motivation, etc.). An equal number of principals (freq. = 7) and counselors (freq. = 7) indicated that they self-train themselves by reading books and online articles or research. An equal number of principals mentioned undergoing professional training (e.g. SOS Drug International, NAEYC, British Council, etc.). More principals (freq. = 5) than counselors (freq. = 3) considered university courses as their training.

More counselors (freq. = 10) than principals (freq. = 6) indicated that they had internship opportunities at schools as pre-service principals, counselors, and teachers. Almost an equal number of principals (freq. = 1) and counselors (freq. = 2) mentioned they had internship opportunities outside the school (e.g. NGOs, orphanages, community service, etc.). Last but not least, more principals (freq. = 8) than counselors (freq. = 4) did not do any internships opportunities.

### **Skill-Sets of Principals and Counselors**

Open-ended question two asks counselors and principals to identify the skill sets they feel assist them in dealing with student high-risk behaviors. Even though “skills” are not literally part of any research question; however, it completes the first question on training and internship opportunities. The following two themes present the answers of counselors and principals.

#### **Personal Skills**

Seven school principals mentioned that their “ability to talk with students and parents” is one of the skills that assist them in dealing with student high-risk behaviors. Four counselors said that being “non-judgmental” is one the skills and four counselors mentioned that “good communication skills” or “increasing the bond with parents and students” assist them. Five principals and three counselors stated that being “a good listener” or “attentive listener” is one the skills. Three counselors mentioned being “empathic” is one of the skills. Three principals stated that they “do not overreact in emergencies”, three stated “patience”, and three said “fair” or balanced”. “Students trust me” is the answer of two counselors and

“communicate to students that I am their advocate and will protect them, support them” is the answer of two counselors too. Moreover, one principal reported that she has “leadership skills”, “management skills for students with behavioral problems”, and studied several “psychology courses related to behavioral disorders”.

## **Experience**

Three participants mentioned that work experience with children is a skill itself. One counselor mentioned that “experience in schools on behavioral training and on child and teenage behavior” is a skill. Another counselor emphasized “previous experience and encounters with cases”. Moreover, one principal stated that “experience with special needs students” assists her in dealing with student high-risk behaviors.

## **Comparison between School Principals and Counselors’ Skills**

Seven principals and none of the counselors mentioned that they have a strong ability to talk with students and parents, three principals and none of the counselors reported that they do not overreact in emergencies, are patient, and balanced. One principal only referred to her leadership skills, management skills, and the psychology courses she took. On the other hand, four counselors and none of the principals said that they are non-judgmental and four counselors mentioned that they have good communication skills, are trustworthy, and supportive. Three counselors and none of the principals mentioned that they are empathic. Almost an equal number of principals (freq. = 4) and counselors (freq. = 3) stated that they are good/attentive listeners. Almost an equal number of principals

(freq. = 1) and counselors (freq. = 2) referred to their work experience as the skills that help them in dealing with student high-risk behaviors.

### **Needs to Increase Preparedness of Principals and Counselors**

Open-ended question four asks counselors and principals to specify what is needed to increase their preparedness to deal with student high-risk behaviors. Even though “needs to increase preparedness” is not part of any research question; however, it could greatly help me in writing implication and recommendations in Chapter V. Therefore, I considered this as secondary investigation. The following are five themes that display school counselors’ and school principals’ answers on this question.

#### **More Pre-Service and In-Service Training**

Six principals stated that “ongoing training for all school personnel on supporting students at-risk” would increase their preparedness in dealing with student high-risk behaviors. Moreover, “more observation strategies and tools” would help. Two principals said that having teachers “become more aware of the specific issues of a student and be able to support them” in addition to teaching teachers “differentiation” is a need. Being “open to ideas for involving and engaging students in school life and in facing high-risk behaviors” is a need. Two principals also emphasized the importance of new trends especially on “age-appropriate interventions by professionals”. In addition, one counselor reported that “specialists should meet with teachers and give them hints to deal with those students”. Moreover, five counselors mentioned that it is very important “to stay up to date by reading, attending courses, and workshops”. These counselors said that it is important to “update

intervention styles” so that they become “more confident in what they do”. One of these counselors said that she is interested to attend workshops in Lebanon but is having trouble locating them. Moreover, one counselor stated that there is a need for “more training on eating disorders and self-injurious behaviors”. Another emphasized “more professional training across the teaching staff”. One counselor said that there is a need for “more effective activities and techniques with students and groups” and another one stated that it is “important to have other highly trained and qualified professionals to consult with”.

### **Partnership between School Personnel**

One principal said that school personnel should have “the same philosophy and approach in dealing with the problem”. Moreover, one counselor also emphasized that the school personnel must “follow one program in school”. In addition, three principals mentioned that “inter-divisional conversations” are important where “faculty members share ideas and work collaboratively”.

### **Partnership with Parents**

Two principals said that “home-school discussion” and “transparency from parents” is essential. One principal mentioned that one of the needs is “facing problems” instead of “throwing problems and responsibilities at each other”. Moreover, three counselors said that “parental and social education” is needed in order to “increase parents’ roles to reduce some risk factors”.

### **Help from Lebanese Laws**

One of the principals and one of the counselors stated that there is no external support in case of student emergencies that could happen as a result of student high-risk behaviors. The principal stated that there is a need for a “quick response” to “ensure team’s safety”. She gave a suggestion asking: Are we supposed to contact the Red Cross if one of the students throws a huge tantrum due to high emotional problems?

### **More Counselors**

After contacting a number of French schools, I interpreted that French schools have a unique program different to those of American, British, and Lebanese schools. In fact, one principal who works at a French school highlighted that “French school organization implicates that no counselor or social worker be part of the school”. However, some French schools have working psychologists that come few times a month.

### **Comparison between School Principals and Counselors’ Proposed Needs to Increase Preparedness**

An equal number of principals (freq. = 10) and counselors (freq. = 10) emphasized a need for more pre-service and in-service training. More principals (freq. = 4) than counselors (freq. = 2) reported that partnership between school personnel is important since consistency in implementing action plans is a key to managing high-risk behaviors successfully. Moreover, an equal number of principals (freq. = 3) and counselors (freq. = 3) found that the role of the parents is very important when dealing with student high-risk behaviors so partnership is needed. One principal and one counselor called for help from

Lebanese laws who do not support schools when problems occur. One principal mentioned a need for counselors in schools that do not hire them.

## CHAPTER V

### DISCUSSION AND CONCLUSION

This chapter presents a summary of the findings and discusses their consistency with previous studies. Moreover, it provides a discussion of the researchers' recommendation, proposed implications for practice and future research, and limitations.

#### **Reflections on Data Collection Process**

##### **Sample Selection Method**

The current study is voluntary. Principals and counselors who received the consent form were free to decide whether to participate in the study or not. However, it is worth noting that some school principals chose not to participate in the study but granted other school personnel the permission to receive the consent form and decide if they would like to be part of it. The researcher has contacted around 20 schools, the majority of K-12 private co-educational schools in Beirut (district one, two, and three) and Saida city. However, 12 was the final number of participating schools. The main reason behind the rejection of some schools to participate is school principals. I was mostly told that the principal is too busy at this time of the academic year, March and April, due to (1) student examinations, (2) beginning of the second semester, (3) and problems at school or that they are uninterested to participate in studies. However, there might be other hidden reasons to their refusal which I sensed when been asked about the topic of the study. Many schools did not understand what the topic means and asked questions about what prevention is, what assessment is, and what



intervention is. Thus, the problem is vast and is directly related to schools' openness to new trends in education, workshops, and trainings.

### **Background of Participants**

Starting with the school principals, there is a variation in gender where nine participating principals are females and six are males. However, all 13 participating school counselors are females indicating that females mostly dominate the field of school counseling. The school principals in the current study are older than the school counselors are and have longer years of working experience than counselors. Nine out of fifteen principals are responsible for all the school and four out of thirteen counselors are responsible for all the school. However, all other principals and counselors are responsible for a specific school level and have other principals and counselors responsible for other school levels. Thus, being in charge of the all the students in a school is overwhelming, as I heard from some participants, and prevents them from playing their roles in a self-fulfilling way. Furthermore, all the counselors in the study have a Master's Degree in subjects related to education, counseling, or psychology. Similarly, most of the principals have a Master's Degree in subjects related to leadership or administration; however, three principals have a Bachelor's Degree with additional certificates in leadership, and three principals have or are pursuing a Doctor of Philosophy. I think that the variation in principals' educational degrees is worth stopping at; however, this is directly related to the role of the Ministry of Education and Higher Education in describing job qualifications.

## **Key Findings**

- Counselors are more motivated than prepared and more prepared than effective to prevent, assess, and intervene into high-risk behaviors.
- The majority of counselors are involved in the prevention, assessment, and intervention of all five high-risk behaviors.
- Prevention strategies reported by principals and counselors are the school's advisory program, awareness campaigns, character education program, counseling services, policies and regulations, and parental education.
- Barriers to implementing prevention strategies are time, lack of teacher collaboration, absence of Lebanese laws, lack of parental support, and social and religious issues.
- Assessment strategies suggested by principals and counselors are observations and feedback from school personnel, standardized forms and surveys, school-parent communications, and communication with students.
- Barriers to implementing assessment strategies proposed by participants of the current study are subjectivity of assessor, lack of parental support, lack of teachers' support and involvement, cost of professional development, time consuming, no support from the law, and difficult to assess issues.
- Intervention strategies reported by principals and counselors in the current study are individual, small group, or large group counseling, parental meetings, and external professional help.

- Barriers to implementing intervention strategies are inconsistent parents and lack of support, poor quality and shortage of staff, unhelpful students, time barrier, and absence of Lebanese laws.
- Counselors' first most common response in dealing with high-risk behaviors was to consult with a colleague.
- Counselors' second most common response in dealing with high-risk behaviors was to assess the situation and offer an intervention and to consult with a colleague.
- Counselors' third most common response in dealing with high-risk behaviors was to bring the case to their team leader or team prior to taking action and transfer the case to a different type of helping professional.
- The majority of school counselors take a team leader role in dealing with self-injurious behaviors, and an active team member role, prevent role, assessor role, and intervene role in dealing with bullying.
- The majority of counselors take a bystander role in dealing with school vandalism and stealing, a work alone role in dealing with self-injurious behaviors and eating disorders, and another role (contacting parents) in dealing with school vandalism and eating disorders.
- School principals and counselors indicated formal training experience and internship opportunities in different fields in education but minimally did they receive formal training in the five high-risk behaviors.
- School counselors and principals mentioned that they self-train themselves about different high-risk behaviors by reading books and doing online research.

- The school principals and counselors in the current study indicated various personal skills and other skills gained through work experience.
- School principals' and counselors' proposed needs to increase their preparedness are more pre-service and in-service training, partnership between school personnel, partnership with parents, more counselors, and help from Lebanese laws.

## **Discussion**

The following section discusses the findings of the study. Conclusions and implications will be drawn and there will be reference to complementary and contradictory literature.

### **School Counselors' Perceptions on Dealing with High-Risk Behaviors**

The first research question is on school counselors' preparation, motivation, and effectiveness in preventing, assessing, and intervening into bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing. The results revealed that school counselors are more motivated than prepared and more prepared than effective in preventing, assessing, and intervening into student high-risk behaviors. These findings correspond to Harris and Jeffery's study (2010) where Canadian counselors reported being more motivated than prepared and more prepared than effective in dealing with high-risk behaviors. However, only three high-risk behaviors are common between this study and Harris and Jeffery's study (bullying, eating disorders, and self-injurious behaviors) where this study has two additional risk behaviors (school vandalism and stealing).

Preparedness is directly related to the training counselors receive and effectiveness comes along since being able to help students is effective by how much they are prepared for it. Thus, I believe that the counselors in this study are motivated to learn about high-risk behaviors and deal with them; yet do not possess the expertise to do so. However, there are some exceptions to this issue where the majority of counselors reported being equally motivated and prepared to prevent school vandalism and I believe this is because most schools have school policies and regulations as prevention measures to school vandalism. School vandalism is an overt behavior, when it happens everybody sees it. Thus, in assessing vandalism, counselors feel prepared since training is not necessarily needed to gather information about such an obvious behavior. It is easier to assess students committing overt behaviors (bullying and school vandalism) than assessing students doing covert behaviors (stealing, eating disorders, and self-injurious behaviors). Furthermore, counselors were found more motivated than effective and more effective than prepared to assess bullying and intervene into stealing. Assessment tools on bullying behavior (conversations with students) and interventions on stealing (penalties) are familiar to counselors. Therefore, counselors feel motivated in these two areas. Moreover, bullying and stealing are common topics that counselors read about and encounter daily at schools. However, in Lebanon, there is a lack in training in all topics of high-risk behaviors. This explains why they feel more effective than prepared to deal with them.

### ***Involvement in High-Risk Behaviors***

The majority of school counselors reported that they are involved in the prevention, assessment, and intervention of all five high-risk behaviors. These findings assert that

counselors are involved in managing high-risk behaviors and claim that they are motivated to prevent, assess, and intervene into them. Thus, the problem, as the findings reflected, there is a lack in preparation which relates to lower perceptions of their effectiveness in managing these high-risk behaviors.

### **Strategies and Barriers to Manage High-Risk Behaviors**

The school principals and counselor in this study agreed on most of the strategies and barriers. Almost an equal number of principals and counselors highlighted the lack of support from parents, teachers, and the Ministry of Education and Higher Education. Principals and counselors also agreed that there is a lack of support from the students themselves. One study highlighted how students can sometimes be unhelpful such as when adolescents do not want to report being bullied by others due to the fear of even more victimization (Casey et al., 2001). Moreover, Vitousek and Watson (1998) mentioned that students with eating disorders are more likely to deny that they have a problem and often resist treatment. A study conducted on teachers in Yemen revealed that the majority of teachers emphasized school-parental cooperation to treat students with theft problems (Kathem, 2005).

An equal number of principals and counselors emphasized the use of advisory programs, awareness campaigns, character education program, counseling services, policies and regulations, and parental education. This corresponds with a previous study done in Lebanon by Sinno et al. (2009) showed that preventative strategies related to self-harm includes offering suitable counseling and guidance for parents of young children. However,

some principals referred to cost problems when referring students for external professional help. I believe that this was not a concern for counselors since principals are the ones handling the school's cost issues. To add, counselors reported that there are issues that are hard to assess and this is coming from their knowledge of the seriousness of behavioral problems, which is not part of principals' responsibilities.

Counselors provided more varied responses than principals on the assessment strategies that they use. Some counselors reported that they use standardized forms whereas principals only referred to playground observations. This also refers to counselors' responsibilities since assessment is mostly the role of counselors not principals. One study by Roberts and Coursol (1996) emphasized the importance of conducting a student surveys to help counselors identify the extent of bullying problems and levels of distress. More principals than counselors indicated that they might refer the students for external professional help when needed. The reason might be that counselors have more time than principals dedicated to work with students with high-risk behaviors. However, principals have other duties that make it hard for them to track all high-risk behaviors and personally deal with them. Thus, counselors are less likely to refer students to other professionals than principals do.

### **School Counselors' Most Common Actions to Deal with High-Risk Behaviors**

In dealing with bullying, school vandalism, self-injurious behaviors, and stealing, participants' three most common actions were consulting with a colleague, assessing the situation and offering an intervention, and bringing the case to their team leader or team

prior to taking action. In dealing with eating disorders, the most common responses were consulting with a colleague, assessing the situation and offering an intervention, and transferring the case to a different type of helping professional. This is in line with Harris and Jeffery's study (2020) that found that "several participants indicated case transfer options" for eating disorders (p. 166). The findings on school counselors' most common responses may illustrate the position that counselors find themselves in. For example, offering an assessment and intervention was one of the most common actions.

These results are similar to Harris and Jeffery's study (2010) that found that two of the most common responses in dealing with bullying and self-injurious behaviors are assessing the situation and offering an intervention, and consulting with a colleague. However, participants of the current study rated "bring the case to their team leader or team prior to taking action" as a most common response and counselors in Harris and Jeffery's study (2010) rated "transfer the case to a different type of helping professional" as one of the most common responses. It is worth mentioning that the total number of respondents in Harris and Jeffery's study (2010) is 52 whereas the total number of participants in the current study is 13 so the comparison cannot be generalized. However, I believe that counselors in Lebanon choose to bring the case to the team leader before taking action instead of transferring the case to a different type of helping professional because there is a lack of resources in Lebanon. Counselors in Canada have more access to other helping resources than counselors in Lebanon. Moreover, this might also be due to a difference in the nature of Lebanese and Canadian counselors in taking actions.



### **School Counselors' Roles to Deal with High-Risk Behaviors**

The majority of school counselors reported that they take an active team member role, prevent role, assessor role, and intervene role in dealing with bullying. In dealing with stealing, the majority of school counselors take a bystander role. Moreover, in dealing in school vandalism, an equal number of counselors reported that they contact the parents for support or take a bystander role. In dealing with eating disorders, school counselors either contact the parents for support or work alone since this issue is confidential and needs parental support. In dealing with self-injurious behaviors, the majority of school counselors in the current study take a team leader role or a work alone role. This entails that counselors in this study are first-line practitioners in dealing with self-injurious behaviors. Similar to Harris and Jeffery's study (2010) most counselors perceived themselves as taking a team leader role in dealing with self-injurious behaviors.

### **School Principals and Counselors' Training Experiences**

A study by Carney and Cobia (2003) suggested that some school counselors and school psychologists did not receive sufficient training in dealing with certain student high-risk behaviors. The current study found that the majority of school counselors and principals received no formal training in addressing all five high-risk behaviors. Thus, there might be a relationship between counselors' lack of preparation to deal with student high-risk behaviors and the lack of formal training and internship opportunities.

The results also revealed that the majority of counselors do self-access extensive readings reading or research to gain information and skills that would help them deal with

student high-risk behaviors. Similarly, a large number of counselors in Harris and Jeffery's study (2010) also reported self-training. This might also be related to counselors' high motivation to deal with high-risk behaviors. They are not receiving the needed training formally, so they depend on themselves to learn.

### **Skills and Needs to Increase Preparedness of Principals and Counselors**

The main difference between principals and counselors' answers lies in this section. Skills mentioned by principals only are the ability to talk with students and parents, not overreacting in emergencies, being patient, and balanced. Noticeably, principals perceive their practiced skills as practical skills that help them on efficiently managing students' high-risk behaviors. However, counselors tend to reflect more about the student-centered skills they learn through their education such as being non-judgmental, having good communication skills, being trustworthy, empathic, and supportive. However, an equal number of principals and counselors reported being good listeners and gaining skills through work experience.

On the other hand, both principals and counselors emphasized a need for more pre-service and in-service training, partnership with school personnel, and parental involvement. School principals and counselors' proposed needs were taken into consideration when writing the recommendation.

## **Future Directions and Study Limitations**

Implications for future research could be expanding the sample. There are other counselors in schools outside Beirut and Saida such as in Mansourieh, Metn, and Adma schools whose participation could give the study more credibility.

Implications for practice could be more training for in-service and pre-service principals and counselors because they enter the field with no background on prevention, intervention, and assessment methods to deal with student high-risk behaviors. All the school personnel are responsible for students' development and it is essential that they expand their knowledge and keep up-to-date on the latest practices in behavioral development. Moreover, school personnel should focus on prevention practices since they decrease the incidence of high-risk problems and learn to assess behaviors from a comprehensive approach and in different settings. Thus, reading research about successful intervention strategies could give principals and counselors ideas for implementation.

The main limitation for this study is that it is based on perceptions. Going beyond the scope of perceptions to investigate the practices could have revealed actions. The discrepancy between participants' perceptions and actions in quantitative data where some participants seem to submit socially desirable answers instead of the actual truth is a common problem that could be encountered in survey research studies. In the scales, some counselors chose to answer using a pattern (e.g. choosing "Agree" for the prevention of all five high-risk behaviors and "Highly Agree" for the assessment of all five high-risk

behaviors); which made me cautious when going through statistical analysis and motivated to go more into qualitative analysis.

### **Concluding Thoughts and Recommendations**

The current study explored school principals' and counselors' perception in dealing with bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing. The study design was part qualitative part quantitative, thus both types of analysis supported each other in producing a logical discussion of a need to increase preparation to prevent, assess, and intervene. School counselors in this study were more motivated to prevent, assess, and intervene into student high-risk behaviors than prepared and felt more prepared than effective to deal with these behaviors highlighting a lack in training availability. Moreover, counselors and principals called for more pre-service and in-service training for all school personnel. The findings supported many other studies emphasizing the importance of training school personnel in the areas of prevention, assessment, intervention, and different high-risk behaviors. I believe that this study expanded our knowledge of the reality of schools in the Lebanese context that was not studied much, this makes it of great value to Lebanese research. The following recommendations were developed in light of the findings:

- Including in-depth interviews with counselors and principals to know more about the perceptions of counselors and principals
- Exploring Lebanese schools' current prevention, assessment, and intervention strategies instead of principals' and counselors' perceptions

- Devising a manual for school counselors in Lebanon where roles and responsibilities are clarified and become part of the Ministry of Education and Higher Education (MEHE).

## REFERENCES

Abraham, S. (2008). *Eating disorders: The facts*. Oxford: OUP Oxford.

Afifi-Soweid, R. A., Najem-Kteily, M. B. & Shediak-Rizkallah, M. C. (2001).

Preoccupation with weight and disordered eating behaviors of entering students at a University in Lebanon. *International Journal of Eating Disorders*, 32, 52-57.

Alem Law (n.d.). المشتمل في التشريع اللبناني: الجزء الثامن، تعليم خاص. Lebanon: Halabi Publications.

Algozzine, B. & Kay, P. (2002). *Preventing problem behaviors*. Thousand Oaks,

California: Corwin Press, Inc. American School Counselor Association (2012). *The ASCA national model: A framework for school counseling programs, Third Edition*. Alexandria, VA: Author.

Bardick, A. D., Bernes, K. B., McCulloch, A. R. M., Witko, K. D., Spriddle, J. W., &

Roest, A. R. (2004). Eating disorder intervention, prevention, and treatment: Recommendations for school counselors. *Professional School Counseling*, 8, 168-175.

Barker, E.D., Se'guin, J.R., White, H.R., Bates, M.E., Lacourse, E., Carbonneau, R., &

Tremblay, R.E. (2007). Developmental trajectories of physical violence and theft:

Relations to neuro-cognitive performance. *Archives of General Psychiatry*, 64, 592–599.

Barwick, N. (2000). *Clinical counselling in schools: Clinical counselling in context*. New Fetter Lane, London: Routledge.

Black, S. (2002). Why do school vandals do it? *The Education Digest*, 68, 15-19.

Boes, S. R. (2004). Unmasking eating disorders in the schools. *Professional School Counseling*, 7, 376-377.

Carney, J. S., & Cobia, D. C. (2003). The concerns of school counselors-in-training about working with children and adolescents with HIV disease: Training implications. *Counselor Education and Supervision*, 42, 302-309.

Casey-Cannon, S., Hayward, C., & Gowen, K. (2001). Middle school girls' reports of peer victimization: Concerns, consequences, and implication. *Professional School Counseling*, 5, 138–147.

Castiglia, P. T. (1999). Stealing/shoplifting. *Journal of Pediatric Health Care*, 13, 248-249.

Cohen S. (1974). Vandalism. In C. Ward, *Property destruction: Motives and meanings* (p. 23-53). United States, New York: Van Nostrand Reinhold Company.

Colvin, G. (2004). Classroom counseling in secondary schools: An old idea that's new

again. *American Secondary Education*, 33, 43–48.

Costin, A. C., Page, B. J., Pietrzak, D. R., Kerr, D. L., & Symons, C. W. (2002). HIV/AIDS knowledge and beliefs among pre-service and in-service school counselors. *Professional School Counseling*, 6, 79-86.

Crick, N. R. & Grotpeter, J. K. (1996). Children's treatment by peers: Victims of relational and overt aggression. *Development and Psychopathology*, 8, 367-380.

Cruickshank, D. R., Jenkins, D. B., & Metcalf, K. K. (2003). *The act of teaching*. New York: McGraw-Hill.

Espelage, D., & Swearer, S.M. (2003). Research on school bullying and victimization: What have we learned and where do we go from here? *School Psychology Review*, 32, 365–383.

Gall, M. D., Gall, J. P., & Walter R. B. (2010). *Applying educational research: How to read, do, and use research to solve problems of practice*. United States: Pearson Education, Inc.

Goslin, J. C. (1984). *Vandalism: A perception of secondary principles of Oakland country, state of Michigan*. (Doctoral Thesis). Retrieved from ProQuest Dissertations and Theses.



Grant, J. E., Potenza, M.N., Krishnan-Sarin, S., Cavallo, D. A., & Desai, R. A. (2011).

Stealing among high school students: Prevalence and clinical correlates. *The Journal of the American Academy of Psychiatry and the Law*, 39, 44 –52.

Gupta, R. M. & Coxhead, P. (1990). *Intervention with children*. New Fetter Lane, London:

Routledge.

Gurney, V. W. & Halmi, K. A. (2001) Developing an eating disorder curriculum for

primary care providers, eating disorders. *The Journal of Treatment & Prevention*, 9, 97-107.

Haddadin, D. A. (2010). *The association between dysfunctional eating behaviors and body*

*image perception among overweight and obese female university students in Lebanon*. (Unpublished thesis dissertation). American University of Beirut, Lebanon.

Harris, G. E. & Jeffery, G. (2010). School counsellors' perceptions on working with student

high-risk behaviour. *Canadian Journal of Counselling*, 44, 150-190.

Hoek, H. W. (1993). Review of the epidemiological studies of eating disorders.

*International Review of Psychiatry*, 5, 61–74.

Horowitz, T. & Tobaly, D. (2003). School vandalism: Individual and social context.

*Adolescence*, 38, 131-139.

Ingamells, K., & Epston, D. (2013). A family and community approach to stealing. *Journal Of Systemic Therapies*, 32, 43-55.

Jacobsen, K. E., & Bauman, S. (2007). Bullying in schools: School counselors' responses to three types of bullying incidents. *Professional School Counseling*, 11, 1-9.

Kathem, S. (2005). اسباب السرقة لدى تلاميذ المرحلة الابتدائية من وجهة نظر المعلمين والمعلمات في المدارس [Iraqi Academic Scientific Journals], 15, 40-67.

King, K. A., Price, J. H., Telljohann, S. K., & Wahl, J. (2000). Preventing adolescent suicide: Do high school counselors know the risk factors? *Professional School Counseling*, 3, 255.

Koch, E. L. (1975). *School vandalism and strategies of social control. Urban Education*, 10, 54-72.

Kress, W. V. E., Gibson, D. M., & Reynolds, C. A. (2004). Adolescents who self-injure: Implications and strategies for school counselors. *Professional School Counseling*, 7, 195-201.

Laye-Gindhu, A. & Schonert-Reichl, K. A. (2005). Nonsuicidal self-harm among

- community adolescents: Understanding the “whats” and “whys” of Self-Harm. *Journal of Youth and Adolescence*, 34, 447–457.
- Levine E. M., & Kozak, C. (1978). Drug and alcohol use, delinquency, and vandalism among upper middle class pre- and post-adolescents. *Journal of Youth and Adolescence*, 8, 91-101.
- Lucas, A. R., Beard, C. M., O’Fallon, W. M., & Kurland L. T. (1991). 50-year trends in the incidence of anorexia nervosa in Rochester, MN: A population-based survey. *American Journal of Psychiatry*, 148, 917–922.
- Mahasneh, A. M. M., Nor, S., Aroff, A. R. b., Abdullah, N. S. M., Samah, B. A., Mahasneh, A. M. M., & Asiri, M. J. (2012). Misbehaviour in Jordanian secondary schools. *Asian Social Science*, 8, 121-131.
- McAdams, C. R., & Schmidt, C. D. (2007). How to help a bully: Recommendations for counseling the proactive aggressor. *Professional School Counseling*, 11, 120-128.
- Mirza, H. S. (2010). *An exploration of bullying behavior and bullying prevention practices in an elementary school in Lebanon*. (Unpublished thesis dissertation). American University of Beirut, Lebanon.
- Moyer, M., Haberstroh, S., & Marbach, C. (2008). Self-injurious behaviors on the net: A

survey of resources for school counselors. *Professional School Counseling, 11*, 277-284.

Muehlenkamp, J. J. (2005). Self-injurious behavior as a separate clinical syndrome.

*American Journal of Orthopsychiatry, 75*, 324-333.

Nasreddine, L., Naja, F., Chamieh, M. C., Adra, N., Sibai, A. M., & Hwalla, N. (2012).

Trends in overweight and obesity in Lebanon: Evidence from two national cross-sectional surveys (1997 and 2009). *BMC Public Health, 12*, 1-11.

Ousley, L., Cordero, E. D., & White, S. (2008). Eating disorders and body image of

undergraduate men. *Journal of American College Health, 56*, 617-21.

Pawsey, R. (1996). A family behavioural treatment of persistent juvenile theft. *Australian*

*Psychologist, 31*, 28-33.

Pearl, E. S. (2003). *Depressive symptoms and prosocial behavior in elementary school*

*students after participating in an anti-bullying program.* ProQuest Dissertations and Theses.

Pearl, E. S. & Dulaney, C. L. (2006) Depressive symptoms and prosocial behavior after

participation in a bullying prevention program. *Journal of School Violence, 5*, 3-20.

Rabah, J. Y. (2006). *Bullying problems in Lebanese private schools: teachers' and*

- administrators' perceptions*. Unpublished MA thesis: American University of Beirut, Lebanon.
- Roberts, W. B., & Coursol, D. H. (1996). Strategies for intervention with childhood and adolescent victims of bullying, teasing, and intimidation in school settings. *Elementary School Guidance & Counseling, 30*, 204-303.
- Rosen, H. S., & Rosen, L. A. (1983). Eliminating stealing: Use of stimulus control with an elementary student. *Behavior Modification, 7*, 56-63.
- Ross, S., & Heath, N. (2002). A study of the frequency of self-mutilation in a community sample of adolescents. *Journal of Youth and Adolescence, 31*, 67-77.
- Ross, S., & Heath, N. (2003). Two models of adolescent self-mutilation. *Suicide & Life-Threatening Behavior, 33*, 277-87.
- Ryan, R. M. & Deci, E. L. (2000). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary Educational Psychology, 25*, 54-67.
- Schaefer-Schiomo, K., & Ginsberg, A. P. (2003). The effectiveness of the warning signs program in educating youth about violence prevention: A study with urban high school students. *Professional School Counseling, 7*, 1-8.
- Shuls, J. V., & Ritter, G. W. (2013). Teacher preparation not an either-or. *Phi Delta*

*Kappan*, 94, 28-32.

Sinno, D., Majdalani, M., Chatila, R., Musharrafieh, U., & Al-Tanni, M. (2009). The pattern of self-poisoning among Lebanese children and adolescents in two tertiary care centres in Lebanon. *Acta Paediatrica*, 98, 1044–1048.

Slee, P. T. (2010). The peace pack: A program for reducing bullying in our schools. In Jimerson, S. R., Swearer, S. M., & Espelage, D. L., *Handbook of bullying in schools: An international perspective* (pp. 481-492). Madison Ave, New York: Routledge.

Stevens-Smith, P., Theodore P., & Remley, J. (1994). Drugs, aids, and teens intervention and the school counselor. *School Counselor*, 41, 180-185.

Stice, E. & Shaw, H. (2004). Eating disorder prevention programs: A meta-analytic review. *Psychological Bulletin*, 130, 206-227.

Strack, R. W., Vincent, M. L., Hussey, J. R., Kelly, K. M. (1998). Participant characteristics of a nonmanadotry school- and community-based sexual risk reduction project. *Family & Community Health*, 20, 63-70.

Stumphauzer, J. S. (1976). Elimination of stealing by self-reinforcement of alternative

behavior and family contracting. *Journal of Behavior Therapy and Experimental Psychiatry*, 7, 265-268.

Thomas, K. (2006). Be alert to eating disorders - principal. *The Press*. Retrieved from <http://proquest.com>.

Thomson, C. & Henderson, D. (2007). *Counseling children* (7<sup>th</sup> ed.).

USA: Cengage Learning.

Tremblay, R. (2010). Developmental origins of disruptive behaviour problems: The 'original sin' hypothesis, epigenetics and their consequences for prevention. *Journal of Child Psychology and Psychiatry*, 51, 341–367.

Tremblay, G. C. & Drabman, R. S. (1997). An intervention for childhood stealing. *Child & Family Behavior Therapy*, 19, 33-40.

Van Der Kolk, B. A., Perry, J. C., & Herman, J. L. (1991). Childhood origins of self-destructive behavior. *American Journal of Psychiatry*, 148, 1665–1671.

Van Lier, P.A.C., Vitaro, F., Barker, E.D., Koot, H.M., & Tremblay, R.E. (2009).

Developmental links between trajectories of physical violence, vandalism, theft, and alcohol-drug use from childhood to adolescence. *Journal of Abnormal Child Psychology*, 37, 481–492.

- Venning, H. B., Blampied, M., & France, K. (2003). Effectiveness of a standard parenting skills program in reducing stealing and lying in two boys. *Child & Family Behaviour Therapy, 25*, 31–44.
- Vitousek, K. & Watson, S. (1998). Enhancing motivation for change in treatment-resistant eating disorders. *Clinical Psychology Review, 18*, 391-420.
- Williams, R. L. M. (1985). Children's stealing: A review of theft-control procedures for parents and teachers. *Remedial and Special Education, 6*, 17-23.
- Yager, Z. & O’Dea, J. A. (2005). The role of teachers and other educators in the prevention of eating disorders and child obesity: What are the issues? *Eating Disorders, 13*, 261-278.
- Yip, K. (2005). A multi-dimensional perspective of adolescents’ self-cutting. *Child and Adolescent Mental Health, 10*, 80–86.
- Zein, B. I. (2001). *A survey of the extent of bully/victim problems in private schools in Beirut*. (Unpublished thesis dissertation). American University of Beirut, Lebanon.
- Zila, L. M. & Kiselica, M. S. (2001). Understanding and counseling self-mutilation in female adolescents and young adults. *Journal of Counseling and Development : JCD, 79*, 46-52.



**American University of Beirut**  
**Department of Education**  
**School Counselor / Psychologist Consent Form**  
**Direct Approaching**

**Study Title:** School Counselors' and School Principals' Perceptions in Preventing, Assessing, and Intervening into Student High-Risk Behaviors in Lebanon

Dear School Counselor / Psychologist,

We are asking for your participation in a **research study**. Participation is completely voluntary. Please read the information below and feel free to ask any questions that you may have.

**A. Project Description**

1. This research examines school counselors' and school principals' perceptions of their preparation, motivation, and effectiveness, in preventing, assessing, and intervening into five student high-risk behaviors (bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing). Additional purposes are to explore training and internship opportunities of school counselors and school principals on addressing the five high-risk behaviors and to examine school counselors' roles when faced with such behaviors. This study is being conducted for the purpose of a Master's thesis study in Educational Psychology - School Guidance and Counseling at the American University of Beirut. No personal or sensitive questions will be asked as part of this study. The estimated time to complete this study is three months. The expected number of participants is 15 counselors and 20 principals. The estimated time for data collection at each school is 7 days. The results of the questionnaire will be published in the form of a thesis report and will be available by the AUB Library electronically and in printed form.
2. School counselors/psychologists will be asked to complete the Counselor's Questionnaire and are free to choose to answer the English or Arabic version of the questionnaire. The questions are intended to collect descriptive data only and answers will be descriptive and exploratory.
3. The questionnaire should take around 20 minutes and will consist of a set of scales and open-ended questions to collect information strictly needed to answer the research questions of the study.
4. If you agree to participate, you will receive a copy of this signed informed consent.

5. Participants will receive the questionnaire on **mm/dd/yy** and have the duration of one week to complete it.

## **B. Risks and Benefits**

Your participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life. You have the right to withdraw your consent or discontinue participation at any time for any reason. Your decision to withdraw will not involve any penalty or loss of benefits to which you are entitled. Discontinuing participation in the study will in no way affect your relationship with the school or with AUB. In addition, refusal to participate in the study will involve no penalties of any kind or affect the counselors' relationship with AUB or the school. You receive no direct benefits from participating in this research; however, your participation does help researchers better understand school counselors' perceptions in preventing, assessing, and intervening into student high-risk behaviors as well as training and internship opportunities and their roles. The findings of this study could be used by policy makers to enhance training and internship opportunities for school counselors and school principals.

## **C. Confidentiality**

If you agree to participate in this research study, the information will be kept confidential. Your name and/or the school's name will never be attached to your answers. The data is only reviewed by the Principal Investigator and the Co-Investigator working on this project. Participants' contact information will be disposed as soon as data analysis is completed.

## **D. Contact Information**

- 1) If you have any questions or concerns about the research, you may contact Dr. Anies Al-Hroub at 01-350000 ext. 3053 or by email: [aa111@aub.edu.lb](mailto:aa111@aub.edu.lb) or Ms. Marwa El Zein at 70-406555 or by email: [mje14@mail.aub.edu](mailto:mje14@mail.aub.edu).
- 2) If you feel that your questions have not been answered, or if you have any questions, concerns or complaints about your rights as a participant in this research, you can contact the following officer at AUB: social & Behavioral Sciences Institutional Review Board at 01- 350000 or 01- 374374, Ext: 5445 or by email: [irb@mail.aub.edu](mailto:irb@mail.aub.edu).

## **E. Participant Rights**

Participation in this study is voluntary. You are free to leave the study at any time without penalty. Your decision not to participate is no way influences your relationship with AUB. A copy of this consent form will be given to you. You may skip any questions that you may

wish not to answer. Your decision will not result in any penalty or loss of benefits. If you have any questions regarding your rights, you may call: Institutional Review Board (IRB) on 01- 350000 ext. 5445.

**F. Signing the Consent Form**

**If you agree to participate in the study, please sign below:**

Counselor's Name: \_\_\_\_\_

Consent of the counselor: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Co-Investigator's Signature: \_\_\_\_\_

**Principal Investigator:** Dr. Anies Al-Hroub  
**Address:** American University of Beirut (AUB)  
Associate Professor of Educational Psychology & Special  
Education  
Phone: (01) 350 000 Ext: 3053  
Email: [aa111@aub.edu.lb](mailto:aa111@aub.edu.lb)

**Co-Investigator:** Marwa El Zein  
**Address:** American University of Beirut (AUB)  
Beirut – Lebanon  
Phone: (76) 011164  
Email: [mje14@mail.aub.edu](mailto:mje14@mail.aub.edu)

### **School Counselor/Psychologist's Questionnaire**

**This survey is designed to learn about your perspectives on school-based high-risk behavior situations. Examples of high-risk behaviors encountered in the school environment can include:**

- (a) Bullying**
- (b) Eating disorders**
- (c) School vandalism**
- (d) Self-injurious behaviors**
- (e) Stealing**

**Please complete the questionnaire and return it by dd/mm/yy.**

**Do your best to answer all of the following questions. If for any reason, you feel uncomfortable or do not wish to answer any question during the questionnaire, feel free to stop or skip that item.**

**THANK YOU FOR YOUR PARTICIPATION!**

**The following definitions are for terms used in this questionnaire:**

**Prevention.** Using approaches that “provide coordinated, comprehensive, intensive support designed to teach students appropriate behavior and problem-solving skills and to enhance academic instruction” (Algozzine & Kay, 2002, p. 3).

**Assessment.** Assessment is “gathering information about a young person’s perceptions of their problems, the specific symptoms, the behavior involved in the presenting problem, and the perceptions of the family and the school” to devise a “suitable strategy-and-implementation plan” suiting the particular needs of the person (Barwick, 2000, p. 99).

**Intervention.** Intervention is using “teaching and management approaches which are designed to bring about changes in children circumstances”. The subjects of intervention are the children whose behavior is desired to change” (Gupta & Coxhead, 1990, p. 1).

**Preparation.** To be prepared is “to possess the necessary content knowledge” (Shuls & Ritter, 2013, p. 31)

**Motivation.** To be motivated is “to be moved to do something” (Ryan & Deci, 2000, p. 54). “Someone who is energized or activated toward an end is considered motivated” (Ryan & Deci, 2000, p. 54).

**Effectiveness.** To be effective is to be “able to help students” (Cruickshank, Jenkins, & Metcalf, 2003, p. 329).

**Bullying.** Bullying is “a destructive form of aggression. It can be defined as physical, verbal, or psychological attack or intimidation that is intended to cause fear, distress, or harm to the victim, where the intimidation involves an imbalance of power in favor of the perpetrator” (Slee, 2010, p. 482).

**Eating disorders.** Eating disorders are anorexia-nervosa, bulimia-nervosa, binge-eating disorders, and obesity. They are described by the following characteristics: “high weight, low weight; vomiting, purging, binge-eating, and atypical exercise” (Abraham, 2008, p. 19).

**School vandalism.** Vandalism is the “illegal destruction or defacement of property belonging to someone else” (Cohen, 1973, p. 23).

**Self-injurious behaviors.** “SIB is defined as non-suicidal behavior in which youth physically harm themselves using a variety of techniques to overtly or covertly mutilate parts of their bodies” (Muehlenkamp, 2005, p. 227).

**Stealing.** Stealing is “taking something that does not belong to” the person who took it (Castiglia, 1999, p.248).

## APPENDIX A: DEMOGRAPHIC SECTION

1. **Please indicate your professional title(s) by circling the appropriate description:**
  - a. School Counselor
  - b. Psychologist
  - c. Other: \_\_\_\_\_
  
2. **Please indicate your gender by circling the appropriate description:**
  - a. Female
  - b. Male
  
3. **Please indicate your age by circling the appropriate description:**
  - a. 20-30
  - b. 30-40
  - c. 40-50
  - d. 50 or above
  
4. **What is your highest qualification degree?**
  - a. Bachelor's Degree, Please specify \_\_\_\_\_
  - b. Undergraduate or Graduate Certificate/Diploma, Please specify \_\_\_\_\_
  - c. Master's Degree, Please specify \_\_\_\_\_
  - d. Doctor of Philosophy, Please specify \_\_\_\_\_
  
5. **What is your current level of school employment?**
  - a. Preschool
  - b. Elementary School
  - c. Middle School
  - d. High School
  - e. All of the above



6. **How many years have you worked in your profession?**

- a. 5 years or fewer
- b. 6-10 years
- c. 11-15 years
- d. 16- 20 years
- e. 21 year or more

## APPENDIX B: HIGH-RISK BEHAVIOR SCALES

**PART ONE:** Below each statement, please circle the response that best describes how the statement applies to you. The first table asks about how **prepared** you feel you are in terms of preventing, assessing, and intervening into specific student high-risk behaviors. The next table asks about how **motivated**, or willing, you feel you are in terms of preventing, assessing, and intervening into specific student high-risk behaviors. The final table asks about how **effective** you feel you are in terms of preventing, assessing, and intervening into specific student high-risk behaviors. Please read each item carefully and use the following response categories:

(1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree).

<i>I feel <b>Prepared</b> in Each of These Areas</i>	<b>Prevention</b>	<b>Assessment</b>	<b>Intervention</b>
Bullying	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
School Vandalism	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Eating Disorders	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Self-Injurious Behaviors	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Stealing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<i>I feel <b>Motivated</b> in Each of These Areas</i>	<b>Prevention</b>	<b>Assessment</b>	<b>Intervention</b>
Bullying	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
School Vandalism	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Eating Disorders	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Self-Injurious Behaviors	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Stealing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<i>I feel <b>Effective</b> in Each of These Areas</i>	<b>Prevention</b>	<b>Assessment</b>	<b>Intervention</b>
Bullying	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
School Vandalism	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Eating Disorders	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Self-Injurious Behaviors	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Stealing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

**PART TWO:** The following table asks you to identify certain types of student high-risk behaviors you have prevented, assessed, or intervened into. Please place an “X” in the boxes for all that apply. For example, if you have been involved in preventing and assessing student bullying, then you would place an “X” in the boxes next to “bullying” and under “prevention” and “assessment”. However, if you have not been involved in offering interventions to student bullying, then you would leave the box empty next to “bullying” and under “interventions”.

<i>Please mark an “X” in the empty boxes for each of the following student high-risk behaviors you believe you have prevented, assessed, or treated.</i>	<b>Prevention</b>	<b>Assessment</b>	<b>Intervention</b>
Bullying			
School Vandalism			
Eating Disorders			
Self-Injurious Behaviors			
Stealing			

PART THREE: The following table asks you to identify certain types of actions/responses you have taken in dealing with specific types of student high-risk behaviors. Please rank order your top three actions/responses with each of the following student high-risk behaviors.

**The following examples will explain what is required:**

- If you most often seek consultation with a colleague when dealing with student bullying, place the number “1” in the box under bullying for the “seek consultation with a colleague” section.
- If your second most common action/response would be to transfer the case to another helping professional in your discipline, then place the number “2” under bullying for the “transfer the case to another helping professional in your discipline” section.
- If your third most common action/response would be to seek supervision, then place the number “3” in the box under bullying for the “seek supervision” section.

**If you have not been faced with one of these high-risk behaviors (e.g., school vandalism), then please do not respond to that item.**

<i>How do you typically respond to:</i>	Bullying	School Vandalism	Eating Disorders	Self-Injurious Behaviors	Stealing
Assess the situation and offer an intervention					
Consult with a colleague					
Seek supervision					
Transfer the case to a different type of helping professional					
Transfer the case to another helping professional in your discipline					
Bring the case to your team leader or team prior to taking any action					
Another response (please describe)					

## APPENDIX C: ROLES

**PART FOUR:** The following table asks you to identify certain types of roles you have taken, or been assigned, in dealing with specific types of student high-risk behaviors. Please place an “X” under all that apply. If you have not been faced with one of these high-risk behaviors, please do not respond to that item.

**The different roles are as follows:**

- ✓ Team leader (i.e., I lead my team in dealing with this high-risk behavior)
- ✓ Active team member (i.e., I am one member of the team and I take on an active role)
- ✓ Bystander (i.e., I am not typically actively involved in dealing with this type of high-risk behavior)
- ✓ I actively work, in isolation, to deal with this type of high-risk behavior (i.e., I do not have a team to work with)
- ✓ My role is to prevent this type of high-risk behavior
- ✓ My role is to assess this type of high-risk behavior
- ✓ My role is to intervene into this type of high-risk behavior

<i><b>I take the following role(s):</b></i>	Team Leader	Active Team Member	Bystander	Work Alone	Prevent Role	Assessor Role	Intervene Role	Another response (please describe)
Bullying								
School Vandalism								
Eating Disorders								
Self-Injurious Behaviors								
Stealing								

## APPENDIX D: OPEN-ENDED QUESTIONS

The following questions are designed to get your feedback on important issues related to school-based high-risk behaviors. Please write your comments in the space provided, or on the reverse side of the paper.

**1) What types of training (e.g., course work, workshops, seminars, personal reading) or internship opportunities have you received in terms of intervening, assessing, and preventing student high-risk behavior situations (e.g., bullying, self-injurious behaviors, school vandalism)?**

### **Training**

---

---

---

---

---

---

---

---

---

---

### **Internship Opportunities**

---

---

---

---

---

---

---

---

---

---

**2) Identify the specific skill sets you have which you feel assist you in dealing with student high-risk behaviors.**

---

---

---

---

---

---

---

---

---

---

**3) Describe typical assessment, prevention, and intervention strategies you have used when dealing with student high-risk behaviors along with the most frequent challenges/barriers that you faced (e.g., bullying, self-injurious behaviors, school vandalism).**

**Prevention**

---

---

---

---

---

***Barriers***

---

---

---

---

---

**Assessment**

---

---

---

---

---

***Barriers***

---

---

---

---

---

**Intervention**

---

---

---

---

---

***Barriers***

---

---

---

---

---

**4) What do you perceive as being needed to increase your preparedness to deal with student high-risk behavior situations?**

---

---

---

---

---

***Thank you for completing the questionnaire.***

**American University of Beirut**  
**Department of Education**  
**School Principal Consent Form**  
**Direct Approaching**

**Study Title:** School Counselors' and School Principals' Perceptions in Preventing, Assessing, and Intervening into Student High-Risk Behaviors in Lebanon

Dear School Principal,

We are asking for your participation in a **research study**. Participation is completely voluntary. Please read the information below and feel free to ask any questions that you may have.

**A. Project Description**

1. This research examines school counselors' and school principals' perceptions of their preparation, motivation, and effectiveness, in preventing, assessing, and intervening into five student high-risk behaviors (bullying, eating disorders, school vandalism, self-injurious behaviors, and stealing). Additional purposes are to explore training and internship opportunities of school counselors and school principals on addressing the five high-risk behaviors and to examine school counselors' roles when faced with such behaviors. This study is being conducted for the purpose of a Master's thesis study in Educational Psychology - School Guidance and Counseling at the American University of Beirut. No personal or sensitive questions will be asked as part of this study. The estimated time to complete this study is three months. The expected number of participants is around 15 counselors and 20 principals. The estimated time for data collection at each school is 7 days. The results of the questionnaire will be published in the form of a thesis report and will be available by the AUB Library electronically and in printed form.
2. School principals will be asked to complete the Principal's Questionnaire and school counselors will be asked to complete the Counselor's Questionnaire. The principal's questionnaire takes around 15 minutes to complete, and the counselor's questionnaire takes around 20 minutes to complete.
3. Participants are free to choose to answer the English or Arabic version of the questionnaire. The questions are intended to collect descriptive data only and answers will be descriptive and exploratory.
4. If you agree to participate, you will receive a copy of this signed informed consent.



5. Participants will receive the questionnaire on **mm/dd/yy** and have the duration of one week to complete it.

## **B. Risks and Benefits**

Your participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life. You have the right to withdraw your consent or discontinue participation at any time for any reason. Your decision to withdraw will not involve any penalty or loss of benefits to which you are entitled. Discontinuing participation in the study will in no way affect your relationship with the school or with AUB. In addition, refusal to participate in the study will involve no penalties of any kind or affect the principals' relationship with AUB or the school. You receive no direct benefits from participating in this research; however, your participation does help researchers better understand school principals' perceptions in preventing, assessing, and intervening into student high-risk behaviors as well as training and internship opportunities. The findings of this study could be used by policy makers to enhance training and internship opportunities for school counselors and school principals.

## **C. Confidentiality**

If you agree to participate in this research study, the information will be kept confidential. Your name and/or the school's name will never be attached to your answers. The data is only reviewed by the Principal Investigator and the Co-Investigator working on this project. Participants' contact information will be disposed as soon as data analysis is completed.

## **D. Contact Information**

1. If you have any questions or concerns about the research, you may contact Dr. Anies Al-Hroub at 01-350000 ext. 3053 or by email: [aa111@aub.edu.lb](mailto:aa111@aub.edu.lb) or Ms. Marwa El Zein at 70-406555 or by email: [mje14@mail.aub.edu](mailto:mje14@mail.aub.edu).
2. If you feel that your questions have not been answered, or if you have any questions, concerns or complaints about your rights as a participant in this research, you can contact the following officer at AUB: social & Behavioral Sciences Institutional Review Board at 01- 350000 or 01- 374374, Ext: 5445 or by email: [irb@mail.aub.edu](mailto:irb@mail.aub.edu).

## **E. Participant Rights**

Participation in this study is voluntary. You are free to leave the study at any time without penalty. Your decision not to participate is no way influences your relationship with AUB. A copy of this consent form will be given to you. You may skip any questions that you may

wish not to answer. Your decision will not result in any penalty or loss of benefits. If you have any questions regarding your rights, you may call: Institutional Review Board (IRB) on 01- 350000 ext. 5445.

**F. Signing the Consent Form**

**If you agree to grant us approval to administer the research at your school, please sign below:**

Principal's Name: \_\_\_\_\_

Consent of the principal: \_\_\_\_\_

**If you agree to participate in the study, please sign below:**

Consent of the principal: \_\_\_\_\_

**If you agree to permit school counselor/s or psychologist/s in your school to participate in the study, please sign below:**

Consent of the principal: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Co-Investigator's Signature: \_\_\_\_\_

**Principal Investigator:** Dr. Anies Al-Hroub  
**Address:** American University of Beirut (AUB)  
Associate Professor of Educational Psychology & Special  
Education  
Phone: (01) 350 000 Ext: 3053  
Email: [aa111@aub.edu.lb](mailto:aa111@aub.edu.lb)

**Co-Investigator:** Marwa El Zein  
**Address:** American University of Beirut (AUB)  
Beirut – Lebanon  
Phone: (76) 011164  
Email: [mje14@mail.aub.edu](mailto:mje14@mail.aub.edu)

### **School Principal's Questionnaire**

**This survey is designed to learn about your perspectives on school-based high-risk behavior situations. Examples of high-risk behaviors encountered in the school environment can include:**

- (a) Bullying**
- (b) Eating disorders**
- (c) School vandalism**
- (d) Self-injurious behaviors**
- (e) Stealing**

**Please complete the questionnaire and return it by dd/mm/yy.**

**Do your best to answer all of the following questions. If for any reason, you feel uncomfortable or do not wish to answer any question during the questionnaire, feel free to stop or skip that item.**

**THANK YOU FOR YOUR PARTICIPATION!**

**The following definitions are for terms used in this questionnaire:**

**Prevention.** Using approaches that “provide coordinated, comprehensive, intensive support designed to teach students appropriate behavior and problem-solving skills and to enhance academic instruction” (Algozzine & Kay, 2002, p. 3).

**Assessment.** Assessment is “gathering information about a young person’s perceptions of their problems, the specific symptoms, the behavior involved in the presenting problem, and the perceptions of the family and the school” to devise a “suitable strategy-and-implementation plan” suiting the particular needs of the person (Barwick, 2000, p. 99).

**Intervention.** Intervention is using “teaching and management approaches which are designed to bring about changes in children circumstances”. The subjects of intervention are the children whose behavior is desired to change” (Gupta & Coxhead, 1990, p. 1).

**Preparation.** To be prepared is “to possess the necessary content knowledge” (Shuls & Ritter, 2013, p. 31)

**Motivation.** To be motivated is “to be moved to do something” (Ryan & Deci, 2000, p. 54). “Someone who is energized or activated toward an end is considered motivated” (Ryan & Deci, 2000, p. 54).

**Effectiveness.** To be effective is to be “able to help students” (Cruickshank, Jenkins, & Metcalf, 2003, p. 329).

**Bullying.** Bullying is “a destructive form of aggression. It can be defined as physical, verbal, or psychological attack or intimidation that is intended to cause fear, distress, or harm to the victim, where the intimidation involves an imbalance of power in favor of the perpetrator” (Slee, 2010, p. 482).

**Eating disorders.** Eating disorders are anorexia-nervosa, bulimia-nervosa, binge-eating disorders, and obesity. They are described by the following characteristics: “high weight, low weight; vomiting, purging, binge-eating, and atypical exercise” (Abraham, 2008, p. 19).

**School vandalism.** Vandalism is the “illegal destruction or defacement of property belonging to someone else” (Cohen, 1973, p. 23).

**Self-injurious behaviors.** “SIB is defined as non-suicidal behavior in which youth physically harm themselves using a variety of techniques to overtly or covertly mutilate parts of their bodies” (Muehlenkamp, 2005, p. 227).

**Stealing.** Stealing is “taking something that does not belong to” the person who took it (Castiglia, 1999, p.248).

## APPENDIX A: DEMOGRAPHIC SECTION

1. **Please indicate your professional title(s) by circling the appropriate description:**
  - a. School Principal
  - b. Other: \_\_\_\_\_
  
2. **Please indicate your gender by circling the appropriate description:**
  - a. Female
  - b. Male
  
3. **Please indicate your age by circling the appropriate description:**
  - a. 20-30
  - b. 30-40
  - c. 40-50
  - d. 50 or above
  
4. **What is your highest qualification degree?**
  - a. Bachelor's Degree, Please specify \_\_\_\_\_
  - b. Undergraduate or Graduate Certificate/Diploma, Please specify \_\_\_\_\_
  - c. Master's Degree, Please specify \_\_\_\_\_
  - d. Doctor of Philosophy, Please specify \_\_\_\_\_
  
5. **What is your current level of school employment?**
  - a. Preschool
  - b. Elementary School
  - c. Middle School
  - d. High School
  - e. All of the above

**6. How many years have you worked in your profession?**

- f. 5 years or fewer
- g. 6-10 years
- h. 11-15 years
- i. 16- 20 years
- j. 21 year or more



## APPENDIX B: OPEN-ENDED QUESTIONS

The following questions are designed to get your feedback on important issues related to school-based high-risk behaviors. Please write your comments in the space provided, or on the reverse side of the paper.

**1) What types of training (e.g., course work, workshops, seminars, personal reading) or internship opportunities have you received in terms of intervening, assessing, and preventing student high-risk behavior situations (e.g., bullying, self-injurious behaviors, school vandalism)?**

### **Training**

---

---

---

---

---

---

---

---

---

---

### **Internship Opportunities**

---

---

---

---

---

---

---

---

---

---

**2) Identify the specific skill sets you have which you feel assist you in dealing with student high-risk behaviors.**

---

---

---

---

---

---

---

---

---

---

**3) Describe typical assessment, prevention, and intervention strategies you have used when dealing with student high-risk behaviors along with the most frequent challenges/barriers that you faced (e.g., bullying, self-injurious behaviors, school vandalism).**

**Prevention**

---

---

---

---

**Barriers**

---

---

---

---

**Assessment**

---

---

---

---

**Barriers**

---

---

---

---

**Intervention**

---

---

---

---

**Barriers**

---

---

---

---

**4) What do you perceive as being needed to increase your preparedness to deal with student high-risk behavior situations?**

---

---

---

---

*Thank you for completing the questionnaire.*

## الجامعة الأمريكية في بيروت

### قسم التربية

### وثيقة موافقة مرشد(ة) المدرسة/المختص(ة) في علم النفس

### الأسلوب المباشر

**عنوان الدراسة:** توجهات مرشدي المدارس ومدرائها حول الوقاية من سلوكيات الطلاب الخطرة وتقييمها والتدخل فيها في لبنان

جانب المرشد(ة) المدرسي(ة)/المختص(ة) في علم النفس المحترم(ة)،

تحية طيبة وبعد

نأمل من جانبكم المساهمة في الدراسة البحثية هذه. والمشاركة هي أمر اختياري، لذا رجاء تفضل بقراءة المعلومات الواردة أدناه ولا تتردد بطرح أي سؤال حولها.

### أ - وصف المشروع:

- 1) يدرس هذا البحث توجهات مرشدي المدارس ومدرائها حول مدى جاهزيتهم، وفعاليتهم على الوقاية من أنواع سلوك التلاميذ الخطرة وتقييمها والتدخل فيها ( الاستقواء، اضطرابات الطعام، تخريب ممتلكات المدرسة، سلوك الإيذاء الذاتي، والسرقه).
- 2) كما تهدف إلى البحث في التدريب وفرص التدريب المشرف عليه لمرشدي المدارس ومدرائها في التعامل مع السلوكيات الخطرة وفحص المسؤوليات والأدوار التي يراها المرشدون أنها موجودة عندما يواجهون تلك السلوكيات. إن هذه الدراسة تجرى بغرض إعداد أطروحة الماجستير في علم النفس التربوي- التوجيه والإرشاد المدرسي في الجامعة الأمريكية في بيروت. لن يتم طرح أي سؤال شخصي أو حساس في أي قسم من أقسام الدراسة. والوقت المتوقع لإنهاء هذه الدراسة هو ثلاثة أشهر. أما عدد المشاركين المتوقع فهو حوالي 15 مرشداً و 20 مديراً). أما الوقت المقدر لجمع المعلومات في كل مدرسة فهو 7 أيام. سيتم نشر نتائج الاستبيان على شكل أطروحة وستكون متوفرة في مكتبة الجامعة الأمريكية في بيروت كنسخة إلكترونية وورقية.
- 3) سيطلب من مدرّاء المدارس إكمال استبيان المدرّاء أما المرشدون فسيملؤون استبيان المرشد. يستغرق ملء استمارة المدير 15 دقيقة، بينما سيستغرق ملء استمارة المرشد حوالي 20 دقيقة.

- 4) سيتترك الخيار للمشاركين كي يختاروا بين ملء النسخة العربية أو الانكليزية. غاية الأسئلة جمع معطيات وصفية والإجابات ستكون وصفية أيضا
- 5) إذا وافقت على المشاركة في هذه الدراسة، سيصلك نسخة من طلب الموافقة هذا كي توقع عليها
- 6) سيتلقى المشاركون الاستبيان بتاريخ **mm/dd/yy** وسيكون هناك فترة أسبوع كامل لإكماله

#### با - المخاطر والفوائد

إن مشاركتك في هذه الدراسة لا تشمل بأي حال من الأحوال التعرض لأي مخاطر جسدية أو نفسية تتجاوز مخاطر الحياة اليومية التي قد تعترض أي إنسان. لك كامل الحق في العودة عن موافقتك أو التوقف عن المشاركة في أي وقت ولأي سبب كان. إن قرارك بالانسحاب لن يعرضك لأي عقوبة أو خسارة لأي امتيازات أنت تستحقها. إن التوقف عن المشاركة في هذه الدراسة لن يؤثر على علاقتك بالمدرسة ولا بالجامعة الأمريكية في بيروت. كما أن رفض المشاركة من الأساس في هذه الدراسة لن يتضمن أي عقوبات من أي نوع ولن يؤثر على علاقة المرشد التربوي بالجامعة الأمريكية أو المدرسة. لن تحصل على أي فوائد مباشرة جراء المشاركة في هذه الدراسة، لكن مشاركتك تفيدك في جعل الباحثين يفهمون بشكل أفضل توجهات مدرء المدارس حول الوقاية من أنواع السلوك الخطر وتقويمها والتدخل فيها إلى جانب فهم فرص التدريب المشرف عليه. إن نتائج هذه الدراسة يمكن استخدامها من قبل معدي السياسات لتحسين التدريب وفرصه المشرف عليها لمرشدي المدارس ومدرائها.

#### تا - السرية

في حال وافقت على المشاركة في هذه الدراسة، فإن المعلومات ستبقى قيد الكتمان. لن يتم إرفاق اسمك أو اسم مدرستك بإجاباتكم. لن يتم مشاركة اجاباتكم مع اي مرشد أو مدير. سيتم مراجعة الإجابة فقط من قبل الباحث الرئيسي و الباحث المشارك في الدراسة. سيتم محو جميع البيانات بمسؤولية بعد انتهاء الدراسة.

#### ثا - وسائل التواصل

- 1) في حال كنتم تودون طرح أي سؤال أو استفسار حول الدراسة، يمكنكم التواصل مع الدكتور أنيس الحروب على رقم الهاتف 01-350000 مقسم: 3053، أو على البريد الإلكتروني: [aa111@aub.edu.lb](mailto:aa111@aub.edu.lb) أو يمكنكم التواصل مع الباحثة المشاركة الأنسة مروة الزين على رقم 76-011164 أو عبر البريد الإلكتروني: [mje14@mail.aub.edu](mailto:mje14@mail.aub.edu)

2) في حال شعرتم أن أيا من أسئلتكم لم يتم الإجابة عنها، أو في حال كان هناك أي استفسار أو شكوى حول حقوقكم كمشاركين في هذه الدراسة، فبإمكانكم التواصل مع المسؤول في الجامعة الأمريكية: في مجلس مراجعة دراسات العلوم الانسانية والسلوكية على رقم 01-350000 مقسم: 5445 أو عبر البريد الإلكتروني: [irb@mail.aub.edu](mailto:irb@mail.aub.edu).

### ج - حقوق المشارك

المشاركة في هذه الدراسة طوعية. لك كامل الحرية في أن تتوقف عن المشاركة في هذه الدراسة في أي وقت من دون التعرض لأي عقوبة. إن قرارك في عدم المشاركة لن يؤثر بأي حال من الأحوال على علاقتك بالجامعة الأمريكية في بيروت. ستحصل على نسخة الموافقة على المشاركة هذه. بإمكانك تخطي أي سؤال لا ترغب في أن تجيب عنه. لن ينتج عن قرارك أي عقوبة أو خسارة أي فوائد. إن كان عندك اسئلة حول حقوقك فبإمكانك الاتصال: بمجلس مراجعة دراسات العلوم الانسانية والسلوكية في الجامعة الأمريكية على رقم هاتف: 01-350000 مقسم 5445.

### ح - توقيع نموذج الموافقة

إذا قررت أن تشارك في هذه الدراسة، فتفضل بالتوقيع أدناه

اسم المرشدة(ة) \_\_\_\_\_

موافقة المرشدة(ة) \_\_\_\_\_

التاريخ \_\_\_\_\_

الوقت \_\_\_\_\_

المكان \_\_\_\_\_

توقيع الناحة المشاركة \_\_\_\_\_

الباحث الرئيسي:

الدكتور أنيس الحروب

العنوان:

الجامعة الأمريكية في بيروت

أستاذ مشارك في علم النفس التربوي والتربية الخاصة

هاتف: 350000 (01) مقسم : 3053

البريد الإلكتروني: [aa111@aub.edu.lb](mailto:aa111@aub.edu.lb)

الباحثة المشاركة:

مروة الزين

العنوان:

الجامعة الأمريكية في بيروت

بيروت - لبنان

هاتف: 011164 (76)

البريد الإلكتروني: [mje14@mail.aub.edu](mailto:mje14@mail.aub.edu)

## استبيان المرشد التربوي أو المرشدة التربوية

تم تصميم هذا الاستبيان للتعرف على توجهاتك حول مواقف مدرسية شهدت سلوكيات عالية المخاطر . وتشمل

هذه السلوكيات ما يمكن أن يحدث في البيئة المدرسية، ومن الأمثلة على ذلك ما يلي:

(1) الاستقواء/التنمر

(2) اضطرابات الطعام

(3) تخريب ممتلكات المدرسة

(4) سلوك الإيذاء الذاتي

(5) السرقة

نرجو من جانبكم الكريم ملء الاستبيان وإرجاعه بتاريخ dd/mm/yy.

نأمل أن تبذلوا جهدكم في الإجابة عن أسئلة الاستبيان. إذا شعرت (ي) لأي سبب كان بعدم الارتياح تجاه أي

سؤال أو فضلت عدم الإجابة عنه، فلا تتردد (ي) في التوقف عن ملء الاستبيان أو تجاوز ذلك السؤال وإكمال

الأسئلة الباقية.

نشكركم جزيل الشكر على مشاركتكم في ملء الاستبيان!

فيما يلي تعريفات للمصطلحات المستخدمة في هذا الاستبيان:

**الوقاية.** تشمل استخدام طرق تقدّم المساندة المنسقة والشاملة والمكثفة كي يتعلم الطلاب سلوكا مناسباً ويتعلموا مهارات حل المشكلات بما يحسن التعليم الأكاديمي " (Algozzine و Kay، 2002، ص 3).

**التقويم.** التقويم هو جمع المعلومات حول توجهات الطفل حول المشكلة التي يعاني منها، ومظاهرها والسلوك المرتبط بها إلى جانب توجهات الأسرة والمدرسة حول المشكلة ليتم إعداد استراتيجية وخطة تطبيقية مناسبة لتلائم حاجات الفرد الخاصة (Barwick، 2000، ص 99).

**التدخل.** هو "استخدام طرق للتعليم والإدارة أعدت لتحقيق تغييرات في مواقف خاصة بالأطفال". والمستهدفون من هذا التدخل هم الأطفال ذوو السلوك المراد تغييره (Coxhead و Gupta، 1990، ص 1).

**الاستعداد.** أن تكون مستعداً يعني " امتلاك المعارف الضرورية المتعلقة بالمحتوى الدراسي " (Shuls و Ritter، 2013، ص 31).

**الدافعية.** أن تكون ذا دافعية يعني " أن تتدفع للقيام بعمل ما " (Ryan و Deci، 2000، ص 54). " الشخص يكون متحمساً لتحقيق غاية ما هو من يطلق عليه ذو الدافعية " (Ryan و Deci، 2000، ص 54).

**الفعالية.** أن تكون فعالاً يعني أن "تكون قادراً على مساعدة الطلاب " (Cruickshank، Jenkins و Metcalf، 2003، ص 329).



الاستقواء/ التتمر. هو نوع من العنف المدمر. ويمكن تعريفه على أنه هجوم جسدي، أو لفظي أو نفسي أو تهديد

يستهدف التسبب بالخوف أو الأذى للضحية، بحيث يكون المهاجم فيه هو الأقوى (Slee، 2010، ص 482).

اضطرابات الطعام. تشمل أنوركسيا نرفوزا، بوليميا نرفوزا، اضطرابات الشراهة للطعام، والسمنة. ويتم وصفها بحسب

المظاهر التالية: "وزن مرتفع، وزن منخفض؛ غثيان، استخدام الحمام بكثرة، الأكل بشراهة، وعدم ممارسة الرياضة

بانتظام (Abraham، 2008، ص 19).

تدمير تخريب ممتلكات المدرسة. "هو تدمير غير شرعي أو تخريب ممتلكات تعود للغير" (Cohen، 1973، ص 33).

سلوك الإيذاء الذاتي. "يعرف على أنه سلوك غير انتحاري يقوم فيه الفتى بأذى ذاته مستخدماً طرقاً متعددة ظاهرة أو

مستترة بما يجعله يؤدي أجزاء من جسده" (Muehlenkamp، 2005، ص 227)

السرقه. هي " أن يقوم الفرد بأخذ ما ليس له" (Castiglia، 1999، ص 248).

## الملحق أ: المعلومات الشخصية

1. رجاء بيّن موقعك الوظيفي عبر وضع دائرة على الوصف المناسب:

a. مرشد مدرسي

b. مختص في علم النفس

c. تخصص آخر: \_\_\_\_\_

2. رجاء بيّن الجنس عبر تحويق الخيار المناسب:

a. أنثى

b. ذكر

3. لطفاً أختَر العمر المناسب عبر تحويق الوصف المناسب:

a. 30-20

b. 40-30

c. 50-40

d. 50 وما فوق

4. ما هو أعلى مؤهل علمي تحمله؟

a. بكالوريوس، رجاء حدد التخصص \_\_\_\_\_

b. شهادة دبلوم أو دبلوم الدراسات العليا، رجاء تحديدها \_\_\_\_\_

c. شهادة الماجستير، رجاء تحديدها \_\_\_\_\_

d. شهادة الدكتوراه، رجاء تحديدها \_\_\_\_\_

5. ما هي المرحلة التعليمية التي تعمل فيها حالياً؟

a. رياض الأطفال

b. المرحلة الابتدائية

c. المرحلة المتوسطة

d. المرحلة الثانوية

e. جميع المراحل

6. ما عدد السنوات التي عملت فيها في تخصصك؟

a. خمس سنوات أو أقل

b. 6-10 سنوات

c. 11-15 سنة

d. 16-20 سنة

e. 21 سنة وما فوق

## الملحق ب: السلوك الخطر

القسم الأول: فيما يلي عدد من الجمل، في كل منها، قم بتحويق الإجابة المثلى بحسب ما تراه مناسباً. الجدول الأول يسأل عن نظرتك لمدى جاهزيتك للوقاية من سلوكات التلاميذ الخطرة وتقويمها والتدخل فيها. أما الجدول الثاني فإنه يسأل عن مدى الدافعية التي نملكها فيما خص الوقاية والتقويم والتدخل في سلوكات التلاميذ الخطرة. أما الجدول الأخير فإنه يسأل عن مدى شعورك بالكفاءة فيما خص الوقاية والتقويم والتدخل في سلوكات التلاميذ الخطرة. استخدم مفتاح الإجابات التالي:

(1= لا أوافق بشدة، 2= لا أوافق، 3= محايد، 4= أوافق، 5= أوافق بشدة)

التدخل	التقويم	الوقاية	أسعد أمى جـورك كتمـك لظك لوفـه عـكـلي بـ:
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	الاستقواء /النتمر
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	تخريب ممتلكات المدرسة
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	اضطرابات الطعام
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	سلوك الإيذاء الذاتي
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	السرقه
التدخل	التقويم	الوقاية	أسعد أمى آكـوكـنـعـيـك كتمـك لظك لوفـه عـكـلي بـ:
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	الاستقواء /النتمر
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	تخريب ممتلكات المدرسة
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	اضطرابات الطعام
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	سلوك الإيذاء الذاتي
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	السرقه
التدخل	التقويم	الوقاية	أسعد أمى آكـوكـلـزـمـجـك كتمـك لظك لوفـه عـكـلي بـ:
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	الاستقواء /النتمر
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	تخريب ممتلكات المدرسة
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	اضطرابات الطعام
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	سلوك الإيذاء الذاتي
5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	السرقه

القسم الثاني: الجدول التالي يطرح أسئلة عليك كي تحدد أنواع سلوك الطلاب الخطرة التي قمت بالوقاية منها، أو قومتها أو تدخلت فيها. رجاء ضع علامة X في المربع لكل ما ينطبق عليه هذا الأمر. مثلا، إذا كنت قد تدخلت في الوقاية من الاستقواء وقمت بالتقويم، عندها يمكن أن تضع X في المربعات الموجودة إلى جانب "الاستقواء" و"الوقاية" و"التقويم".  
لكن إن لم تكن قد قمت بالتدخل فعليك أن تترك المربع الموجود إلى جانب "الاستقواء" و"التدخل" خاليا.

التدخل	التقويم	الوقاية	نرج:؟ صط علا لـب X في لك لنلعك كل عبي بك فك لم آمنظك زكهمق لكض بظككي تعمق أمق فف فف لـ كل هفوي ب لمء آه فف لـ آه فف فف في فف
			الاستقواء / التتمر
			تخريب ممتلكات المدرسة
			اضطرابات الطعام
			سلوك الإيذاء الذاتي
			السرقه

القسم الثالث: الجدول التالي يطرح عليك أسئلة كي تحدد أنواع الأفعال/الاستجابة التي قمت بها للتعامل مع السلوكيات

الخطرة. رجاء حدد أهم ثلاث أفعال/استجابات بالنسبة لكل نوع من أنواع السلوك الخطر.

**الأمثلة الآتية تشرح ما هو مطلوب:**

- إذا ما كنت في أغلب الأحيان تطلب الاستشارة من زميل للتعامل مع استقواء الطالب، ضع رقم 1 في خانة الاستقواء في قسم " طلب استشارة من زميل "
- إذا كانت الاستجابة التي تحتل المرتبة الثانية هي تحويل الحالة لمختص آخر ضمن مجال تخصصك، فعليك أن تضع الرقم 2 في خانة الاستقواء في قسم " تحويل الحالة لمختص في مجال تخصصك "
- إذا كانت الاستجابة التي تحتل المرتبة الثالثة هي طلب الإشراف، عندها ضع رقم 3 في خانة الاستقواء قسم " طلب الإشراف "

إذا لم تواجه أي من أنواع السلوك الخطرة (كتدمير ممتلكات المدرسة، على سبيل المثال)، عندها لا تجب عن هذا البند.

السرقة	سلوك الإيذاء الذاتي	اضطرابات الطعام	تخريب ممتلكات المدرسة	الاستقواء/ التتمر	تي .تزة جي ا عتصاع:
					تقويم الموقف وتقديم التدخل
					استشارة زميل
					طلب الإشراف
					تحويل الحالة لمختص في مجال غير تخصصك
					تحويل الحالة لمختص في مجال عملك
					مناقشة الحالة مع مسؤولك أو فريق عملك قبل البدء بالتعامل مع الحالة
					استجابة أخرى (رجاء تحديدها)

## الملحق ج: الأدوار

القسم الرابع: الجدول التالي يطلب منك أن تحدد أنواع الأدوار التي قمت بها، أو تم تكليفك بها، للتعامل مع سلوكيات الطلاب الخطرة. رجاء ضع علامة "X" في خانة كل ما له علاقة بهذا الأمر. إذا لم تواجه السلوكيات الخطرة، رجاء لا تجب عن هذا البند.

الأدوار المختلفة هي كالتالي:

- ✓ قائد الفريق (مثلا، أنا أقود فريقا للتعامل مع ذلك السلوك الخطر)
- ✓ عضو فاعل في فريق (مثال، أنا أحد أعضاء الفريق وأنا دوري فاعل)
- ✓ متفرج (مثال، أنا لست فاعلا في التدخل في مثل هذا النوع من السلوك الخطر)
- ✓ أنا أعمل بفعالية ولكن منفردا في التعامل مع مثل هذا النوع من السلوك الخطر (مثال، أنا لا أملك فريقا لأعمل معه)
- ✓ دوري هو الوقاية من مثل هذا النوع من السلوك الخطر
- ✓ دوري هو تقويم هذا النوع من السلوك
- ✓ دوري هو التدخل مع مثل هذا النوع من السلوك

إجابة أخرى (حدددها رجاء)	دور التدخل	دور التقويم	دور الوقاية	العمل منفردا	متفرج	عضو فاعل في فريق	قائد الفريق	أمل أن أعمل أتأخر عن:
								الاستقواء / التمر
								تخريب ممتلكات المدرسة
								اضطرابات الطعام
								سلوك الإيذاء الذاتي
								السرقه

## الملحق د: أسئلة مفتوحة

القسم الخامس: لقد تم تصميم الأسئلة التالية للحصول على تغذيتك الراجعة حول قضايا مهمة مرتبطة بأنواع السلوك الخطر التي تحصل في البيئة المدرسية. رجاء، اكتب تعليقاتك في الخانة المخصصة أو على الجهة الأخرى من الصفحة.

- 1) ماهي أنواع التدريب ( مثال، مواد دراسية، ورش عمل، محاضرات، قراءات خاصة) أو تدريب مشرف عليه قد تلقيتها في التدخل، أو التقويم أو الوقاية من سلوكيات الطلاب الخطرة ( مثل الاستقواء، سلوك الأذى الذاتي، ، تخريب ممتلكات المدرسة)؟

التدريب

---

---

---

---

---

---

---

---

---

---

تدريب تحت إشراف مختص

---

---

---

---

---

---

---

---

---

---

- 2) حدد المهارات التي تعتقد أنها قد ساعدتك في التعامل مع مثل تلك الأنواع من السلوك الخطرة.

---

---

---

---

---

---

---

---

---

---



3) صف استراتيجيات التقويم، والوقاية، والتدخل التي استخدمتها في التعامل مع السلوكيات الخطرة إلى جانب التحديات والعوائق الأكثر تعرضاً لها أثناء تعاملك مع السلوك الخطر (مثل، الاستقواء، سلوك الإيذاء الذاتي، تخريب ممتلكات المدرسة).

الوقاية

العوائق

التقويم

العوائق

التدخل

العوائق

4) ماهي الأمور التي تعتقد أنها ضرورية كي تزيد جاهزيتك للتعامل مع مواقف فيها سلوك خطر؟

نشركك جزيل الشكر لإنهاءك هذا الاستبيان.

## الجامعة الأمريكية في بيروت

### قسم التربية

### وثيقة موافقة مدير أو مديرة المدرسة

### الأسلوب المباشر

عنوان الدراسة: توجهات مرشدي المدارس ومدرائها حول الوقاية من سلوكيات الطلاب الخطرة وتقويمها والتدخل فيها في لبنان

جانب مدير (ة) المدرسة المحترم(ة)،

تحية طيبة وبعد

نأمل من جانبكم المساهمة في الدراسة البحثية هذه. والمشاركة هي أمر اختياري، لذا رجاء تفضل بقراءة المعلومات الواردة أدناه ولا تتردد بطرح أي سؤال حولها.

أ - وصف المشروع:

- 1) يدرس هذا البحث توجهات مرشدي المدارس ومدرائها حول مدى جاهزيتهم، وفعاليتهم على الوقاية من أنواع سلوك التلاميذ الخطرة وتقويمها والتدخل فيها ( الاستقواء، اضطرابات الطعام، تخريب ممتلكات المدرسة، سلوك الإيذاء الذاتي، والسرقة).
- 2) كما تهدف إلى البحث في التدريب وفرص التدريب المشرف عليه لمرشدي المدارس ومدرائها في التعامل مع السلوكيات الخطرة وفحص المسؤوليات والأدوار التي يراها المرشدون أنها موجودة عندما يواجهون تلك السلوكيات. إن هذه الدراسة تجرى بغرض إعداد أطروحة الماجستير في علم النفس التربوي- التوجيه والإرشاد المدرسي في الجامعة الأمريكية في بيروت. لن يتم طرح أي سؤال شخصي أو حساس في أي قسم من أقسام الدراسة. والوقت المتوقع لإنهاء هذه الدراسة هو ثلاثة أشهر. أما عدد المشاركين المتوقع فهو حوالي 15 مرشداً و 20 مديراً. أما الوقت المقدر لجمع المعلومات في كل مدرسة فهو 7 أيام. سيتم نشر نتائج الاستبيان على شكل أطروحة وستكون متوفرة في مكتبة الجامعة الأمريكية في بيروت كنسخة إلكترونية وورقية.
- 3) سيطلب من مدرّاء المدارس إكمال استبيان المدرّاء أما المرشدون فسيملؤون استبيان المرشد. يستغرق ملء استمارة المدير 15 دقيقة، بينما سيستغرق ملء استمارة المرشد حوالي 20 دقيقة.

4) سبتك الخيار للمشاركين كي يختاروا بين ملء النسخة العربية أو الانكليزية. غاية الأسئلة جمع معطيات وصفية والإجابات ستكون وصفية أيضا

5) إذا وافقت على المشاركة في هذه الدراسة، سيصلك نسخة من طلب الموافقة هذا كي توقع عليها

6) سيبتقى المشاركون الاستبيان بتاريخ **mm/dd/yy** وسيكون هناك فترة أسبوع كامل لإكماله

## با -المخاطر والفوائد

إن مشاركتك في هذه الدراسة لا تشمل بأي حال من الأحوال التعرض لأي مخاطر جسدية أو نفسية تتجاوز مخاطر الحياة اليومية التي قد تعترض أي إنسان. لك كامل الحق في العودة عن موافقتك أو التوقف عن المشاركة في أي وقت ولأي سبب كان. إن قرارك بالانسحاب لن يعرضك لأي عقوبة أو خسارة لأي امتيازات أنت تستحقها. إن التوقف عن المشاركة في هذه الدراسة لن يؤثر على علاقتك بالمدرسة ولا بالجامعة الأمريكية في بيروت. كما أن رفض المشاركة من الأساس في هذه الدراسة لن يتضمن أي عقوبات من أي نوع ولن يؤثر على علاقة المدير بالجامعة الأمريكية أو المدرسة. لن تحصل على أي فوائد مباشرة جراء المشاركة في هذه الدراسة، لكن مشاركتك تفيدك في جعل الباحثين يفهمون بشكل أفضل توجهات مدراء المدارس حول الوقاية من أنواع السلوك الخطر وتقييمها والتدخل فيها إلى جانب فهم فرص التدريب المشرف عليه. إن نتائج هذه الدراسة يمكن استخدامها من قبل معدي السياسات لتحسين التدريب وفرصه المشرف عليها لمرشدي المدارس ومدرائها.

## تا -السرية

في حال وافقت على المشاركة في هذه الدراسة، فإن المعلومات ستبقى قيد الكتمان. لن يتم إرفاق اسمك أو اسم مدرستك بإجاباتكم. سيتم مراجعة الإجابة فقط من قبل الباحث الرئيسي و الباحث المشارك في الدراسة. سيتم محو جميع البيانات بمسؤولية بعد انتهاء الدراسة.

## ثا -وسائل التواصل

1) في حال كنتم تودون طرح أي سؤال أو استفسار حول الدراسة، يمكنكم التواصل مع الدكتور أنيس الحروب على

رقم الهاتف 01-350000 مقسم: 3053، أو على البريد الإلكتروني: [aa111@aub.edu.lb](mailto:aa111@aub.edu.lb) أو يمكنكم

التواصل مع الباحثة المشاركة الأنسة مروة الزين على رقم 76-011164 أو عبر البريد الإلكتروني:

[mje14@mail.aub.edu](mailto:mje14@mail.aub.edu)

2) في حال شعرتم أن أيا من أسئلتكم لم يتم الإجابة عنها، أو في حال كان هناك أي استفسار أو شكوى حول حقوقكم كمشاركين في هذه الدراسة، فيإمكانكم التواصل مع المسؤول في الجامعة الأمريكية: في مجلس مراجعة دراسات العلوم الانسانية والسلوكية على رقم 01-350000 مقسم: 5445 أو عبر البريد الإلكتروني: [irb@mail.aub.edu](mailto:irb@mail.aub.edu).

### ج - حقوق المشارك

المشاركة في هذه الدراسة طوعية. لك كامل الحرية في أن تتوقف عن المشاركة في هذه الدراسة في أي وقت من دون التعرض لأي عقوبة. إن قرارك في عدم المشاركة لن يؤثر بأي حال من الأحوال على علاقتك بالجامعة الأمريكية في بيروت. ستحصل على نسخة الموافقة على المشاركة هذه. بإمكانك تخطي أي سؤال لا ترغب في أن تجيب عنه. لن ينتج عن قرارك أي عقوبة أو خسارة أي فوائد. إن كان عندك اسئلة حول حقوقك فيإمكانك الاتصال: بمجلس مراجعة دراسات العلوم الانسانية والسلوكية في الجامعة الأمريكية على رقم هاتف: 01-350000 مقسم 5445.

### ح - توقيع نموذج الموافقة

في حال موافقتك على أن تمنحنا حق القيام بالدراسة في مدرستك، رجاء قم بالتوقيع أدناه:

اسم المدير(ة) \_\_\_\_\_

موافقة المدير(ة) \_\_\_\_\_

إذا قررت أن تشارك في هذه الدراسة، فتفضل بالتوقيع أدناه

موافقة المدير(ة) \_\_\_\_\_

إذا قررت أن تسمح لمرشد(ة) المدرسة أو المختص(ة) في علم النفس في مدرستك بالمشاركة في هذه الدراسة، فتفضل بالتوقيع أدناه

موافقة المدير(ة) \_\_\_\_\_

التاريخ \_\_\_\_\_

الوقت

المكان

توقيع الباحثة المشاركة

الباحث الرئيسي:

العنوان:

الدكتور أنيس الحروب

الجامعة الأمريكية في بيروت

أستاذ مشارك في علم النفس التربوي والتربية الخاصة

هاتف: 350000 (01) مقسم : 3053

البريد الإلكتروني: [aa111@aub.edu.lb](mailto:aa111@aub.edu.lb)

الباحثة المشاركة:

العنوان:

مروة الزين

الجامعة الأمريكية في بيروت

بيروت - لبنان

هاتف: 011164 (76)

البريد الإلكتروني: [mje14@mail.aub.edu](mailto:mje14@mail.aub.edu)

## استبيان مدير أو مديرة المدرسة

تم تصميم هذا الاستبيان للتعرف على توجهاتك حول مواقف مدرسية شهدت سلوكيات عالية المخاطر. وتشمل

هذه السلوكيات ما يمكن أن يحدث في البيئة المدرسية، ومن الأمثلة على ذلك ما يلي:

1 - الاستقواء/التممر

2 - اضطرابات الطعام

3 - تخريب ممتلكات المدرسة

4 - سلوك الإيذاء الذاتي

5 - السرقة

نرجو من جانبكم الكريم ملء الاستبيان وإرجاعه بتاريخ dd/mm/yy.

نأمل أن تبذلوا جهدكم في الإجابة عن أسئلة الاستبيان. إذا شعرت (ي) لأي سبب كان بعدم الارتياح تجاه أي

سؤال أو فضلت عدم الإجابة عنه، فلا تتردد (ي) في التوقف عن ملء الاستبيان أو تجاوز ذلك السؤال وإكمال

الأسئلة الباقية.

نشكركم جزيل الشكر على مشاركتكم في ملء الاستبيان!

فيما يلي تعريفات للمصطلحات المستخدمة في هذا الاستبيان:

**الوقاية.** تشمل استخدام طرق تقدّم المساندة المنسقة والشاملة والمكثفة كي يتعلم الطلاب سلوكا مناسباً ويتعلموا مهارات حل المشكلات بما يحسن التعليم الأكاديمي " (Algozzine و Kay، 2002، ص 3).

**التقويم.** التقويم هو جمع المعلومات حول توجهات الطفل حول المشكلة التي يعاني منها، ومظاهرها والسلوك المرتبط بها إلى جانب توجهات الأسرة والمدرسة حول المشكلة ليتم إعداد استراتيجية وخطة تطبيقية مناسبة لتلائم حاجات الفرد الخاصة (Barwick، 2000، ص 99).

**التدخل.** هو "استخدام طرق للتعليم والإدارة أعدت لتحقيق تغييرات في مواقف خاصة بالأطفال". والمستهدفون من هذا التدخل هم الأطفال ذوو السلوك المراد تغييره (Coxhead و Gupta، 1990، ص 1).

**الاستعداد.** أن تكون مستعداً يعني "امتلاك المعارف الضرورية المتعلقة بالمحتوى الدراسي" (Shuls و Ritter، 2013، ص 31).

**الدافعية.** أن تكون ذا دافعية يعني " أن تتدفع للقيام بعمل ما" (Ryan و Deci، 2000، ص 54). " الشخص يكون متحمساً لتحقيق غاية ما هو من يطلق عليه ذو الدافعية" (Ryan و Deci، 2000، ص 54).

**الفعالية.** أن تكون فعالاً يعني أن "تكون قادراً على مساعدة الطلاب" (Cruickshank، Jenkins و Metcalf، 2003، ص 329).

الاستقواء/ التتمر. هو نوع من العنف المدمر. ويمكن تعريفه على أنه هجوم جسدي، أو لفظي أو نفسي أو تهديد

يستهدف التسبب بالخوف أو الأذى للضحية، بحيث يكون المهاجم فيه هو الأقوى (Slee، 2010، ص 482).

اضطرابات الطعام. تشمل أنوركسيا نرفوزا، بوليميا نرفوزا، اضطرابات الشراهة للطعام، والسمنة. ويتم وصفها بحسب

المظاهر التالية: "وزن مرتفع، وزن منخفض؛ غثيان، استخدام الحمام بكثرة، الأكل بشراهة، وعدم ممارسة الرياضة

بانظام (Abraham، 2008، ص 19).

تدمير تخريب ممتلكات المدرسة. "هو تدمير غير شرعي أو تخريب ممتلكات تعود للغير" (Cohen، 1973، ص 33).

سلوك الإيذاء الذاتي. "يعرف على أنه سلوك غير انتحاري يقوم فيه الفتى بأذى ذاته مستخدماً طرقاً متعددة ظاهرة أو

مستترة بما يجعله يؤدي أجزاء من جسده" (Muehlenkamp، 2005، ص 227)

السرقه. هي " أن يقوم الفرد بأخذ ما ليس له" (Castiglia، 1999، ص 248).



## الملحق أ: المعلومات الشخصية

1. رجاء بيّن موقعك الوظيفي عبر وضع دائرة على الوصف المناسب:

a. مدير المدرسة

b. تخصص آخر: \_\_\_\_\_

2. رجاء بيّن الجنس عبر تحويق الخيار المناسب:

a. أنثى

b. ذكر

3. لطفاً أختَر العمر المناسب عبر تحويق الوصف المناسب:

a. 20-30

b. 30-40

c. 40-50

d. 50 وما فوق

4. ما هو المؤهل التعليمي الأعلى الذي تحمله؟

a. بكالوريوس، رجاء حدد التخصص \_\_\_\_\_

b. شهادة دبلوم أو دبلوم الدراسات العليا، رجاء تحديدها \_\_\_\_\_

c. شهادة الماجستير، رجاء تحديدها \_\_\_\_\_

d. شهادة الدكتوراه، رجاء تحديدها \_\_\_\_\_

5. ما هي المرحلة التعليمية التي تعمل فيها حالياً؟

a. رياض الأطفال

b. المرحلة الابتدائية

c. المرحلة المتوسطة

d. المرحلة الثانوية

e. جميع المراحل

6. ما عدد السنوات التي عملت فيها في تخصصك؟

a. خمس سنوات أو أقل

b. 6-10 سنوات

c. 11-15 سنة

d. 16-20 سنة

e. 21 سنة وما فوق

## الملحق ب: أسئلة مفتوحة

لقد تم تصميم الأسئلة التالية للحصول على تغذيتك الراجعة حول قضايا مهمة مرتبطة بأنواع السلوك الخطر التي تحصل في البيئة المدرسية. رجاء، اكتب تعليقاتك في الخانة المخصصة أو على الجهة الأخرى من الصفحة.

- 1) ماهي أنواع التدريب ( مثال، مواد دراسية، ورش عمل، محاضرات، قراءات خاصة) أو تدريب مشرف عليه قد تلقيتها في التدخل، أو التقويم أو الوقاية من سلوكيات الطلاب الخطرة ( مثل الاستقواء، سلوك الأذى الذاتي، ، تخريب ممتلكات المدرسة)؟

التدريب

---

---

---

---

---

---

---

---

---

---

تدريب تحت إشراف مختص

---

---

---

---

---

---

---

---

---

---

- 2) حدد المهارات التي تعتقد أنها قد ساعدتك في التعامل مع مثل تلك الأنواع من السلوك الخطرة.

---

---

---

---

---

---

---

---

---

---

3) صف استراتيجيات التقويم، والوقاية، والتدخل التي استخدمتها في التعامل مع السلوكيات الخطرة إلى جانب التحديات والعوائق الأكثر تعرضاً لها أثناء تعاملك مع السلوك الخطر (مثل، الاستقواء، سلوك الإيذاء الذاتي، تخريب ممتلكات المدرسة).

الوقاية

العوائق

التقويم

العوائق

التدخل

العوائق

4) ماهي الأمور التي تعتقد أنها ضرورية كي تزيد جاهزيتك للتعامل مع مواقف فيها سلوك خطر؟

نشركك جزيل الشكر لإنهاءك هذا الاستبيان

