

AMERICAN UNIVERSITY OF BEIRUT

LEBANESE COUNSELORS' PERCEPTIONS OF ADHD, THE
METHODS OF INTERVENTION USED, AND THE DSM-5 AS A
CULTURALLY APPROPRIATE ASSESSMENT TOOL

by
NOHA SALIM SHEHAB

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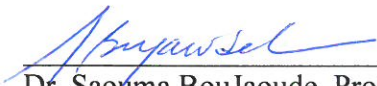
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AN ABSTRACT OF THE THESIS

Noha Salim Shehab for Master of Arts

Major: Educational Psychology-School Guidance

Title: Lebanese Counselors' Perceptions of ADHD, the Methods of Intervention Used, and the DSM-5 as a Culturally Appropriate Assessment Tool

This study adopted a mixed research design in order to explore current counselors' perceptions of ADHD, the techniques they implement with students who display ADHD and the extent to which they believe the DSM-5 is a culturally appropriate tool to diagnose Lebanese students with ADHD. The purpose of this study was to: (a) determine school counselors' current perceptions on ADHD in Lebanon, (b) explore the frequently used techniques to counsel a student with Attention Deficit Hyperactivity Disorder, and (c) identify the extent to which counselors think that DSM-5 is culturally appropriate to identify ADHD students in Lebanon. Data were collected in mixed methods using: (a) interview questions from the *Teacher Knowledge of Attention Deficit Hyperactivity Disorder* (KADDS) were derived and modified to explore counselors' perceptions of ADHD and the techniques used to address such students; and (b) questionnaires including the DSM-5 as an assessment tool to identify the extent to which counselors think that DSM-5 is culturally appropriate to identify ADHD students in Lebanon. The sample consisted of 20 Lebanese counselors from 20 schools (10 private and 10 public) in the area of Beirut. Counselors' performance on the KADDS interview questions revealed several misconceptions and lack of knowledge in relation to two subscales: general knowledge and implemented techniques. Some of the major conceptions that were common among counselors targeted the characteristics of ADHD, the techniques used and its confusion with support strategies. As for the DSM-5, there were some common conceptions related to culture, language, and the division of the assessment tool. Finally, as for the training programs and services, no structured training program seems to exist in Lebanon to better prepare school counselors to handle different cases that they might encounter.

Keywords: Lebanese counselors, ADHD, perception, students, DSM-5, counseling techniques

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CHAPTER 1

INTRODUCTION

“Attention-deficit/hyperactivity disorder (ADHD) is the most common neurobehavioral disorder of childhood and can profoundly affect academic achievement, well-being, and social interactions of children” (American Academy of Pediatrics, 2011, p.1). ADHD has become the most frequently diagnosed childhood neurobehavioral disorder and is affecting 5 to 10 percent of all U.S. school-age children (ASCA, 2008). Attention-deficit hyperactivity disorder (ADHD), which is the most common disorder of childhood, has been the focus of research for nearly a century (Faraone, 2003). The concept of ADHD has grown progressively with some traces of its origins. The debate on the conceptual nature of ADHD has oscillated for years between two extreme poles. On one hand, ADHD is seen as a brain disorder and is thus considered to be biological resulting from genetics and the physical environment. Hence, it calls for physical treatment (diet or drug) and behavior adjustment. On the other hand, ADHD is considered to be a psychological variant rather than a brain disorder deriving from society and the emotional changes that an individual might undergo and thus requires educational measures (Taylor, 2011). Today, ADHD is regarded as a developmental, neurobiological condition defined by levels of inattention, hyperactivity, and impulsivity that hinder proper functioning and occur persistently in different and multiple situations (Portrie-Bethke, Hill, & Bethke, 2009). Given the high incidence of ADHD in school populations, school counselors are expected to have the knowledge and training to support both students with ADHD and teachers by giving them tips and strategies to apply in their classrooms (Shillingford-Butler & Theodore, 2013).

Children having ADHD, by definition, show more difficulty with attention and/or impulse control than children of the same age and sex (Mash & Barkley, 2006). Students with ADHD display continual difficulties in the classroom environment (McLaughlin & Morisoli, 2004). The definition of ADHD is also culturally-specific, for the culture affects an individual's growth and his/her biological and emotional development to a significant extent (Bauermeister et al., 2010). Many students may reflect traits that are more playful, restless, intrusive, and over active than others. They have difficulty sitting still, difficulty paying attention, and love to talk excessively. If the later issues are not figured out, these learners may become problematic to themselves, their teachers, parents and siblings (Abikwi, 2009).

Students with untreated ADHD may experience disruptive behavior such as substance abuse and may suffer from low self-esteem and depression. They may even encounter various injuries as they grow older, and for many of them the impact continues till adulthood (Abikwi, 2009). It is very important to develop an educational plan responding to the special educational needs that kids with ADHD display given that it is highly probable that they might develop academic and social problems later on (Miranda, Jarque, & Tárrega, 2006). Since ADHD is a disorder that is most likely to take place in school settings, the teacher is the first to generally report concerns about a child's inattention, hyperactivity, and impulsive behavior. The school counselor becomes involved based on the teacher's recommendations or after consultation with the physician. "The pediatrician, pediatric neurologist, or child psychiatrist is usually consulted to confirm the diagnosis and to supervise the management of medical therapy" (Millichap, 2009, p. 97). Consequently, the role of the school psychologist/counselor is essential since s/he provides "testing, diagnosis, and/or counseling in group or individual sessions, and advises on class placement, behavior

management and appropriate academic accommodations” (Millichap, 2009, p.99). Therefore, the counselors’ perceptions on ADHD and its assessment tools are important to implement the appropriate intervention techniques and identify those who have ADHD.

From another perspective, the counselor’s approaches for intervening with ADHD students might differ. However, intervention is a must since it affects both mental health and academic achievement (Blanco & Ray, 2010). Since ADHD affects children’s academic, social, and behavioral wellbeing, several approaches have been employed to support them. These approaches include “psycho stimulant medication, nutrition and diet, play therapy, and behavioral interventions” (Shillingford-Butler & Theodore, 2013, p.238). Some researchers have suggested that medications, especially central nervous system stimulants, are an important part of treating ADHD. They explain that motor activity decreased, and students’ focus and attention increased and was reflected in their grades and behavior (Millichap, 2009). On the other hand, a list of the dietary treatments proposed for ADHD and learning disorders have reported both positive and negative results. Hence, there is a probability that a minority of children are responsive to either of the diets (Millichap, 2009). Another technique known as the behavioral approach combines positive reinforcement for anticipated behaviors with punishment to diminish improper behaviors. It has been found to be effective for students with ADHD. However, the most effective technique for ADHD students, which is still being frequently debated, is play therapy. Play therapy is “a fun way of allowing children to learn adaptive behaviors to expand self-expression, self-knowledge, self-actualization, and self-efficacy” (Shillingford-Butler & Theodore, 2013, p.239). Thus, a child with ADHD benefits from “parental care and understanding, a teacher’s attention to special educational needs, the psychologist’s

evaluation and behavior counseling, and the physician's diagnostic skills and medical treatment" (Millichap, 2009, p.167). Each has an essential role in managing and controlling the issue (Millichap, 2009). However, the American School Counselor Association (ASCA, 2004) stimulated qualified school counselors to take a main role in developing and applying programs to provide students diagnosed with ADHD with the needed support (Shillingford, Lambie & Walter, 2007). To diagnose a kid with ADHD, counselors are expected to have culturally appropriate assessment tools. The most commonly used assessment tool is the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) which provides the main diagnostic system among professionals (Kress, Eriksen, Rayle, & Ford, 2005). It organizes and creates a clear concept of an individual's behaviors and thus helps determine what services a person might need (Kress et. al, 2005). Although the DSM is considered essential for professional practice, it has been criticized for its lack of cultural sensitivity (Kress et. al, 2005). Several researchers (e.g. Culbreth, Scarborough, Banks-Johnson, Solomon, 2005; Lambie & Williamson, 2004; Schmidt, Weaver, & Aldredge, 2001) highlighted the point that counselors are among the key players for promoting and achieving excellence in educational settings. Consequently, it becomes promising to investigate counselors' perceptions on ADHD, the intervention techniques they use when dealing with students who display ADHD and whether or not they believe that the DSM-5 is culturally appropriate to assess students with ADHD.

1.1 Purpose of the Study

The purpose of the study was to identify what the Lebanese counselor's perceptions are regarding ADHD, to determine to what extent counselors think the DSM-5 can be culturally appropriate to detect ADHD students in Lebanon and to explore the intervention

techniques that counselors use when intervening with students having ADHD. Hence, the aim of the study was to: (a) determine school counselors' current perceptions on ADHD in Lebanon, (b) explore the intervention techniques frequently used to counsel a student with Attention Deficit Hyperactivity Disorder, and (c) identify the extent to which counselors think that DSM-5 is culturally appropriate to identify ADHD students in Lebanon.

1.2 Research Questions

Three questions guided the current research study:

1. What are the Lebanese counselors' perceptions on ADHD and its symptoms?
2. What are the intervention techniques used by Lebanese counselors to counsel students with ADHD?
3. To what extent do the counselors think that the DSM-5 is culturally appropriate to identify ADHD students in Lebanon?

1.3 Rationale

The Arab World necessitates further research pertaining to ADHD. First and foremost, the research should aim at thoroughly determining the frequency of ADHD among children as well as teenagers. Furthermore, the research should tackle the load that the disorder engenders, especially that it begets a wide range of mental comorbidities and exercises a striking impact on one's daily life. In addition, the research should focus on the means to handle ADHD (Farah, Fayyad, Eapen, Cassir, Salamoun, Tabet, Mneimneh, & Karam, 2009). "ADHD symptoms using rating scales in the school setting among Arab students ranges from 5.1% to 14.9%, whereas the rate of ADHD diagnosis using structured interviews in children and adolescents ranges from 0.5% in the school setting to 0.9% in the community" (Farah et al., 2009, p. 217). It is worthy to mention that the rates of ADHD in a

child psychiatry clinic in the Kingdom of Saudi Arabia as well as that in primary care in the UAE are way below estimated ranges, whereas ADHD came to be the most common disorder among outpatients in a child psychiatric clinic in Lebanon, “accounting for more than half of outpatient presentations” which implies the need to raise awareness about ADHD (Farah et al., 2009, p.219). Most studies address the symptoms of students displaying ADHD and techniques for intervention rather than investigating the school counselor’s perceptions, the extent to which counselors believe the DSM-5 is culturally appropriate to identify ADHD students in Lebanon, and the most ubiquitous used intervention techniques.

Effective school counseling programs are created through mutual cooperation between school counselors and parents to help create a positive environment that encourages achievement. Individual differences are valued by staff members and school counselors, thus counseling programs guarantee access to an inclusive curriculum for all students with different needs to take part in the educational process (ASCA, 2008). According to the American School Counselor Association (2008), school counselors are expected to support the rights for students with ADHD to obtain multidisciplinary treatment for symptoms and effects of ADHD. Unfortunately, in Lebanon, school guidance and counseling is an emerging field that has not entirely developed yet. The fact that the consideration of the school counseling sector is neglected reflects the misconception that people in general hold for the roles played by school counselors. School counselors play a major role in designing and implementing counseling programs to meet students’ needs. American studies on ADHD concluded that this disorder is largely an American disorder especially because it may stem from social and cultural aspects that are very common in the American society

(Biederrman, 2003). Therefore, diagnostic assessment must consider the cultural differences which shape the experience and the behavior of an individual. Vital facets of culture related to diagnostic sorting and assessment were considered when developing the DSM-5 (APA, 2013). Moreover, ADHD rating scales are generally derived from the DSM manual which makes it one of the most often used assessment tools to measure ADHD (Döpfner, 2006). Thus, school counselors in Lebanon generally rely heavily on the Western definitions of ADHD and on the DSM-5 as an assessment tool in particular (Kress et al., 2005). Since the educational reform agenda was predominantly interested in accountability and student results, school counseling research may not have offered enough support to gain attention (Dahir, Burnham, & Stone, 2009). School counselors should be updated with information on all aspects concerning ADHD diagnosis. Research concerning school counselors' perceptions on ADHD is nearly nonexistent. However, since school counselors provide critical information regarding students diagnosed with ADHD, whether it is medical or behavioral, it is essential to explore the perception of school counselors (Weyandt, Fulton, Schepman, Verdi, & Wilson, 2009). Ayyash-Abdo, Alamuddin, and Mukallid (2010) believe that school counseling in Lebanon has been considered a developing field. The field of ADHD should be given more attention in Lebanon. Thus, immediate worry emerges for both students who show ADHD symptoms in schools and on the counselors' perceptions, assessment, and intervention methods dealing with such students. Therefore, this study is a replication of previous studies that were done in different Western cultures. Additionally, it adds the term "Counselors' Perceptions" to the Lebanese literature which is a pre-requisite for planning the assessment and intervention plans when dealing with students displaying ADHD.

On another level, most counselors in our Arab culture are lacking in knowledge about ADHD and have possible misunderstandings about the techniques used to intervene with students displaying ADHD. McLaughlin and Morisoli (2004) have discussed medication as an effective technique to be used for students displaying ADHD. A different study by Miranda, Jarque and Tárrega, (2006) suggested implementing behavioral interventions to deal with children displaying ADHD. Millichap (2009) presented a chapter on the conceptions that parents, teachers, and some counselors hold about specific dietary foods that have been reported for having a positive impact on students with ADHD. Blanco and Ray (2011) argue that play therapy in elementary schools is the best practice to improve academic achievement and control the impulsivity that such students display. Based on that, it is essential to explore counselors' perceptions and technique applications when working with individuals having ADHD. From a personal experience, counselors have been unjustly counseling students with ADHD without referring to any guidelines either pinpointing the symptoms of ADHD or using a culturally appropriate assessment tool to diagnose such students.

The topic of study was chosen because counselors' perception and usage of a culturally appropriate assessment tool for the assessment of students with ADHD in Lebanon is unclear. This obscure issue must be uncovered by exploring the counselors' level of awareness about ADHD and how they respond to it by examining their preferred counseling methods.

1.4 Significance of the Study

The study would have an impact on both the theory of counseling and the practice of working with students displaying ADHD. Theoretically, it is essential to identify the

perceptions and the extent to which counselors think the worldwide DSM-5 assessment tool is culturally appropriate to assess Lebanese ADHD students (taking the Lebanese context into account). It will become a prerequisite for any future study with intervention plans. Moreover, the results of the study will assist in producing comprehensive programs related to ADHD and will provide better opportunities to the special education experts to develop assessment tools that are based on the Lebanese classification of ADHD.

Practically, identifying school counselors' perceptions of ADHD and the techniques they use to intervene with such cases will help in preparing education programs for future counselors to tackle issues related to ADHD. Another point would be to help with the implementation of professional developmental workshops which can then properly administer the correct information rectifying common misconceptions that counselors might have about ADHD. Therefore, preparing education programs accompanied by developmental workshops will improve the counseling sector in Lebanon.

CHAPTER II

LITERATURE REVIEW

This chapter shed light on different empirical studies that target ADHD from different angles. It includes the evolution of the concept of ADHD to understand its symptoms, assessment, prevalence, causes, diagnosis process and treatment. Empirical literature was also referred to for understanding counselors' perceptions of ADHD and the factors that affect their perceptions.

2.1 Conceptions of ADHD

2.1.1 Definition and History of ADHD

“ADHD, the abbreviation for *Attention-Deficit/Hyperactivity Disorder*, is the name devised to describe children, adolescents, and some adults, who are inattentive, easily distracted, abnormally overactive, and impulsive in their behavior” (Millichap, 2009, p.16). Under different names, ADHD has been recognized for more than a century (Millichap 2009). In the nineteenth century, the German physician Heinrich Hoffmann produced some illustrated children's stories including “Fidgety Phil” who is nowadays a popular allegory for children with ADHD. In the story of Fidgety Phil, Hoffmann illustrates a family conflict at dinner caused by the fidgety behavior of the son culminating with his fall over the food on the table (Lange, Reichl, Lange, Tucha, & Tucha, 2010). The story portrays the typical behavior of a child with ADHD. Hoffmann describes symptoms of inattention and hyperactivity in Philipp (ADHD) at a time when disciplining was not as permissive as today. A part of Heinrich Hoffman's (1844) poem has been added below.

“See the naughty restless child

Growing still more rude and wild.

*Till his chair falls over quite.
Philip screams with all his might.
Catches at the cloth, but then
That makes matters worse again.
Down upon the ground they fall.
Glasses, plates, knives, forks and all.
How Mamma did fret and frown.
When she saw them tumbling down!
And Papa made such a face!
Philip is in sad disgrace.”*

Heinrich Hoffman's (1844)

In the early twentieth century, the British pediatrician George Frederic Still (who is considered to be the scientific starting point of the history of ADHD) describes ADHD with a new understanding. He related behavioral problems to constitutional medical conditions and described it as “defects or moral control” (Lange et al., 2010). According to Lange et al., (2010), “The scientific history of hyperactivity was characterized by reports of brain damage in children presenting with abnormal behavior” (p. 249). Behavioral impulsivities were linked to head injuries and thus hyperactivity in children was thought to be caused by damage to the brain (Lange et al., 2010).

The definition that came after was based on psychological changes rather than neurological ones (Taylor, 2011). Thus the hypothesis that minimal brain damage (MBD) may lead to behavioral disorders became well established (Lange et al., 2010). The term minimal brain dysfunction refers to “children of near average, average or above average

general intelligence with certain learning or behavioral disabilities ranging from mild to severe, which are associated with deviations of function of the central nervous system. These deviations may manifest themselves by various combinations of impairment in perception, conceptualization, language, memory and control of attention, impulse or motor function” (Lange et al., 2010, p.251).

The section above describes the evolution of the definition of ADHD throughout the years. The clinical characterization, underlying concepts, and the terminology used for the described dysfunction have changed overtime. The definition and the concept of ADHD was officially included in the DSM-II and its subtypes were then recognized. The below section presents the evolution of ADHD with respect to the DSM assessment tool.

2.1.2 Modern Conceptions of ADHD

The definition of ADHD began with descriptions and concepts of brain damage, proceeded to brain-injured children, and ended with minimal brain dysfunction until in 1966, when the emphasis concentrated on symptoms (Millichap, 2009), and the definition of the concept of hyperactivity was incorporated in the official diagnostic nomenclature, i.e. the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II) (Lange et al., 2010). Two subtypes of ADHD were then discovered in 1980; Attention Deficit Disorder (ADD) being the type without the hyperactivity (Millichap, 2009). In 1994, the DSM-IV was created which recognizes three subtypes of ADHD: ADHD-inattentive type, ADHD-hyperactive-impulsive type, and ADHD combined type. Each type requires a different diagnosis (Millichap, 2009). DSM-5 was then established in 2013 to classify different disorders. It is more accurately made to collect and communicate accurate public health statistics on mental disorder morbidity and mortality (APA, 2013).

The modern definitions of ADHD are documented and officially acknowledged around the world. This development of the international classification systems appears to reflect a growing awareness of ADHD. People's perception on ADHD has a direct relation with how they understand ADHD and its assessment tools. Had professionals shared the same perception and the same assessment tools around the world, the prevalence of ADHD would have been almost equal with respect to population. Hence, exploring the tools used to assess ADHD and the counselors' perception of ADHD highly affects the prevalence of ADHD around the world and is thus important to explore.

2.1.3 Is ADHD Fact or Fiction?

Early studies have stated that ADHD might be an American fabrication since it is diagnosed only in the United States (Barkley, 2013). However, later studies have shown that other cultures and ethnic groups have children with ADHD. ADHD is proven to be a universal disorder located in every country studied so far. Some countries might not know the terminology, causes or treatments but ADHD is by no question a legitimate disorder found worldwide (Barkley, 2013).

2.2 Overview of ADHD and its Prevalence

2.2.1 Prevalence of ADHD across Cultures

ADHD is recognized worldwide and millions of children are diagnosed with this disorder annually (Millichap, 2009). The geographic location of a country plays a minor role behind the prevalence of ADHD around the world (Polanczyk, 2007). However, cultural differences make a remarkable change when it comes to diagnosing and treating ADHD symptoms and hence, must be considered because they depend to a great extent on the background culture of the family and teachers' perceptions (AAP, 2009). Dissimilarities in

the occurrence of ADHD go back to the diagnostic criteria used by each country (Kelowna, 2007). Different tools might be used in different cultures to diagnose ADHD children which might lead to varied prevalence among countries (Bauermeister et al., 2010). Assessment tools may include The Strengths and Difficulties Questionnaire (SDQ), the parent Development and Wellbeing Assessment (DAWBA), and semi-structured interviews such as the Schedule for Affective Disorders and Schizophrenia for School Aged Children (K-SADS) (Posserud et.al, 2013). Moreover, structured interviews, impairment rating scales, and observations are other ADHD assessment methods that are used around the world (Pelham, 2005). Some studies have estimated the prevalence of ADHD to be as high as 10% to 20% in children between the age of 5 and 12 (Millichap, 2009). It is also important to note that boys are affected three to six times more commonly than girls especially when teachers' reports are used to define the disorder (Campbell, 2000).

There is a considerable variance and discrepancy when several studies or countries estimate the prevalence of students exhibiting ADHD in schools or communities. The DSM-IV is frequently used in the United States, and Europeans have developed their guidelines for hyperkinetic disorders in accordance with the DSM-IV (Graham, Seth, & Coghill, 2007). However, the French use a different system from the American psychiatrists (Wedge, 2012). The French Federation of Psychiatry developed the CFTMEA (Classification Francaise des Troubles Mentaux de L'enfant et de L'adolescent). The focus of CFTMEA is on classifying and addressing causes of ADHD in children's symptoms (Wedge, 2012). Since different tools and guidelines are used to diagnose children with ADHD, prevalence among these countries varies: ADHD remains higher in the US (8%) under the influence of the DSM-IV while it remains under diagnosed in France and Europe (4-5%) (Kelowna, 2007).

A study done by Farah et al. (2009) shows that the ADHD disorder in the school setting among Arab students ranged from 5.1% to 14.9% and was more common among boys than girls. Another study has been conducted in the United Kingdom to explore the prevalence of ADHD symptoms in a community sample of 964 ten-year-old children (Alloway et al., 2010). The findings indicated an overall 8% prevalence rate, with the majority of children identified as the Hyperactive/Impulsive subtype (5%) (Alloway et al., 2010).

“Regarding identification and assessment, there is no identification procedure because of the absence of an official definition, or a commonly accepted definition for ADHD. In addition, there is no official and standard identification procedure in schools.” (Berri & Al-Hroub, 2016, p. 60). The scope of special education in Lebanon is limited to students that show special needs only. ADHD is not mentioned by the Lebanese law, nor the revised national curriculum (Berri & Al-Hroub, 2016). The diagnostic criteria worldwide determines the extent to which ADHD is relevant across cultures (Bauermeister et al., 2010). It is important to note that the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013) describes the disorders that can be applied across cultures, societies, and settings (Bauermeister et al., 2010). Therefore, counselors might mainly adopt American and European scales or assessment tools despite the cultural difference.

Given the high prevalence of children with ADHD, early screening becomes critical for educators to aid children with ADHD as soon as possible (Alloway et al., 2010). The counselors’ roles are necessary for helping and supporting students with ADHD (Shillingford-Butler & Theodore, 2013).

Parents, teachers, and counselors have direct contact with school children, thus it is essential to explore their perception on ADHD. Parents and teachers do not usually provide an objective diagnostic basis when discussing ADHD cases (Lange, 2010). Therefore, this study is set to specifically explore counselors' perceptions on ADHD.

2.2.2 Causes of ADHD

Research has shown that the causes of ADHD are numerous. Each adopted cause, however, is affected by how ADHD is perceived. The section below targets different adopted causes that affect counselors' perceptions of ADHD.

Research shows that there are different factors that might affect children to have ADHD (Taylor, 2011). The causes of ADHD are divided into biological conditions of the brain which are partly related to genetics and physical environment and require physical or directive behavioral modification (diet or drug treatment). The other part is related to a psychological variant rather than disorder deriving from societal intolerance based on emotional changes and this requires supportive and educational measures (Taylor, 2011).

Some studies have shown a high correlation between genetics and ADHD. There is a high probability for certain hereditary characteristics to occur in families where one or more family member has ADHD. Moreover, the child is more likely to develop ADHD if one or both his/her parents have ADHD. At least one-third of all fathers or mothers who had ADHD in their youth have children with ADHD (Killeen, Tannock, & Sagvolden, 2012). Neurological studies suggest that genes involved in regulating synaptic excitability and neuronal plasticity are also implicated which may explain the apparent immaturity smaller brains, reduced IQ, and reinforcement and extinction deficits that ADHD cases might show (Killeen et al., 2012).

Maternal exposure to environment toxins such as lead, organ chlorines, alcohol consumption, smoking, stress and low birth weight have all been identified as possible risk factors for ADHD (Killeen et al., 2012).

Prenatal factors such as birth trauma, anoxia, and prematurity have long been recognized as causal factors for ADHD. Threats continue through early life, including factors that are situational such as familial difficulties, unemployment, single parent family, low SES, low education, poor neighborhoods, and stressful marital relationships all affecting the level of stress and anxiety which is associated with ADHD (Killeen et al., 2012). Other factors related to society also play part in the development of ADHD; such factors include negative school experiences, neglect, abuse from parents or others, and negative family background (Shillingford-Butler & Theodore, 2013).

2.3 Research on Counselors' Perception of ADHD

2.3.1 Counselors' Perception of ADHD

Different studies have been published to explore counselors' perceptions on ADHD. By definition, perception is the way in which something is regarded, understood, or interpreted. Thus perception impacts knowledge which in turn affects whether a child is considered as an ADHD student or not. Counselors' perceptions then lead them to conducting a formal assessment followed by a diagnosis. The section below explores counselors' perceptions and understandings about ADHD.

Counselors' perception in dealing with ADHD plays a major role in improving the academic and social functioning of students with ADHD decreasing the dropout rate of children with ADHD (Shillingford-Butler, 2013). A study by Weyandt et al., (2009) assessing the knowledge that teachers and school counselors have of ADHD shows that school

counselors' knowledge level of ADHD is significantly greater than the knowledge level of special and general education teachers. Teachers encounter students on a daily basis in different situations, different settings and at different times; however, they claim to have had minimal opportunities to learn about ADHD, even though they are considered to be a very important source of information when it comes to diagnosis. The results showed that teachers had wrong views about the causes of ADHD. Fifty-three percent of the teachers from the study linked ADHD to "parental spoiling" whereas one third linked it to dietary reasons such as the excessive intake of sugar. Teachers were not receiving suitable training during their practicum years thus this area needed to be improved especially for mainstream teachers. The identification of effective treatments of ADHD highly depends on teachers' knowledge because school counselors rely on their feedback and referrals for services. The results of Weyandt's study, however, suggest that general education teachers lack such knowledge. The perception and knowledge that school counselors display about ADHD permits them to design and give workshops about the disorder to different members in the school and authorize them to work with ADHD students directly. Counselors are expected to have accurate information because it is crucial when it comes to planning a specific intervention plan. The findings thus suggest that school counselors may be better qualified than teachers to detect students with ADHD as well as to help launch operative interferences and interventions for these students (Weyandt et al., 2009). The perceptions of school counselors are essential and they are in a unique position to promote an increase in counseling services for students with ADHD including "(a) educating teachers, parents, administrators, school board members, and legislators about the long-term negative social and academic consequences of not providing counseling to children exhibiting disruptive

behaviors; (b) educating administrators teachers, and parents about approaches/techniques to be used; and (c) using research findings to collaborate with school district grant writers to secure state and federal funding to hire additional school professionals and provide specific training to counsel ADHD students” (Meany-Walen, Bratton, & Kottman, 2014, p. 53).

The above section displayed counselors’ perceptions and knowledge on ADHD and the different approaches that can be implemented to increase awareness of ADHD. The following section will highlight the factors that affect counselors’ perceptions on ADHD.

Counselors have different perceptions on ADHD, according to them it can either be biological, psychological, or developmental neurobiological. Counselors who believe that ADHD is biological claim that it is caused by genetics and the physical environment and thus requires medication or a change in the dietary intake. Counselors who believe that ADHD is psychological claim that it is caused by societal intolerance and emotional changes and thus requires supportive and educational measures. As for the counselors who believe that ADHD is a developmental neurobiological condition, they claim that it is cause by inattention, hyperactivity, and impulsivity and it requires medication and change in dietary intake. It also requires supportive and educational measures. Counselors agree however, that all perceptions affect the academic achievement, the social interaction and wellbeing of students who display ADHD.

2.3.2 Factors Affecting Counselor’ Perception

Training program. Culbreth et al (2005) emphasize the importance of training programs in relation to school counselor’s knowledge. Their study was conducted on counselors with the majority being women. The vast majority of counselors identified themselves as European/white (90.7%). The ethnic background of the remaining participants

was as follows: African American, 5%; Hispanic, 2%; Asian American, 6%; Native American, 2%; Middle Eastern, 2%; and other 1.4%. Though participants have an average of 7.5 years or experience, 67.1% of them believe that their training did not prepare them for their position as school counselors (Culbreth et al., 2005). The numbers presented stress the importance of having specific workshops and specialized trainings for beginning counselors to undergo before they apply for a school counseling position to assist them in tackling cases related to ADHD and other disorders.

Another study by Corkum, McKinnon and Mullane (2005) suggested that a great reduction in ADHD symptoms was noticed when parents and teachers collaborated and received the proper training and intervention. Hence, it remains essential to have special training sessions for parents and teachers as well because they can make a remarkable difference in reducing the symptoms of ADHD.

Culture. Stereotypes are common across cultures and they affect the way ADHD is perceived. A study done by Gajaria, Yeung, Goodale and Charach (2011) revealed that people associate ADHD with negative connotations and perceive it as so. People in general label children as being mentally ill or dangerous to themselves and others in society which affects children with ADHD and harm them psychologically. The negative stereotypes have led students to feel ashamed about their ADHD and hence they hesitated to ask for external help from the counselor or their parents. These students expressed their frustration about the common negative stereotypes by wanting to “reframe ADHD as part of who they are, rather than ADHD being considered only as a disease that made them appear as bad” (Gajaria et al., 2011, p.16). Different perceptions of ADHD around the world have affected parental methods implemented with children. In other words, culture plays an important role in

affecting how counselors deal with ADHD subjects. Since counselors are part of the society, they are thereby influenced by how society perceives ADHD and thus adopt that perception. Hence, it remains essential to understand how counselors perceive ADHD through different cultures.

The different definitions of ADHD have an impact on how ADHD is perceived around the world. Salway (2011) states that the UK is still in debate on whether the causes of ADHD have biological or medical explanations. Two categories were identified: the biological one represents ADHD as a brain disorder having a genetic origin and treated as a medical condition, and the psychosocial one represents ADHD as the consequence of poor parenting, school discipline, and is associated with the state of society (Salway, 2011). Nevertheless, the psychosocial category is prodigiously prevailing in the UK where parents work for long hours and are therefore held responsible for victimizing their children due to their work conditions.

In addition, parents are viewed as ineffective because they always attempt to find excuses for their children's inappropriate behavior (Salway, 2011). Moreover, French counselors have linked ADHD to the medical aspect that has psychosocial and situational causes (Wedge, 2012). French doctors prefer to look at the child's social context instead of the child's brain which is then treated with psychotherapy or family counseling. American counselors on the other hand attribute ADHD symptoms to biological dysfunctions such as a chemical imbalance in the child's brain (Wedge, 2012). Moreover, parenting styles differ among cultures. According to Wedge (2012) French parents provide their children with a firm structure and clear discipline. They believe that these will make their children well-behaved (Wedge, 2012). On the other hand, the traditional culture of Confucianism in South

Korea has a strong effect on parenting practices, and obedience. The troublesome behavior of ADHD students is considered shameful to the family members and is thus perceived negatively by people in the Korean society which in return affects ADHD children negatively (Oh, Park, Suk, Song, & Im, 2012). According to Oh et al. (2012) firm parenting style comes with weak social adjustment skills; as a consequence, children become more aggressive and anxious in the future. An affectionate parenting attitude however, is important in preventing behavioral problems in ADHD children. Parental spoiling has been considered as a main reason behind ADHD particularly in Turkey and Iran (Naim & Kavkci, 2010; Ghanizadeh et. al., 2005). Thus, perspectives on ADHD are influenced by culture.

Culture plays an important role in dealing with ADHD: In Korea parents and teachers believe medication to be undesirable because it does not increase academic achievement (Moon, 2011). U.S. parents and teachers, influenced by western cultures were more positive about medical treatments because medication helps to reduce children's distractive behaviors (Moon, 2011). Thus, different perspectives on ADHD exist due to different cultures and the different way people perceive ADHD.

2.4 ADHD Diagnosis

2.4.1 Diagnosis and Assessment of ADHD

School counselors must be in a position where they are able to conduct an assessment of ADHD themselves or at least provide an appropriate evaluation for the psychologist or the clinician for diagnosis. Studies conducted have shown that school-based assessment, done by the school counselors, in the evaluation of ADHD has the greatest empirical support in the literature (DuPaul & Stoner, 2014). The school counselor is

expected to be knowledgeable and to have attended training sessions about the diagnostic criteria to either conduct the assessment or refer a student for further diagnosis (DuPaul & Stoner, 2014; Shillingford-Butler & Theodore, 2013). Counseling is thus essential to be established in all schools because it will reduce most of the problems ADHD pupils face during learning tasks as it will be easy to make referrals for adequate management (Abikwi, 2009). The counselor is expected to consider some points when it comes to ADHD students. First, students with ADHD underachieve because of their difficulty attending the classroom, low rates of academic engagement, and inconsistent work completion. Students with ADHD also display problems in the school setting. Problematic behaviors are displayed as a result of frustration from experiencing low achievement in academic subjects (Shillingford-Butler & Theodore, 2013). Hence, school counselors need to establish ways to recognize students with ADHD. Studies have shown that in-class observation is not enough to recognize ADHD; teachers' and parents' reporting forms or questionnaires are expected to be completed before the counselor observes ADHD students in class. Counselors also need to have rating scales to complete when observing students in different settings and at different times (DuPaul & Stoner, 2014; Wasserstein, 2005).

School counselors need to be aware of the symptoms and subtypes of ADHD to refer students because diagnosis precedes treatment/intervention (Dahir et al., 2009). Extensive research has found that the primary symptoms displayed by ADHD children are inattention, impulsivity and hyperactivity (Barkley, 2005).

Inattention. Mash and Barkley (2006) explained that students with ADHD have a hard time paying attention to school tasks if they are boring or dull for them.

Impulsivity. They may also have difficulties controlling their behavior in different settings (Mash & Barkley, 2006).

Hyperactivity. Moreover, individuals with ADHD are very energetic and active. They move around, talk excessively, and are often out of their seats (Mash & Barkley, 2006).

2.4.2 Diagnostic Criteria

To diagnose an individual with ADHD, professionals usually follow the guideline of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) (Campbell, 2000). Counselors are expected to be well aware of the diagnostic criteria to be able to implement the appropriate intervention.

The Diagnostic Criteria for Diagnosis of ADHD from the DSM-5

(American Psychiatric Association, 2013, p. 59, 60, 61)

“A. Either (1) or (2) should be present:

Inattention type:

(1) Six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Inattention

- i. Often fails to give close attention to details or makes careless mistakes in school work or other activities
- ii. Often has difficulty sustaining attention in tasks or play activities
- iii. Often does not seem to listen when spoken to directly
- iv. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)

- v. Often has difficulty organizing tasks and activities
- vi. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- vii. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- viii. Is often easily distracted by extraneous stimuli
- ix. Is often forgetful in daily activities

(2) Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

- i. Often fidgets with hands or feet or squirms in seat
- ii. Often leaves seat in classroom or other situations in which remaining seated is expected
- iii. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, maybe limited to subjective feelings of restlessness)
- iv. Often have difficulty playing or engaging in leisure activities quietly
- v. Is often “on the go” or often acts as if “driven by a motor”
- vi. Often talks excessively

Impulsivity

- vii. Often blurts out answers before questions have been completed
- viii. Often has difficulty awaiting turn
- x. Often interrupts or intrudes on others (e.g. butts into conversations)

B. Several hyperactive-impulsive behavior or inattentive symptoms were present prior to age 12.

- C. Some symptoms occur in two or more settings (e.g. at school (or work) or at home).
- D. There is a clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder, and are not better accounted for by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder)” (American Psychiatric Association, 2013, p. 59, 60, 61).

The purpose of assessment is to examine if the child is to be diagnosed with ADHD in the absence or presence of other childhood psychiatric disorders (based on family and child history). Assessment is also essential to be able to tackle the academic and social problems later in the intervention/treatment plan (Millichap, 2009).

The diagnosis and assessment of ADHD is first determined by the evaluation reports from parents and teachers through direct observation; after that examination is performed in the office of the counselor who decides whether professional help is needed or not (psychologist/psychiatrist) (Millichap, 2009). Parents and teachers are expected to provide completed questionnaires that rate the attention, behavior, impulsivity, academic achievement, and social skills of the individual (Millichap, 2009). Since the symptoms of ADHD are highly correlated with the class setting, it is only logical for the teacher to first notice the troublesome behavior and draw the counselor’s attention to any problem existing if any (Millichap, 2009). The assessment should cover all behaviors that comprise the diagnostic criteria. It is also essential to assess family history and functioning behavior management strategies used by parents in addition to their coping styles. The final stage is to prepare an intervention/treatment plan to tackle the ADHD case presented (Cork, 2005).

Counselors are expected to stay in school 80 percent of the time which is about most of the school day. School counselors use specific data to highlight the impact of the school counseling program on students which then helps them draw a future action plan and improve their services for all students (ASCA, 2008). Counselors are trained and must be knowledgeable about the DSM-5 diagnostic criteria in order to make correlations between their own observations and the diagnostic criteria (ASCA, 2008). School counselors should be present to implement different strategies to make learning easier for students with ADHD. Through their knowledge and role in the assessment phase, they can provide strategies to enrich academic and social functioning of children with ADHD (Shillingford-Butler & Theodore, 2013).

2.4.3 DSM 5 Criticism

It is important to note the DSM has been criticized a lot and thus might not be culturally appropriate to assess ADHD students in Lebanon. Coghill and Seth (2011) have criticized the DSM IV, the ADHD criteria in specific. They have criticized the general structure and subtyping, by stating that the subtypes are unstable over time. “The representation of hyperactivity, inattention, and impulsivity in the criterion set is uneven and, thus, differentially weights some features over others. Impulsivity is underrepresented, and inattention is overrepresented” (Seth & Coghill, 2011, p.4). In addition, the organization is not valid for ten criteria may be present (five in inattention and five in hyperactivity), and the child would not be eligible for a diagnosis. Moreover, criteria are sparsely defined, and this increases criterion variance, which is a major problem in everyday use.

Misdiagnosis occurs when working with people from culturally diverse backgrounds (Kress et al., 2005). The changes that have been included into the latest version of the DSM

tackle a number of features designed to develop its cross-cultural applicability (Thakker & Ward, 1998). However, the DSM is based on Western defined syndromes and has restricted cross-cultural applicability. Those involved in creating the DSM did not take the cultural differences and heterogeneity into consideration (Thakker & Ward, 1998). Hence, the latest DSM version may not be universally applicable and thus might not tackle Lebanese students with ADHD in particular. However, since the DSM tool is the clearest and the most diagnostic system available, counselors are expected to know about it for it is a necessity for professional practice (Kress et al., 2005). However, the latter does not indicate that the DSM is a culturally appropriate tool. Literature has exposed and criticized the DSM tool to be inaccurate with diagnosing groups from different cultures. Many studies have shown that culture affects counselors' perceptions as well as the clients' thus impacting the assessment, diagnosis, and intervention techniques applied by the counselors. Therefore, counselors must be well aware of their culture and must be knowledgeable about the strengths and weaknesses of the DSM to decide whether it is culturally appropriate or not (Kress et al., 2005). Based on that, it remains important to explore whether Lebanese counselors view the DSM 5 as a culturally appropriate tool or not; and if not, how would they modify it to be culturally appropriate to deal with ADHD students.

2.5 Intervention Approaches and Treatment

Assessing and treating children with ADHD has been often a controversial issue. Many studies have called for a comprehensive diagnosis in cooperation with medications; other studies call out for appropriate combinations of remedial education with behavioral, modification, and support (McLaughlin & Morisoli, 2004).

Medical Intervention. Medication was highly recommended by most teachers although it is important for educators to first begin focusing in implementing successful interventions in their classroom after referral to the school counselor/psychologist (McLaughlin & Morisoli, 2004) especially that the majority of individuals discontinue medication in less than one year (Rubia & Smith, 2001). There are three types of medications: stimulants, antidepressants, and antihypertensive (Millichap, 2009). Although these medications have been found to reduce hyperactivity and impulsivity as well as increase the child's ability to concentrate on different tasks they have proven to have many side effects. Medications may not control all behaviors associated with ADHD and thus children may continue to experience difficulties at school, home, and the community not to mention that they do not last for a long period of time (Shillingford-Butler & Theodore, 2013). Medications have also been shown to influence the assessment of treatment outcome therefore parents' perception of the effects of medication on their children may determine how they evaluate the effectiveness of these medications on the functionality of their children (Shillingford-Butler & Theodore, 2013). Youngsters are not expected to receive medication as a treatment of first choice especially that the probability of attaining positive results is less than 65% and the probability of suffering from side effects is much higher (McLaughlin & Morisoli, 2004). A study was done on 126 parents who have children diagnosed with ADHD and were being treated through medications to test their attitude, knowledge, and information sources. The results showed that a significant number of these parents were misinformed about the side effects of medications (Shillingford-Butler, 2013). Based on that, many studies have shown that a combined approach of medications and

behavioral treatment is able to reduce the symptoms that a kid with ADHD might display (McLaughlin & Morisoli, 2004; Rubia & Smith, 2001).

In terms of further treatment of ADHD, research has explored the impact of nutrition on children's functioning. For example, dietary modifications have been afflicted by symptoms of ADHD. Some foods have been associated with the high level of energy that kids with ADHD display (Shillinford-Butler, 2013). Neale et al. (2010) found significant improvements in sleep patterns when children instituted an elimination diet consisting of only hypoallergenic foods such as turkey, rice, vegetables, pears, and water. Diet modification has also shown to play a major role in influencing students' behavior and should be considered as part of the treatment. Studies have shown that nutritional factors such as food additives, refined sugars, food sensitivities and fatty acid deficiencies have all been linked to ADHD (Schnoll, Burshteyn, & Cea-Aravena, 2003). Other studies on the other hand have questioned diets as a treatment for ADHD and looked further into other variables such as minerals and vitamins (Shillinford-Butler, 2013). They argue that supplements with components such as zinc, magnesium, and iron may be advantageous in controlling some of the effects of ADHD (Millichap, 2009).

Educational Intervention. McLaughlin and Morisoli (2004), Rubia and Smith (2001), and Shillinford-Butler (2013) have argued that behavioral interventions and teaching strategies are effective in reducing ADHD symptoms. There are many behavioral interventions that can be applied in classrooms after the consultation of the school counselor (Shillinford-Butler, 2013), such interventions include Token Economies and Response Cost Systems, Daily Report Card Systems, Cognitive Behavioral Training System, and Positive and Negative Reinforcement (McLaughlin & Morisoli, 2004).

Token Economies or Response Cost Systems have shown to be effective with children displaying ADHD; tokens or points are removed or awarded based on the behavior displayed. Three types of token economies are usually stressed upon. The first is the award token economy where the student is reinforced when s/he collects a certain number of tokens/points by exchanging the tokens/points for a specified prize. The second type is the response cost which leads to a deduction of points or tokens due to the display of undesired behaviors.

The third type is a combination of both where a student is rewarded for desirable behaviors and punished for undesirable behaviors through tokens/ points (McLaughlin & Morisoli, 2004).

Daily Report Card System has proven to be a great reinforcer for a child displaying ADHD not to mention that it sustains good relations with the child's parents. This system is an arrangement between the child, the parents, and the teacher. The daily report card system can be useful for improving talk-outs, out-of-seat, on-task behavior and class work performance and completion. The card is individualized and contains a list of target behaviors to be met by the student. The teachers as well as the parents have to sign the card. Both the parents and the child's teachers need to be consistent with consequences at home and in school in order for the daily report card system to be effective (McLaughlin & Morisoli, 2004).

This type of intervention aims at teaching the child to control his/her behavior by learning problem-solution skills and self-monitoring skills. The main purpose of cognitive behavioral training is to teach the ADHD child to find the problem, select a strategy, and think about the consequences of their actions. The child learns to think logically through

this type of intervention. Teachers can play a role in this intervention by modeling a classroom task as they repeat the task aloud for students to verbalize after. The task becomes more challenging when students complete the task by whispering, followed by making lip movements and ending it with students thinking about the steps of the task (McLaughlin & Morisoli, 2004).

A combination of both positive and negative reinforcement has shown to improve children's behavior. Deducing positive reinforces such as teacher praise did not improve children's behavior unless negative consequences, such as loss of privileges, were also a part of the plan. Reinforcements may be more effective in the long run if the purpose is to enhance motivation (McLaughlin & Morisoli, 2004).

Another approach/technique that has been used with students who display ADHD is play therapy which is an intervention intended to meet children's developmental needs. Play therapy research, as the name implies, has supported the use of play therapy to decrease children's behavioral problems (Ray, Schottelkorb, & Tsai, 2007). Children express themselves the most through play; thus, therapy that provides children with play can positively affect their communication and growth (Ray et al., 2007). Studies conducted by Ray et al., (2007) and Meany-Walen et al., (2014) show that play therapy has been demonstrated to show large significant positive effect when compared with a control group receiving no treatment. Play therapy is a counseling intervention that proved effective to help meet children's social, emotional, behavioral, and academic needs. Play therapy has been proven to be a promising counseling intervention to reduce young children's troublesome behaviors (Ray et al., 2007, Meany-Walen et al., 2014).

In summary, it is crucial to explore counselors' intervention plans for ADHD students since they are highly affected by counselors' perception of ADHD and the causes behind it.

2.6 Conclusion

The definition of ADHD has evolved gradually throughout history ranging from brain damage syndrome into what we call ADHD today affecting about 5% to 7% of school aged students thus influencing their academic and social development.

The causes of ADHD have been correlated with genetic factors, prenatal factors, and social and environmental factors. Therefore, when diagnosing and assessing individuals with ADHD, factors such as family history, child history, environment, and social influences need to be taken into consideration. The most commonly used diagnostic tool is the DSM-5 which includes different criteria to assess subtypes of ADHD.

The overview of literature has stressed the importance of having school counselors diagnose and implement an intervention plan to help students with ADHD show progress. Thus counselors' knowledge in diagnosis and assessment is essential. There are different approaches and intervention plans that counselors can follow such as behavioral modifications and play therapy (McLaughlin & Morisoli, 2004). Medications are usually subscribed by a psychiatrist, however the school counselor is expected to be knowledgeable about different medications given to students and is expected to show knowledge about the severity of the case and whether or not medication is appropriate to a certain case.

Finally, cultural factors are important to consider when looking at the gender of the ADHD student, its causes, and the possible intervention/ treatment. Prevalence is different across different cultures based on their definition of ADHD, the counselors' and teachers'

knowledge about ADHD and the background of the family. It is important to note that not much research has been done on ADHD in the Arab world (Farah et. al., 2009). Counseling in Lebanon specifically needs to be developed and conceptions and methods of intervention that Lebanese counselors use with students displaying ADHD should be explored respectively.

CHAPTER III

METHODOLOGY

This chapter presents the research questions that guided the study, with a description of the research design, method, population, sample, and participants. A description of the data collection procedures that were used, the instruments, and data analysis procedures are also presented in this chapter.

3.1 Research Design

This study aimed to explore the perception that Lebanese counselors have about ADHD, the most common intervention techniques they use to deal with individuals with ADHD, and the extent to which they believe the DSM-5 is culturally appropriate to identify ADHD students in Lebanon. To achieve these aims, three research questions guided the study: (a) what are Lebanese counselors' perceptions on ADHD and its symptoms? (b) what are the intervention techniques used by Lebanese counselors to counsel students with ADHD? and (c) to what extent do the counselors think that the DSM-5 is culturally appropriate to identify ADHD students in Lebanon?

For this study, an exploratory mixed methods approach was used to answer the research questions. Given that in Lebanon, no study was done to extensively explore counselors' perceptions of ADHD, the intervention techniques they use to deal with individuals with ADHD, and the extent to which they believe the DSM-5 is culturally appropriate to identify ADHD, an exploratory mixed methods approach was necessary in order to collect different forms of qualitative data first and then analyze this data quantitatively in order to organize and interpret it.

Exploratory studies are the reverse sequence of explanatory studies. The researcher collects the qualitative data and explores the participants' views. Then the researcher starts with the quantitative phase. The researcher has themes that are pre-established and themes that emerge as the data is analyzed (Creswell, 2013). Exploratory studies are essential because they revolve around discovering ideas and perspectives and thus they allow more precise investigation to take place afterwards.

Mixed methods designs provide a more holistic understanding of the research problems presented by the study than either quantitative or qualitative research alone. It requires combining both methods; qualitative and quantitative and thus may involve philosophical assumptions and theoretical frameworks (Creswell, 2013). This method was adopted by the researcher because the study includes multiple forms of qualitative data that is later interpreted. The variables are then studied and analyzed by the researcher for emerging themes. The mixed method design allows the researcher to collect detailed views from the participants to help analyze and explain the quantitative survey (Creswell, 2013).

3.2 Method

3.2.1 Participants

Twenty counselors, 10 from private schools and 10 from public schools, were recruited in the area of Beirut. Counselors from both public and private schools were selected to better represent the area of Beirut. Random sampling was not necessary in this study since schools usually have one school counselor for each cycle. The researcher adopted the purposive sampling which is a non-probability sampling method. The researcher selected the sample that fit the study and helped fit the research objectives. The researcher adopted this method because it was convenient to get a sample of subjects with specific

characteristics and because the number of school counselors in private and public schools in Beirut is limited.

The researcher recruited 10 counselors from private schools in the area of Beirut. First, the researcher called the school to check whether they had counselors or not. If counselors were available, the researcher emailed the school in order to determine if the counselor was willing to participate in a research study. The researcher waited for a week to get a response. The researcher called the schools again when no response was received. When the researcher received a response from the school expressing the willingness of the counselor to participate in the study, the researcher contacted the counselor via email or phone to arrange the first meeting.

The researcher also recruited counselors from public schools. To do so, the researcher consulted the Ministry of Education and Higher Education (MEHE) which only provided the contact information of five counselors in the area of Beirut. The researcher directly called the counselors and scheduled appointments with them. After making several unsuccessful attempts to recruit more counselors in the area of Beirut, the researcher had to switch to the public schools in the area of Jounieh and recruit five counselors in order to complete the sample and make it representative. The researcher called the counselors directly and scheduled appointments with them and met them individually afterwards.

The recruited sample of twenty counselors consists of 18 females and 2 males from both public and private sectors. The age of counselors ranged between 21 and 63 ($M = 34.5$, $SD = 11.97$). The grade levels that the counselors counsel extend from nursery through grade 12. One counselor counsels nursery through grade five students, three counselors counsel students in grades 1 to 3, four counselors counsel grades 1 to 5 students, ten

counselors counsel grades 1 to 6 students and two counselors counsel K to grade 12 students. The years of experience that counselors have ranges between one year and twenty years ($M = 6.1$, $SD = 5.75$). Five counselors hold Bachelor's degrees and fifteen counselors hold Masters degrees. One counselor has a Masters degree and a teaching diploma.

3.3 Data Collection Procedures

After receiving approval from the Institutional Review Board's (IRB), the researcher visited each of the participating schools and met with the principal of the school who was asked to sign a consent form that explains the purpose of the study. Then, a meeting was arranged with the school counselor in order to sign a consent form for participating in the study. The counselor was given the freedom to choose not to participate in the study. During the meeting, the purpose and the procedure of the study were both explained to the counselor. The researcher assured the counselor that all personal information would remain confidential. At the end of the meeting, the researcher arranged another meeting for collecting data from the counselor. During this meeting, the researcher interviewed the counselor, asked him/her to complete the demographic information form, and left the questionnaire with him/her to complete and return after 48 hours from the meeting time. The researcher gave the counselor two days to go through the questionnaire in details to add, delete, or annotate the items to better fit the Lebanese culture or leave the questionnaire as is if s/he believed that it did not need modification.

3.4 Instruments for Data Collection

3.4.1 Interview

The interview was composed of 14 open-ended questions about the counselors' perceptions of ADHD and the various approaches/techniques that they use to deal with children with

ADHD and to give counselors the chance to explain or elaborate their answers (See Appendix B). The questions were derived from The Knowledge of Attention Deficit Hyperactivity Disorder (KADDS) questionnaire and modified to examine counselors' perception instead of teacher's knowledge about ADHD. The reliability of the KADDS and its sub-scales was tested and results have shown that the internal consistency of the KADDS is high when tested on different samples of teachers. The instrument has also shown evidence of validity whether external or internal as well (Soroa, Gorostiaga, & Balluerka, 2013). The KADDS questionnaire is a closed-ended questionnaire used to test teachers' knowledge about ADHD. "The KADDS is a 39-item rating scale designed to measure teachers' knowledge about ADHD as it related to symptoms/diagnosis of ADHD, general knowledge about the nature of ADHD, and the causes and treatment of ADHD using a series of true-false-do not know items" (Sciutto et al., 2000, p.117).

While conducting the interview, the researcher asked the counselor probing questions (see Appendix B) for further clarification or elaboration. The counselor was given the freedom to discuss anything related to the questions; however, the responses were analyzed based on the researcher's perspectives.

Each interview took between 30 to 40 minutes. The interviews were tape recorded by consent of the interviewees. The recordings were stored on the researcher's personal computer which is protected by a secured password.

3.4.2 Demographic information form

The purpose of the demographic form is to help the researcher formulate a general idea about the participants. The form is confidential and does not require the school's name nor the counselor's name. The demographic forms include the gender, age, the grade level that

counselors counsel, the duration counselors have been counseling for, and the highest level of education counselors hold (see Appendix A). This form was completed by each counselor before the interview. All demographic information forms were stored by the researcher in a locked drawer.

3.4.3 Questionnaire

After completing the interview and the demographic information form, the researcher gave the counselor a questionnaire and asked him/her to complete and return to the school main office within 48 hours from the meeting time. Counselors had the option to select the Arabic or the English language version of the questionnaire based on their preference. The questionnaire revolved around the DSM-5. It asked counselors to add, delete, or annotate the DSM-5 to better fit the Lebanese culture (see Appendix C). The questionnaire is the actual DSM-5 (the ADHD part in specific). The questionnaire was divided into three parts: inattention, hyperactivity, and impulsivity. Counselors were given the freedom to add, delete, or annotate all three parts.

It is important to mention that the researcher purposefully conducted the interview with counselor before s/he was asked to complete the questionnaire in order to avoid skewing the interview responses by the content of the questionnaire that is designed around the DSM-5.

3.5 Data Analysis

3.5.1 Analyzing the interview responses.

The researcher transcribed all twenty interviews. Then, the transcripts of the responses to each of fourteen interview questions per interview were analyzed through open-coding. Charmaz (2006) defines open-coding as the process of “naming segments of data with a

label that simultaneously categorizes, summarizes, and accounts for each piece of data” (p. 43). The researcher conducted open-coding through reading the transcript of each response to a certain interview question while marking major concepts or statements in the transcript. For each interview question, another researcher conducted open-coding on two responses for reliability purposes. The major concepts and statements marked by both researchers were compared.

Next, the researcher counted the frequency of occurrence of similar concepts or statements in the responses to a certain interview question. These emerging concepts and statements were later categorized into themes. Both the frequency of occurrence of similar concepts or statements in the responses to each interview question and the identified themes allowed the researcher to answer the first and second research questions.

3.5.2 Analyzing the questionnaires

The questionnaire is divided into three parts. Each part consists of different items that describe inattention, hyperactivity and impulsivity. Under each part, the counselors were asked to add, delete, or annotate the presented items. In order to answer the third research question, the researcher examined each questionnaire. For each part, the researcher marked any added items, any deleted items and any annotations to the presented items. The researcher reported the number of counselors who added, deleted and/or annotated items to each part of the questionnaire. The researcher also reported what items were added or deleted in addition to any annotations of items under each part of the questionnaire.

CHAPTER IV

RESULTS

The results in this chapter are divided into two parts in order to answer the research questions presented in this study. The first part concentrates on presenting counselors' responses per individual KADDS questions in relation to three subscales. These three subscales address counselors' knowledge and perceptions in three domains; counselors' general knowledge of ADHD, knowledge about the symptoms and diagnosis of ADHD and knowledge about the treatment of ADHD. The second part explored whether counselors believe that the DSM-5 is a culturally appropriate assessment tool to diagnose students in Lebanon. Results are presented to highlight the following: Lebanese school counselors' current perceptions of ADHD, the techniques used to address an ADHD student, and the extent to which these counselors think that DSM-5 is culturally appropriate to identify ADHD students. Two themes are presented under the interview heading; counselors' perceptions and the techniques they use to deal with ADHD students. The results of the interviews and the questionnaires are presented in this section.

4.1 Counselors' Perceptions of ADHD

In order to understand the Lebanese counselors' perceptions of ADHD and explore the techniques used to deal with an ADHD student, 20 counselors (10 from public schools and 10 from private schools) were interviewed. The interview was semi-structured and lasted for 30 minutes. It was composed of 14 items. The counselors' responses to each of these items were analyzed using the "open-coding" strategy which was described in the methods section.

4.1.1 Characteristics of an ADHD student. The analysis of the counselors’ responses showed 12 different descriptions of an ADHD student that were mentioned by the counselors as characteristics of an ADHD student. These descriptions are shown in Table 1 with their corresponding frequencies and percentage.

Table 1

Characteristics of an ADHD student as mentioned by the counselors

Characteristic	Frequency	Percentage %
Hyperactivity	19	34
Impulsivity	8	14
Cannot focus	7	13
Attention deficit	6	11
Has behavioral problems	3	5
Fidgety	3	5
Aggressive	3	5
Do not follow rules	2	3.5
Has problems with memory	2	3.5
Cannot control himself	1	2
Dangerous	1	2
Show DSM characteristics	1	2
Total	56	100

N =20 counselors

Several counselors provided descriptive characteristics of an ADHD student. A counselor from a private school, for example, stated, “An ADHD kid is hyperactive and cannot focus at all”. Another counselor from a public school reported, “I think an ADHD student is a student who is so hyperactive and cannot sit still in places such as classrooms or playgrounds.”

4.1.2 Stereotypes of ADHD students in the Lebanese culture. The analysis of the counselors’ responses to the stereotypes of ADHD students showed 12 different responses. Thirteen counselors stated hyperactivity as a stereotype, four mentioned idiocy as a

stereotype and three stated disability as a common stereotype. The stereotypes are shown in Table 2 with their corresponding frequencies and percentage.

Table 2

Stereotypes of ADHD students in the Lebanese culture

Stereotypes	Frequency	Percentage
Hyperactive	13	37
Idiot	4	11
Disabled	3	9
Disruptive	3	9
Gives people a hard time	2	5.7
Over talkative	2	5.7
Do not follow the rules	2	5.7
Aggressive	2	5.7
Unbearable	1	2.8
Sick	1	2.8
Fidgety	1	2.8
Daydreams in class	1	2.8
Total	35	100

N=20 counselors

Several counselors provided different responses of common stereotypes of ADHD students in the Lebanese culture. A counselor from a private school: An ADHD kid is said to be an aggressive kid who does not follow the rules. He is disruptive, fugitive, cannot sit still, throws answers without thinking and cannot concentrate. A counselor from a public school: An ADHD kid is abnormal and is a monkey basically.

4.1.3 Ways to Recognize a Student with ADHD. The analysis of the counselors' responses to the ways to recognize a student with ADHD revealed that 12 counselors explicitly stated that they are able to recognize an ADHD student. Seven counselors said that they are able sometimes to recognize an ADHD student. One counselor admitted the lack of experience to recognize an ADHD student.

The counselors also mentioned several methods that they use to recognize a student with ADHD. These methods are presented in Table 3 with their corresponding frequencies and percentage. The most frequent methods are observation and checking the family status with few counselors stating “teacher referral forms” as a method to recognize a student with ADHD.

Table 3

Lebanese counselors’ methods to recognize a student with ADHD

Ways	Frequency	Percentage %
Observation	18	52.9
Checking the family status	6	17.6
Teacher referral forms	3	8.8
Checklist of the characteristics in the DSM	2	6
Scales	2	6
Checking the student’s grades	1	2.9
Checking the culture and environment	1	2.9
ABC analysis	1	2.9
Total	34	100

N=20 counselors

The participants were asked “whether or not Lebanese counselors are able to recognize students with ADHD and how so.” The counselors’ responses included statements such as:

“I am able to recognize the student most of the times, but sometimes you have to look at the family, the culture, and the environment. What if the child is going through something? If the child is not going through anything suspicious, then I look for ADHD symptoms. I observe students in different classes after I get a report from the teacher. If more than one teacher reports the symptoms of ADHD, then I observe. (A counselor from private school)

“I have never been encountered with such a student, hence I cannot answer this question because I lack the experience.” (A counselor from public school)

4.1.4 Parent and Teacher Training in managing an ADHD student effective/ ineffective.

The analysis of the counselors' responses to whether they believe parent and teacher training in managing an ADHD student effective/ineffective showed that 16 counselors believed that parent and teacher training is very effective in managing an ADHD child. Two counselors believed that parent and teacher training is effective in managing an ADHD child if done consistently. One counselor believed that parent and teacher training is not always effective and one counselor believed that parent and teacher training is not effective at all.

The counselors also stated reasons for considering parent and teacher training effective or not effective. The reasons are presented in Table 4 with their corresponding frequencies and percentage.

Table 4

Reasons why counselors believe parent and teacher training in managing an ADHD student effective / ineffective

Reasons	Frequency	Percentage %
A whole team is needed to work with an ADHD student	6	35.2
Parents can control the child more than teachers	3	18
Parents believe it's an illness	2	12
Parents are in denial	1	5.8
Parents see it as a stereotype	1	5.8
Very effective to raise awareness	1	5.8
Helps the kid improve faster	1	5.8
Better deal with ADHD kids	1	5.8
Parents are in denial and lack awareness	1	5.8
Total	17	100

N=20 counselors

The counselors' responses included statements such as:

- “It is very effective and it is very much needed because one person cannot work alone” (A counselor from a private school)
- “As long as parents and teachers are trained in the appropriate way, they will be able to deal with those students in an effective and useful way” (A counselor from a public school)

Counselors who stated that parent and teacher training is very effective in managing and ADHD student believe that it helps raise awareness. As shown in Table 4, six counselors have stated that a whole team of parents and teachers are expected to be working together to help a student with ADHD. One counselor stated that parents should be involved because they have control over their kids and can better deal with them. Two counselors believe that parent and teacher training is effective when consistent. One counselor stated that parent and teacher training is ineffective because parents are usually in denial and they lack awareness when it comes to ADHD. One counselor believes that sometimes parent and teacher training is effective while other times it is not because parents are in denial and they might thus see it as a stereotype and some other parents believe that it is an illness.

4.1.5 The Effect of Dietary Intake on the Symptoms of ADHD. The analysis of the counselors' responses to the effect of dietary intake on the symptoms of ADHD showed that 10 counselors believed that reducing the dietary intake of sugar and food additives affect reducing the symptoms of ADHD. Nine counselors believed that reducing the dietary intake of sugar or food additives does not affect reducing the symptoms of ADHD. One counselor stated that it is not his/her business to know.

The counselors also mentioned reasons behind their answers. These reasons are presented in Table 5 with their corresponding frequencies and percentage.

Table 5

Reasons why counselors believe that reducing the dietary intake of sugar and food additives affect/does not affect reducing the symptoms of ADHD.

Reasons	Frequency	Percentage %
Reduces ADHD symptoms because sugar increases energy and hyperactivity	5	46
Sugar does not affect the symptoms of ADHD because there is no scientific base	2	18
Sugar does not affect the symptoms of ADHD because ADHD will remain	2	18
Sugar does not affect the symptoms of ADHD but is only done for healthy purposes	1	9
I do not know because I am not a doctor	1	9
Total	11	100

N=20 counselors

Counselors were asked whether they believe reducing the intake of sugar or food additives affects reducing the symptoms of ADHD. The counselors' responses to this question varied.

A counselor from a private school, for example, said, "No it doesn't, but it is done for healthy purposes." Another counselor from a public stated, "I think it does, I don't know for sure but sugar makes people more hyperactive and thus they move around a lot so they should not take sugar such as chocolate and food additives."

The five counselors who have stated that food additives and sugar affect reducing the symptoms of ADHD claim that sugar increases hyperactivity and thus it automatically affects ADHD children. Two counselors have stated that there is no scientific base to prove the theory and hence the sugar intake and food additives do not affect or reduce the symptoms of ADHD. One counselor stated that it is none of his/her business because the counselor is not a doctor and thus this issue has nothing to do with the counselor's job.

4.1.6 Tools Used to Diagnose ADHD Students. The analysis of the counselors’ responses to the tools used to diagnose ADHD students indicated that 11 counselors do not know which tools are used to diagnose ADHD students. Nine counselors presented different responses. These responses are shown in Table 6 with their corresponding frequencies and percentage.

Table 6

Tools used to diagnose ADHD students

Tools to diagnose ADHD	Frequency	Percentage %
Observation	6	27
DSM criteria	5	23
Referral for diagnosis	3	14
Scales	2	9.0
Checklists	2	9.0
Questionnaires	2	9.0
Assessor in school	1	4.5
Surveys	1	4.5
Total	22	100

N=20 counselors

The counselors responded to a question that explores their knowledge on the tools used to diagnose an ADHD student. One counselor from a private school reported, “We have the observation and I do have a checklist and referral for diagnosis is usually through a psychiatrist or side-school.” Another counselor from a public school stated, “I do not know because they need a special place for them; it’s not the school’s business or mine.”

4.1.7 ADHD Prevalence and Reasons behind it. The analysis of the counselors’ responses to the prevalence of ADHD and the reasons behind it showed that 14 counselors believed that the number of ADHD cases has increased. Three counselors believed that the number of ADHD cases has not increased and three counselors do not know.

The reasons behind the counselors’ answers are shown in Table 7 with their corresponding frequencies and percentage.

Table 7

ADHD prevalence and reasons behind it (N=20 counselors)

ADHD prevalence and reasons	Frequency	Percentage %
The number has increased due to misdiagnosis and mislabeling	5	24
The number has increased due to raised awareness	4	19
The number has increased because of the unhealthy food	2	9.6
The number has increased due to parents' impatience and problems	2	9.6
The number has not increased; false reports have	2	9.6
ADHD in the DSM is similar to other disorders which is why the number has increased	1	4.7
Environmental influences lead to the increase in number of ADHD cases	1	4.7
Home related symptoms especially with Syrians lead to the increase in number of ADHD cases	1	4.7
Using the DSM lead to the increase in number of ADHD cases	1	4.7
Education system is not appealing which lead to the increase in number of ADHD cases	1	4.7
More awareness and acceptance hence the number is the same	1	4.7
Total	21	100

The focus was on whether counselors believe the number of ADHD students has increased or not and the reason behind it. The counselors' responses varied. One counselor from a private school said, "Yes because of all the misdiagnosis and mislabeling." Another counselor from a public school mentioned, "I do not have the knowledge on this matter."

Different views are reflected in counselors' answers to this question. The fourteen counselors who believe that the number of ADHD cases has increased throughout the years stated that the education system is not appealing and thus needs to be changed to grasp students' attention. One counselor stated that home related symptoms especially those occurring with the Syrian refugees has led to the increase in number of ADHD students. One counselor stated that the criteria in the DSM is unclear and thus the criteria for ADHD students is similar to other disorders which led to the drastic increase in number of ADHD students. Five counselors tackled the issue of misdiagnosis and mislabeling in Lebanon. They believe that people over diagnose which basically leads to the increase in number. One reason overlapped with the counselors that believe the number has increased and the counselors that believe that it has stayed the same. Four counselors have stated that the number of ADHD students has increased due to the raised awareness; because people are more aware of ADHD and its symptoms, they can now diagnose them, thus leading to this increase in number. However, one counselor has explained that the number of ADHD cases remain the same due to awareness and acceptance; long time ago people were not aware of ADHD thus no diagnosis was taking place, though the disorder was there. Now that people know more about it, is more diagnosed but the number remains the same.

4.1.8 Training sessions for Lebanese counselors. The analysis of the counselors' responses to the training sessions show five different responses. These responses are shown in Table 8 with their corresponding frequencies and percentages.

Table 8

Training sessions for Lebanese counselors

Training sessions	Frequency	Percentage %
I have not received training	17	68
I have received training in my courses	3	12
I have received workshops	2	8
I have attended conferences	2	8
I stay updated by reading articles	1	4
Total	25	100

N=20 counselors

The focus was on whether counselors have received training to deal with ADHD kids or not. It is interesting to note that as shown in Table 8, 17 out of the 20 counselors have not received any training to cope or deal with students who have ADHD. However, two out of the seventeen counselors have attended workshops, two have attended conferences and one update him/herself by reading articles. Three counselors have stated that they have received training throughout their university years.

4.1.9 Assessment tools provided by the schools. The analysis of the counselors' responses to the assessment tools provided by the schools showed eight different answers. These responses are shown in Table 9 with their corresponding frequencies.

Table 9

Assessment tools provided by the schools

Assessment tools provided by schools	Frequency	Percentage%
The school does not offer tools to diagnose kids	19	55.9
Referral to external sources	5	14.7
Teachers do not know how to handle ADHD cases	3	8.8
Neglect	2	5.8
Abuse	2	5.8
They need special places	1	3
Schools provide tools to teachers to better help ADHD kids	1	3
The school offers tools for the in school assessor to diagnose ADHD	1	3
Total	34	100

N=20 counselors

The focus was on whether schools provide tools to diagnose and further help kids with ADHD or not. The counselors' responses to this question included statements such as: "students are referred to someone else" (a counselor from a private school), "abuse is part of schools in Lebanon, teachers take ADHD personally and think that the student is rude thus they cannot and do not know how to handle them in class" (Another counselor from a public school).

Nineteen counselors have stated that the school does not offer tools to diagnose kids with ADHD thus five counselors stated that they refer the student to external sources. Two counselors mentioned that the schools they work in neglect students with ADHD. Two counselors stated that there are different forms of abuse projected when dealing with students. Three counselors stated that teachers do not know how to handle kids with ADHD. One counselor mentioned that the school provides tools for the teacher to help a kid with ADHD. Only one counselor stated that the school offers tools for the in-school assessor to diagnose a kid.

4.1.10 Lebanese School Counselors' Recommendations. The analysis of the counselors' recommendations showed twelve different responses. These responses are shown in Table 10 with their corresponding frequencies.

Table 10

Lebanese school counselors' recommendations

Counselors' Recommendations	Frequency	Percentage%
Raise awareness	12	30.8
Give workshops	6	15.4
Avoid labels and stereotypes	5	13
Training sessions for counselors	5	13
More flexibility in class	2	5.1
More tips and understanding	2	5.1
Training to be held for teachers and parents as part of the Ministry of Education	2	5.1
Allow counselors to assess and diagnose	1	2.5
Provide students with a regular educational setting	1	2.5
Counsel students more when needed	1	2.5
Have an in-school assessor	1	2.5
Make special education mandatory	1	2.5
Total	39	100

N=20 counselors

Counselors were asked to share their recommendations to better address students with ADHD. Two interesting responses were mentioned by one private and one public counselor below. A counselor from a private school stated, "Awareness should be raised in all schools and students should be provided with regular educational setting in the school plus counselors should counsel them when needed". A counselor from a public school stated, "I advise workshops and trainings to be held for teachers and parents as part of the ministry of education and administration. People should know about it first to stop the stereotypes."

4.2 The Techniques Used by Lebanese Counselors to Address an ADHD Student

4.2.1 Support Strategies for Students with ADHD. The counselors declared 17 strategies that they use to support a student with ADHD. The most frequent support strategy stated by counselors was “guidelines for teachers”. One counselor stated “order and hygiene” as a support strategy for students displaying ADHD. These strategies are presented in Table 11 with their corresponding frequencies and percentages.

Table 11

Support strategies for students with ADHD.

Support Strategies	Frequency	Percentage %
Guidelines for teachers	7	25.2
Tasks to move around	3	11
Action plans for parents and teachers	3	11
Extra time on quizzes and tests	2	7.1
Change the seating	2	7.1
Counseling the student to cope and adapt	2	7.1
Tips on how to behave	1	3.5
Referral to ISD (special education) department	1	3.5
Reinforcement	1	3.5
Focus on order and hygiene	1	3.5
Modify tests	1	3.5
Educate parents and teachers (about ADHD)	1	3.5
Self-stimulation techniques	1	3.5
Tasks modification	1	3.5
Talk to parents (on how to deal with their kids)	1	3.5
Total	28	100

N=20 counselors

Counselors were asked whether or not they provided support to students with ADHD and examples of the type of support they provided. The counselors’ responses to this question included statements such as:

“Of course I do; I give students tips such as what to do when they can’t hold their energy in. I explain to teachers how to react and act with such students like giving them more time in tests or showing some understanding when

these kids ask to move around a bit. I also teach students strategies of how to calm down which basically revolves around self-regulation” [a counselor from private school].

“Of course, but to a certain extent. If it is severe and the kid needs medication, then we do not provide support. But if the student has mild ADHD then we prepare an action plan and work accordingly” [a counselor from public school].

The analysis of the counselors’ responses showed that 17 counselors provided support for students with ADHD. Two counselors, one from the public one from private sector, stated that they have not encountered an ADHD student and one counselor stated that support is not provided to students who display ADHD.

4.2.2 Implementing Techniques with ADHD Students. The counselors stated 15 implementation techniques that some use and others think might be helpful to a student with ADHD. The most common implementation technique suggested by the counselors was “guidelines for teachers and students”. Two counselors only suggested monitoring techniques and one suggested reinforcement. One counselor suggested an MRI for the brain and another suggested medication as an implementation technique. The techniques are presented in Table 12 with their corresponding frequencies and percentages.

Table 12

Implementing techniques with ADHD students

Techniques	Frequency	Percentage %
Guidelines for teachers and students	3	15.9
Draw a plan	2	10.7
Monitoring techniques	2	10.7
Behavioral chart	2	10.7
Reward system	1	5.2
Using more visuals	1	5.2
ISD department and external agents	1	5.2
One to one talk with the student	1	5.2
Positive reinforcement	1	5.2
Shorten the homework or the test	1	5.2
Avoid distractions	1	5.2
Special programs and tests	1	5.2
MRI for the brain	1	5.2
Medication	1	5.2
Total	19	100

N=20 counselors

The focus was on whether or not counselors have been successful in implementing techniques with ADHD students and they were asked to give examples of the techniques they use. The counselors' responses to this question varied. One counselor from a private school, for example, said,

“Definitely, some cases are really severe that they improve slightly, some cases are not severe at all in mild cases they improve significantly and with the help of the ISD department and the external agents outside school I can say that some students really improved based on our techniques and external techniques”.

A counselor from a public school also mentioned,

“You might fail or succeed but the next day you go back to point zero with kids with ADHD. I tried several times but I could not keep a student with ADHD on medications in school. The need assistance 24/7, they also need special programs and tests they also need MRI for their brains and other tests and they are required medication”.

The analysis of the counselors' responses showed that twelve counselors claimed that they have been successful in implementing techniques with ADHD students. Four counselors claimed that they have not been successful in implementing techniques with ADHD students. Four counselors mentioned that they believe that it depends on the case and the severity of ADHD.

4.2.3 Tasks That Counselors Implement with ADHD Students. The analysis of the counselors' responses to the tasks implemented with ADHD students showed 17 different responses. The most frequent task mentioned by counselors was "ask teachers to give students chores to complete". It is interesting to note that one counselor mentioned "coloring in class" and another mentioned "reading stories" as part of the tasks they implement with students displaying ADHD. The descriptions are shown in Table 13 with their corresponding frequencies and percentage.

Table 13

Tasks that counselors implement with ADHD student

Tasks counselors implement	Frequency	Percentage %
• Ask teachers to give ADHD students chores to complete such as erasing board or handing papers	12	27.2
• Give parents guidelines	7	15.9
• Behavioral plan	5	11.3
• Formulate a holistic plan	5	11.3
• One on session with the student	2	4.5
• Positive reinforcement	2	4.5
• Observation	1	2.3
• Reading stories	1	2.3

• Group therapy	1	2.3
• Workshops	1	2.3
• Using visuals	1	2.3
• Guidance	1	2.3
• Coloring in class	1	2.3
• Extra time during exams	1	2.3
• Use gestures	1	2.3
• Raise more awareness by talking to teachers and parents	1	2.3
• Work with the specialist	1	2.3
Total	44	100

N=20 counselors

Counselors were asked about the tasks they perform towards students with ADHD.

A counselor from a private school stated,

“Sometimes it is one on one, I sit with the child explaining things to them agreeing on a contract. Sometimes group therapy with another kid. The services that I perform in school are basically meeting with teachers, raising awareness, giving them mini workshops on how to implement the charts, how to understand the kids, how to observe and fill out a form. With administrators, I do provide feedback and follow up on the kid and with parents I do recommend guidelines and a plan that we have to follow too.”

Another counselor from a public school said, “We observe and discuss the case with the teachers and parents to come up with a unified plan to help kids with ADHD.”

4.2.4 Tasks That Counselors Should Have towards Students with ADHD. The analysis of the tasks that counselors believe they should have towards students with ADHD showed 15 different responses. Interestingly, three counselors have mentioned “receiving training and attending workshops” as tasks that they are expected to complete to better serve students with ADHD. One counselor has mentioned the importance of “meeting with the external agent or therapist” as a task to be fulfilled towards students with ADHD. Counselors’ responses are shown in Table 14 with their corresponding frequencies and percentage.

Table 14

Tasks that counselors should have towards students with ADHD

Tasks counselors should have	Frequency	Percentage %
More one on one sessions with students	6	20
Conduct workshops on ADHD	3	10
Receive training and attend workshops	3	10
More coordination with the parents	2	6.7
More coordination with teachers	2	6.7
Collect more data before referral	2	6.7
Accept students with ADHD	2	6.7
Get extra help from teachers and the school	2	6.7
Diagnose students with ADHD	2	6.7
Be objective with students with ADHD	1	3.3
Give students a routine to follow	1	3.3
Meet with the external agent or therapist	1	3.3
Work on students' relationship skills	1	3.3
Meet students' needs and treat them as unique individuals	1	3.3
Give students timed tasks to complete	1	3.3
Total	30	100

N=20 counselors

Two of the counselors' responses to the tasks they believe they should have towards students with ADHD are presented below:

Counselors should give and receive workshops and training. Teachers take it personally when ADHD students move around a lot. They might think that their class is boring or that the child is insulting them when he is not. It is neurological; people are born with it and they are suffering to get the message right. [A counselor from a private school]

I believe that counselors should give workshops to parents and teachers and should have more one on one sessions with students to achieve better results so that parents and teachers don't think of it as a form of disability. [A counselor from a public school]

4.3 Summary of the Findings from the Analysis of the Interview Questions

Based on the analysis of the interview questions, the majority of the counselors believed that hyperactivity is one of the characteristics of ADHD and only one referred back

to the characteristics listed in the DSM-5 assessment tool. Most counselors observed students in different settings to refer him/her to a specialist since most schools do not provide an in school assessor or tools to diagnose a student with ADHD. After the diagnosis, counselors provided students with different support strategies; the most common support strategy that counselors mentioned is guidelines for teachers to help them deal with ADHD students in class though they have stated that their implemented techniques and plans do not always work. Some of the tasks counselors were asking teachers to give students with ADHD tasks to complete, give parents some guidelines on how to cope with their kids at home and prepare a behavioral plan for the student to follow etc...

Counselors stressed the importance of working as a team with the parents and teachers because most of them believe that parent and teacher training in managing an ADHD student is effective and thus parents should be involved in all the planning that takes place in school. In order to keep teachers and parents updated, counselors believed that more awareness should be raised to reduce the typical stereotypes and misconceptions that people hold against students with ADHD. One of the stereotypes counselors agreed is common is hyperactivity although most of them stated that it is one of the characteristics. The majority of counselors have not received any training sessions on how to deal with ADHD students and so they mostly agree on the importance of receiving training to be able to better address kids with ADHD and give workshops to parents and teachers on that subject. Some of the counselors believed that they should be able to have more one-on-one sessions with the students and should also be able to diagnose kids with ADHD because it will make it much easier for the kids and their parents especially that the most common reason counselors gave to the increase in number of ADHD cases is misdiagnosis and mislabeling. Counselors did

not seem to agree on whether reducing the dietary intake of sugar and food additives affect reducing the symptoms of ADHD or not.

4.4 Analysis of the DSM-5 as an Assessment Tool Questionnaire

In order to explore whether or not Lebanese counselors believed that the DSM-5 is culturally appropriate to diagnose Lebanese students, the same counselors who took the interview (10 from public schools and 10 from private schools) were given a questionnaire which displayed all items from the DSM-5 that tackled ADHD. The questionnaire was kept with the counselors for two days to add, delete or annotate items in the DSM-5 to make it better fit the Lebanese culture. In the questionnaire, the DSM-5 items were divided into three parts: inattention, hyperactivity, and impulsivity.

Ten counselors did not add, delete or annotate any of the items in the three parts of the questionnaire. When asked about the reason, they said it covered everything about ADHD students and they do not believe anything should be added, deleted or annotated to make the assessment tool better fit the Lebanese culture.

The remaining ten counselors added, deleted and/or annotated one or more of the items in the three parts of the questionnaire. A summary of what these ten counselors did is presented in Table 15.

Table 15

The number of counselors who added, deleted, or annotated the DSM5 parts

	Additions	Deletions	Annotations
Part 1 (inattention)	7	1	6
Part 2 (hyperactivity)	4	2	4
Part 3 (impulsivity)	1	1	3

4.4.1 Additions, deletions and annotations of Part 1. Part 1 of the DSM 5 aimed to diagnose students who are inattentive. It included nine items that assess students’ attention and indicate whether the student can focus or gets distracted quickly. By definition, inattentiveness is characterized by absent-mindedness, daydreaming, and failure to attend to one’s responsibilities.

Ten counselors made seven additions, one deletion, and six annotations to items in Part 1 of the DSM 5 as follows.

One counselor added that an ADHD kid has “difficulty following a plan and sequencing steps to accomplish specific tasks.” Another counselor added three items which are: “the high form of hyperactivity provokes the kid from achieving and benefiting”, “the high probability of not paying attention makes the kid irresponsible”, and “not able to control oneself or behavior which leads to committing mistakes.” A third counselor added that the Arabic version needs to be modified because the tem “sick” in Arabic is used more than once and a kid with ADHD is not sick. A fourth counselor added that more items on memory functions should be added. Two other counselors added a comment that stressed on the fact that the inattention subtype includes more items than other subtypes which is why

they believe the DSM 5 should be modified. Finally, a counselor added two items which are: “Often has difficulty completing school work” and “often displays these symptoms across settings, classes, and languages.

One counselor deleted an item in the first part of the DSM 5. The counselor deleted item three which is “often does not seem to listen when spoken to directly”. In addition, three counselors annotated item two which states that “often has difficulty sustaining attention in tasks or play activities”. They removed “play activities”. Two counselors annotated item three differently. Item three states that “Often does not seem to listen when spoken to directly”. One counselor replaced the item with “low attention span” and the other stated that it is important to mention to the language because Lebanese people tend to teach their kids more than one language. One counselor annotated item five which is “Often has difficulty organizing tasks and activities” by removing “activities”. For item six “Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)”, the counselor added the word “nontangible” before sustained. For item eight “Is often easily distracted by extraneous stimuli” the counselor annotated the item by stating that many stimuli occur in Lebanese classes. Two counselors annotated item nine “Is often forgetful in daily activities” by stating that the activities have to be specified because ADHD students are not forgetful in all daily activities.

4.4.2 Additions, deletions and annotations of Part 2. Part 2 of the DSM 5 aimed to diagnose students who are hyperactive. It included six items that assess students’ excessive activity and sometimes disruptive behavior. By definition, hyperactivity is defined by abnormally or extremely active which affects one’s behavior and the completion of their daily tasks.

Ten counselors made four additions, two deletions, and four annotations to items in Part 2 of the DSM 5 as follows.

One counselor added three items which are: “Feels bored during lectures”, “shows signs of instability and aggressiveness”, and “not able to control oneself and being impulsive leads to brain dysfunction and difficulty in remembering and thinking.” Another counselor added that more items on social skills are expected to be a part of this subtype and “use of foul language” should be added as an item to this subtype. A third counselor added “often makes sounds, noises, sings, and whistles at inappropriate times” as an item. A fourth counselor added that more items are present in the hyperactivity subtype than the impulsivity type which does not make sense. This counselor believed that the DSM 5 should be reviewed to make the items under each subtype equal.

One counselor crossed out item four “often have difficulty playing or engaging in leisure activities quietly”. Another counselor crossed out item six “often talks excessively” and explained that it was crossed out because it is part of the Lebanese culture thus kids cannot be assessed based on something that is culturally present among most Lebanese people.

Three counselors annotated item one similarly. Item one “Often fidgets with hands or feet or squirms in seat” was annotated by the three counselors by stating that “the kid might be bored”. Two counselors annotated item six differently; one counselor annotated item six “Often talks excessively” by stating that the student might be bored which leads to excessive talking, the other stated that “the nature of excessive talking needs to be specified because in Lebanon, people and children talk excessively but many of which do not have ADHD.”

4.4.3 Additions, deletions and annotations of Part 3. Part 3 of the DSM 5 aimed to diagnose students who are impulsive. It included three items that assess students' impulsivity or actions that are done without forethought. By definition, impulsivity is a multifactorial construct that involves a tendency to act on a whim, displaying behavior characterized by little or no reflection or consideration of the consequences. Ten counselors made one addition, one deletion, and three annotations to items in Part 3 of the DSM 5 as follows.

One counselor added two items to the impulsivity subtype of the DSM 5. The counselor added "inability to restrain attention" as an item and "acting without thinking about the consequences" as a second item. Another counselor deleted item three in the third subtype of the DSM 5. The third item is "often interrupts or intrudes on others (e.g. butts into conversations)"; the counselor crossed the item out and stated that "butts into conversations" does not make any sense.

Three counselors annotated items from the third subtype in the DSM 5. The first counselor annotated the second item which states "often has difficulty awaiting turn" by adding "or standing in line" to it. The second counselor annotated the three items in the third part of the DSM 5 by stating that the items are so general and they can apply to any student in the Lebanese culture because children are usually chaotic and do not value rules. The third counselor also annotated the three items in the third part of the DSM 5 by stating that many kids do what is present under this subtype and thus it is not a good predictor of impulsivity.

CHAPTER V

DISCUSSION AND CONCLUSIONS

5.1 Discussion

The purpose of this study was to explore the Lebanese counselors' perceptions on ADHD, the techniques they use to counsel an ADHD student, and the extent to which they believe the DSM-5 is a culturally appropriate tool to diagnose ADHD in Lebanon. To achieve this purpose, 20 Lebanese counselors completed a demographic information form. Then, they were interviewed and asked to complete a DSM-5 questionnaire. Based on the collected and analyzed data, the three research questions will be answered and discussed in this chapter. Limitations, conclusions and implications are also presented in this chapter.

5.2 Counselors' Perceptions of ADHD and its Symptoms

The counselor's responses to the KADDS interview questions revealed their perceptions about ADHD in association to the characteristics of an ADHD student, common stereotypes of an ADHD student, ways to recognize an ADHD student, parent and teacher training, effect of dietary intake on an ADHD student, tools used to diagnose an ADHD student, ADHD prevalence and reasons behind it, training sessions for Lebanese counselors, assessment tools provided by schools, and counselors' recommendations.

5.2.1 Characteristics of an ADHD student. The results of this study indicated that most of the interviewed counselors (95%) recognized hyperactivity as a major characteristic of an ADHD student. Some counselors also mentioned impulsivity, lack of focus, and attention deficit as characteristics of an ADHD student. According to Millichap (2009), hyperactivity, impulsivity, lack of focus, and attention deficit are main characteristics of an ADHD student. This suggests that the interviewed counselors are knowledgeable about the main

characteristics of an ADHD student. However, it is noteworthy that there are other characteristics such as losing things and disengaging in tasks that require sustained mental efforts were not mentioned by the interviewed counselors. Few of the interviewed counselors mentioned incorrect characteristics of an ADHD student which is a common stereotype of ADHD and not a characteristic. For example, 15% of the interviewed counselors stated that aggressiveness is a characteristic of an ADHD student. In addition, five percent of the interviewed counselors indicated that dangerousness is another characteristic of an ADHD student.

5.2.2 Stereotypes of ADHD students in the Lebanese culture. The results indicated that the interviewed counselors (65%) believe that hyperactivity is a common stereotype of ADHD in Lebanon. Their answer however, overlaps with one of the characteristics that they mentioned earlier which is also hyperactivity. This indicates that the interviewed counselors believe that hyperactivity is one of the characteristics of ADHD; however, they also believe that people in general link any form of hyperactivity or movement to ADHD. Moving around or being hyperactive does not necessarily implicate that one has ADHD. Six or more of the symptoms presented in the DSM-5 have to be present to diagnose an individual with ADHD. Other answers indicated by the interviewed counselors overlap with the characteristics of an ADHD student mentioned earlier. Two of which are “does not follow the rules” with ten percent and “fidgety” with five percent. Some of the interviewed counselors (20%) stated that a common stereotype of ADHD is “idiocy”, 15% stated that “disabled” is a common stereotype and five percent mentioned that “sick” is one stereotype as well. The common stereotypes mentioned by the counselors correspond with previous findings which indicate that people in general associate ADHD with negative connotations

and perceive it as so. ADHD students are viewed as psychologically ill or dangerous to themselves and others in society which affects and harms them psychologically. Some parents even ask their kids to stay away from students ADHD in school (Gajaria et al., 2011). Counselors, however, are not expected to mix up the characteristics of an ADHD student with the common stereotypes as was mentioned in the previous subtheme.

5.2.3 Ways to Recognize a Student with ADHD. Sixty percent of the interviewed counselors stated that they are able to recognize an ADHD student, 35% said that they are sometimes able to recognize students with ADHD and five percent admitted the lack of experience to do so. However, the interviewed counselors mentioned methods that they use to recognize a student with ADHD. The most common method used is observation with the majority of the interviewed counselors adopting it (90%). These counselors stated that they observe students in different classes and during different times to decide whether a student needs referral for extra services or not. Even though teachers are considered to be a very important source of information since they encounter students in different situations and at different times during the day (Weyandt et al., 2009) only 15% of the interviewed counselors stated that they refer to them before they observe the student. This contradicts with the previous research which stresses the importance of interviewing parents and teachers and giving them questionnaires or referral forms to fill out before observation takes place. Previous research indicates that observation, which was the most frequent answer among interviewed counselors, is not enough to recognize a student with ADHD. Moreover, although the DSM-5 assessment tool is the most commonly used assessment tool which provides the main diagnostic system among professionals (Kress et. al, 2005), only 10% referred back to it to check whether or not the student needs extra services. Different scales

designed for counselors which are derived from the DSM-5 assessment tool are expected to be used during in-class observation. Counselors need to be knowledgeable about the different ways to recognize a student with ADHD and should hence follow different steps to get to observation which is the last step before assessment or referral to a professional outside school.

5.2.4 Reasons why counselors believe parent and teacher training in managing an ADHD student effective / ineffective. Though counselors were not asked about the reasons of why parent and teacher training in managing an ADHD student are effective/ineffective, many of them stated their stand and the reasons behind it. Eighty percent of the interviewed counselors believe that parent and teacher training is very essential and effective because a whole team is needed to help a student with ADHD achieve better results and maintain his/her wellbeing. Counselors' responses align with previous research studies which emphasize the importance of parent and teacher training in reducing the symptoms of ADHD. The cooperation between school and home is the key to help a student with ADHD manage his/her behavior (Corkum et al., 2005) Ten percent believe that it is effective if done consistently, five percent believe that sometimes it is effective unlike other times where it is not because some parents might think of it as an illness. Five percent believe that it is ineffective at all since parents are in denial and lack awareness. It is noteworthy to state that parents' and teachers' training can make a remarkable difference in reducing the symptoms of ADHD and counselors should be well aware of that because they are the ones who should give training sessions and change the common stereotypes that parents might have on ADHD.

5.2.5 The Effect of Dietary Intake on the Symptoms of ADHD. Counselors' responses indicated that 50% believe that the dietary intake affects the symptoms of ADHD which aligns with previous research. Research has shown that even though the effect of dietary intake and its effect on the symptoms of ADHD had been a controversial issue, however, there is increasing evidence that the sugar intake and nutrition has an impact on students with ADHD, which was stated by 25% of the interviewed counselors. Moreover, evidence has shown that the dietary intake can influence ADHD students' behavior (Shwing, 2009, Schnoll et al., 2003). On the other hand, forty-five percent of the interviewed counselors believe that there is no correlation between the dietary intake and the symptoms of ADHD, and five percent stated that it is the doctor's business and not theirs. Counselors are expected to update their knowledge by reading recent articles and researching common disorders; one does not need to be a doctor to be update him/herself on the biological aspect of ADHD.

5.2.6 Tools Used to Diagnose ADHD Students. The results indicated that more than half of the interviewed counselors do not know any of the tools used to diagnose ADHD (55%). This shocking lack in the counselors' knowledge undermines the validity of the diagnostics and questions the competency of the counselors operating on the ground. Research stresses and highlights counselors' role in identifying the common tools used to diagnose ADHD students as part of their duty. Counselors can refer students to an assessor or can assess students themselves; the latter, however, remains questionable with 55% of the interviewed counselors unable to identify any of the tools used to diagnose ADHD students. The other 45% have stated the tools they believe are used to diagnose ADHD students. It is important to note that some of the tools mentioned by counselors to diagnose an ADHD student have been mentioned as methods to recognize ADHD students earlier. Two examples of which

would be “observation” with 30% and scales with 10%. The DSM criteria were mentioned by 25% of the interviewed counselors as a tool to diagnose ADHD. 15% of the interviewed counselors stated that “they refer the student for diagnosis” and five percent mentioned that “there is an assessor in school” which are not tools to diagnose ADHD. Counselors are expected to be aware of the diagnostic criteria to be able to implement the appropriate intervention. Teachers’ referral forms are essential for counselors to observe specific students with academic and behavioral problems (Shillingford-Butler & Theodore, 2013); however, this is not the diagnostic criteria. Diagnostic criteria occur after the observation takes place. When the counselor recognizes an ADHD case, s/he either refers the student to an assessor for diagnosis or follows diagnostic criteria such as the DSM (Millichap, 2009).

5.2.7 ADHD Prevalence and Reasons behind it. The analysis of this question indicated that most interviewed counselors (70%) believe that the number of ADHD students has increased, 15% believe that it has not increased and 15% do not know whether it has increased or not. It is worthy to mention that some reasons overlapped, but with different explanations. Twenty percent of those who believe that the number of ADHD cases has increased state that it has increased because awareness has increased. Twenty-five percent of the 70% believe that it has increased because of misdiagnosis and mislabeling. Moreover, the 15% who stated that it has stayed the same mentioned awareness and false reports as part of why they believe so too. The following result has two explanations: interviewed counselors who believe that the number of ADHD cases has increased state that people are becoming more aware of ADHD and its symptoms. Hence, the number is increasing because they can associate the symptoms with ADHD. On the other hand, they stated that misdiagnosis and mislabeling children with ADHD has caused the number to increase.

However, the interviewed counselors who believe that it has stayed the same for the exact same reason imply that the number has not increased but awareness and acceptance towards students with ADHD has. They also believe that the number of ADHD cases has not increased but the number of false reports has because it is a general stereotype, as mentioned earlier, for people to associate any form of hyperactivity to ADHD.

As stated by the literature, the prevalence of ADHD depends on the culture and the assessment tools used to diagnose ADHD (Kelowna, 2007). Counselors' answers were general and had no solid evidence because only few of them highlighted the diagnostic tool and the environment as reasons behind the increase in number of ADHD cases. As discussed earlier, counselors in general were not able to identify the assessment tools used to diagnose ADHD students which is a factor that affects the prevalence of ADHD across cultures. Since they are unaware of tools used to assess students with ADHD, their answers remain predictive and not based on reasonable evidence.

5.2.8 Training sessions for Lebanese counselors. The results of this question indicated the urging need for training sessions for Lebanese counselors. Eighty-five percent of the interviewed counselors have not received professional training to help them deal with students with ADHD. Fifteen percent have received training through their university courses. It is very important to note that training sessions are essential for counselors to remain updated and to be able to better handle students with ADHD as stated by the literature. Given the high incidence of ADHD in school populations, school counselors are expected to have the knowledge and training to support both students with ADHD and teachers by giving them tips and strategies to apply in their classrooms (Shillingford-Butler & Theodore, 2013). Training programs are considered an important factor that influences

and affects counselors' perceptions of ADHD. Training sessions should prepare counselors for their positions and they have to undergo it before they apply for a counseling position to assist them in tackling cases related to ADHD and other disorders (Culbreth et al., 2005).

5.2.9 Assessment Tools Provided by the Schools. The results of this question indicate that schools do not offer assessment tools to diagnose students with ADHD (95%) which indicated that school counselors do not assess students with ADHD themselves and referred them to external agents for assessment and diagnosis. This contradicts with suggested studies which indicate that school based assessment has the greatest empirical support in literature (DePaul & Stoner, 2014). Counselors' responses assured the results of the study that was made in Lebanon by Berri and Al-Hroub (2016) which concluded that there is no official and standard identification procedure in schools.

Two major issues emerged from counselors' answers which are "neglect" and "abuse". Ten percent of the interviewed counselors have mentioned these issues which are eye openers to what happens in some schools in Lebanon. The ten percent stated that schools do not care for ADHD students, hence they do not provide counselors with tools to assess students. Though ADHD is not mentioned by the Lebanese law nor the revised national curriculum (Berri & Al-Hroub, 2016), it remains unacceptable to neglect or abuse ADHD students or any other student.

5.2.10 Lebanese School Counselors' Recommendations. The analysis of the recommendations indicated that more than half of the interviewed counselors (60%) recommended more awareness to be raised on ADHD. The rates of ADHD came to be the most common disorder among outpatients in a child psychiatric clinic in Lebanon which does imply the need to raise awareness about ADHD (Farah et al., 2009). By raising

awareness, people will be less stereotypical and will make less negative connotations about ADHD. Twenty-five percent of the interviewed counselors stated the need for training sessions which was mentioned earlier. Training sessions are essential since some of the counselors interviewed stated that they have never encountered a student with ADHD and do not know how to recognize them, not to mention that many of the counselors interviewed did not know about the assessment tools used for diagnosis.

5.3 The Intervention Techniques Used by Counselors

The counselor's responses to the KADDS interview questions revealed the intervention techniques used to counsel students with ADHD in association with the support strategies for students with ADHD, implementing techniques with ADHD students, tasks that counselors implement with students displaying ADHD and tasks that counselors should have with students who display ADHD.

The second part of the discussion was aimed to answer the second research question presented here: What are the intervention techniques used by the Lebanese counselors to counsel students with ADHD?

5.3.1 Support Strategies for Students with ADHD. The interviewed counselors have mentioned many of the support strategies suggested by the research such as task/instructional modification, classroom functional assessment procedures and peer and parent tutoring (85%) however, each counselor mentioned one to two strategies utmost, and no one counselor stated several strategies. On the other hand, 10% of the counselors stated that they have not encountered a student with ADHD and 5% stated that they do not provide students with support strategies. It is essential to state that even if counselors have not encountered students with ADHD, they have to have the proper knowledge of the different

strategies used to aid students with ADHD. The fact that almost all counselors have not attended training sessions before they became counselors and the fact that they do not attend workshops to upgrade their knowledge plays a major factor of them not knowing the strategies used with ADHD students.

5.3.2 Implementing Techniques with ADHD Students. The interviewed counselors were asked to identify the techniques they used with student who display ADHD. However, the results of this question showed that the interviewed counselors had possible misunderstanding of the techniques used to intervene with students displaying ADHD. Research suggests that the techniques can either be medical or educational. Fifteen percent of the interviewed counselors stated that they give guidelines for teachers and students and they consider it as a technique when it is actually a support strategy. Five percent stated that a student with ADHD needs an “MRI for the brain” and five percent stated that they need medication which directly implies that they adopted the medical intervention technique. This finding contradicts with the evolvement of the definition of ADHD and its symptoms. The earliest definition of ADHD linked behavioral impulsivities to head injuries and thus hyperactivity in children was thought to be caused by damage to the brain. However, the definition has evolved and now includes the psychological variant. An ADHD student does not require a brain MRI to identify whether or not s/he has ADHD; other methods such as observation and an assessment tool should be enough for diagnosis. Moreover, literature implicates that the medical approach has side effects on children with ADHD and many parents were not told about the side effects it had on their children. Medication is referred to as the last resort for students with ADHD (Shillingford-Butler & Theodore, 2013).

On the other hand, educational interventions which include behavioral interventions and teaching strategies have shown to be effective in reducing ADHD symptoms. Many intervention techniques such as token economies and response cost system, daily report card system, cognitive behavioral training system, positive and negative reinforcement and play therapy can be applied by counselors (McLaughlin & Morisoli, 2004). Five percent of the interviewed counselors have mentioned reinforcement techniques and five percent mentioned a reward system. None of the counselors mentioned play therapy which has shown to be a very effective technique to help meet students' social, emotional, behavioral, and academic needs (Ray, Schottelkorb, & Tsai, 2007, Meany-Walen, Bratton, & Kottman, 2014). Other interviewed counselors have provided general answers that do not fall under counseling techniques such as "avoid distractions" with five percent, "shorten the assignment or the test" with five percent and "referring the student to an external agent" with five percent.

5.3.3 Tasks That Counselors Implement with ADHD Students. The majority of the interviewed counselors gave teachers and parents tasks to complete to help reduce the symptoms of ADHD; 60% contacted teachers to help them implement tasks such as giving ADHD students chores to complete and 35% gave parents guidelines on how to deal with their children at home. This aligns with previous research which stressed the roles of teachers in aiding counselors and implementing techniques as asked by the counselors to reduce the symptoms of ADHD. Previous research has also indicated that parents are among the key players in reducing the symptoms of ADHD as well.

5.3.4 Tasks That Counselors Should Have Towards Students with ADHD. The results suggested that 30% of the interviewed counselors believe that they should have more one on

one sessions with students with ADHD. Fifteen percent believe that they should receive and attend workshops to better serve students with ADHD. Ten percent believe that they should collect more data before they refer the student for diagnosis. This point is noteworthy because a student with ADHD must first be observed by the counselor (after referral from the teacher) in different settings and during different times. Counselors should also contact parents to check for any changes in the child's life, and check the environment and culture. After which, the child is to be referred to an external agent if the case requires so. One of the tasks that five percent of the interviewed counselors stated to must have towards students with ADHD is to actually meet with the external agent or therapist (psychologist or psychiatrist) to discuss the student's case and to be updated. I believe that this point is essential because the school counselor can be of great help to the therapist because s/he knows and have encountered the student more.

5.4 The DSM-5 as a Culturally Appropriate Tool to Identify ADHD Students in Lebanon

The counselor's responses to the DSM-5 questionnaire revealed the extent to which they believe that the DSM-5 is culturally appropriate to identify ADHD students in Lebanon by adding, deleting, or annotating the items presented in the assessment tool.

The third part of the discussion was aimed to answer the third research question: To what extent do the counselors think that the DSM-5 is culturally appropriate to identify ADHD students in Lebanon?

The results obtained from the DSM-5 questionnaire imply that 50% of the interviewed counselors believe that the DSM-5 is culturally appropriate to identify ADHD

students in Lebanon. They have not added, deleted, or annotated any of the items in the DSM-5. The other 50% of the interviewed counselors have made some changes by adding deleting or annotating the assessment tool.

The three major themes that emerged from the questionnaire were language, culture and the unevenness of the DSM-5.

Arabic is the mother-tongue language in Lebanon and students learn different languages in schools, English or French being the foreign language. Some schools even teach German, Armenian or Spanish. Hence a child might not seem to listen when spoken to if s/he is spoken to in a language s/he is not fluent in or does not comprehend. Language is an important aspect of one's identity and hence five percent of the counselors who have made changes, suggested to change the word "sick" in the Arabic version of the DSM-5. They argue that an ADHD student is not a sick individual but rather an individual with a disorder. It was suggested that the term "butts" be crossed out because it did not make any sense to five percent out of the 50% of the counselors. It was commented that the term "butts" is not a common word used in Lebanon and can be annotated to make more sense.

The definition of ADHD is also culturally-specific, for culture affects an individual's growth and his/her biological and emotional development to a significant extent (Bauermeister et al., 2010). It has been stated that there are many stimuli in Lebanese schools; classes in specific which makes it difficult for a student with ADHD to focus and hence s/he gets easily distracted by extraneous stimuli. The latter does not necessarily imply that the student has ADHD. "Often talks excessively" is another item that was deleted. The explanation came to be culture related; excessive talking is a part of the Lebanese culture so it remains unfair to assess and diagnose a student with ADHD when this is only a part of

his/her culture. Fifteen percent out of the 50% who made changes in the DSM-5 stated that the impulsivity part in the DSM-5 is so general and the items can apply to any student in the Lebanese culture which is generally chaotic and does not value rules. The Lebanese culture is known to be a very vibrant culture with many stimuli and hence it remains unfair to diagnose a student with ADHD when almost all people raised in Lebanon fall under the criteria. Therefore, counselors must be well aware of their culture and must be knowledgeable about the strengths and weaknesses of the DSM to decide whether it is culturally appropriate or not (Kress et al., 2005).

Fifteen percent of the counselors who made changes shed light the fact that there are more items in the inattention and hyperactivity criterion than the impulsive criterion in the DSM-5. “The representation of hyperactivity, inattention, and impulsivity in the criterion set is uneven and, thus, differentially weights some features over others. Impulsivity is underrepresented, and inattention is overrepresented” (Seth & Coghill, 2011, p. 4).

5.5 Conclusion, Recommendations, Implications and Limitations

5.5.1 Conclusion

ADHD is characterized as a developmental, neurobiological condition defined by the presence of severe and pervasive symptoms of inattention, hyperactivity and impulsivity (Millichap, 2009). The interviewed counselors are knowledgeable about the general symptoms of ADHD; however, they mixed the symptoms of other disorders with ADHD such as “aggressive” and “dangerous”. They term “hyperactive” was highly used by counselors to identify the whole concept and symptoms of ADHD. Some characteristics overlapped with stereotypes which implicates that counselors do not have a holistic understanding of the disorder. Almost all counselors believe that observation is the best way

to recognize students with ADHD but have not mentioned teachers' reports or referral forms as part of the plan. Half of the interviewed counselors perceived ADHD as a biological disorder that can be reduced in association with a good and healthy diet with minimal sugar intake. However, more than half of the interviewed counselors do not have the proper knowledge of the tools used to diagnose ADHD. They even mixed up techniques with diagnostic tools. This is related to the fact that almost all interviewed counselors have not attended any training sessions before they applied to counseling positions. Hence, the majority of the interviewed counselors recommended more training sessions for them to better handle ADHD cases.

The results of the study have indicated that counselors do not use many support strategies with students that display ADHD. They had possible misunderstanding of the techniques used to intervene with students displaying ADHD. Counselors did not mention many educational interventions; the most common used ones are reinforcement, monitoring techniques, behavioral charts and reward systems. However, this is not enough because very few are the counselors who mentioned the above as techniques. Counselors cooperate with teachers mostly to help them implement techniques to reduce the symptoms of ADHD. Some tasks mentioned however, do not make sense and do not fit within the criteria which again require training sessions.

Counselors should be more knowledgeable about the DSM-5 as a diagnostic tool and whether or not it is culturally appropriate to diagnose students in Lebanon. Although counselors who have made the changes highlighted very important themes which are language, culture, and unevenness of the DSM-5 criteria, it was expected that more counselors make changes to DSM-5 to better fit the Lebanese culture.

5.5.2 Recommendations

It is recommended that more studies be done on a bigger scale to identify and explore the extent to which counselors believe that the DSM-5 is culturally appropriate or not. The recommendation would be to use this criterion along with teachers' and parents' input and counselors' in class observation during different times and settings. It is possible that students might feel bored or uninterested in the subject which might suggest some symptoms of ADHD when they do not actually have ADHD. The DSM-5 states that six (or more) of the symptoms have to be persistent for at least 6 months; however, it is noteworthy that some students might display five symptoms from the subtypes which indicates that the student might have ADHD. The unevenness of the subtypes is also questionable because a student might display three symptoms of inattention and five symptoms of hyperactivity which is an eye opener for the counselor. The third recommendation would be for counselors to attend certified training sessions to learn more about ADHD and its tools.

5.5.3 Implications and Limitations

In this study, we explored counselor's perceptions of ADHD, the techniques they use with students who display ADHD, and the extent of which they believe the DSM-5 is culturally appropriate to assess students with ADHD. Perhaps future research could tackle the private and the public sector separately and compare counselors' perceptions and knowledge in both sectors. The public and private sectors are viewed differently in Lebanon and it was noticeable that the interviewed counselors from the private sector were more knowledgeable and had more contact with the students since they remained in school for more than 80% of the time. The counselors interviewed from the public sector however, did

not have much contact with the students since they only visited public schools when they were contacted with an emergency.

Further studies are needed to learn more about ADHD from students' and parents' perspectives since their perspective is also important to identify how ADHD is viewed from all angles.

Some of the counselors talked about the need for the Ministry of Education and Higher Education (MEHE) and private schools to provide them with tools to diagnose and assess students with ADHD. Thus, one recommendation is that policy makers and decision makers in the MEHE and in private schools can set up workshops to teach counselors about the different assessment tools and upgrade their knowledge on ADHD.

There are a number of limitations in this study. One limitation is that this study was conducted in the area of Beirut so it does not represent all counselors in Lebanon. Another limitation is the number of counselors interviewed which does not represent all Lebanese counselors, it would be better to include more counselors for a better representation.

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Appendix A

Demographic Questions

1) Gender:

_____ Female _____ Male

2) Age:

3) Which grade level students do you counsel?

Grade/s _____

4) How long have you been counseling for?

_____ Years _____ months

5) What is your highest level of education?

_____ BA _____ BS _____ MA _____ TD _____ other (please specify)

Appendix B

Interview Questions

1. What are the characteristics of an ADHD student?
2. What is the stereotype of ADHD students in our Lebanese culture?
3. Are you able to recognize these students? Yes? No? How so?
4. To what extent are parent and teacher training in managing an ADHD child effective?
5. Does reducing the dietary intake of sugar or food additives effect reducing the symptoms of ADHD?
6. Which tools are used for diagnosing ADHD students? Why are those tools used?
7. Do you believe the number of ADHD students has increased? How?
8. Have you received training in coping with students who display ADHD?
9. Does the school provide tools to diagnose and further help kids with ADHD? If yes explain how.
10. What do you recommend to be done to address ADHD students in Lebanon?
11. Do you provide any support for these students? Explain.
12. Have you been successful in implementing techniques with these students? Explain.
13. What are the tasks that counselors perform towards students with ADHD?
14. What are, in your opinion, the tasks that counselors should have towards students with ADHD?

Possible Probing Questions:

1. How do you think the school counselor should contribute to addressing problems related to ADHD?
2. What particular types of skills and interventions do you have for helping you address challenges that kids with ADHD display?
3. What services do you perform in your school (e.g., for students, teachers, administrators, parents)? Which should be given greatest priority in your opinion?

Appendix C

The following items are derived from the DSM-5 assessment tool which is the most widely used assessment tool to detect ADHD students. The DSM-5 is based on Western definitions of ADHD. This questionnaire is for you to read through the items and add, delete (by crossing out), or modify (by elaborating) what you think is necessary to better fit the Lebanese culture.

The Diagnostic Criteria for Diagnosis of ADHD from the DSM-5

(American Psychiatric Association, 2013, p. 59, 60, 61)

Inattention

- i. Often fails to give close attention to details or makes careless mistakes in school work or other activities
- ii. Often has difficulty sustaining attention in tasks or play activities
- iii. Often does not seem to listen when spoken to directly
- iv. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- v. Often has difficulty organizing tasks and activities
- vi. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- vii. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- viii. Is often easily distracted by extraneous stimuli
- ix. Is often forgetful in daily activities”

Add:

Modify:

Item number _____

Hyperactivity

- “i. Often fidgets with hands or feet or squirms in seat
- ii. Often leaves seat in classroom or other situations in which remaining seated is expected
- iii. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, maybe limited to subjective feelings of restlessness)
- iv. Often have difficulty playing or engaging in leisure activities quietly
- v. Is often “on the go” or often acts as if “driven by a motor”
- vi. Often talks excessively”

Add:

Modify:

Item number _____

Impulsivity

“vii. Often blurts out answers before questions have been completed

viii. Often has difficulty awaiting turn

x. Often interrupts or intrudes on others (e.g. butts into conversations)”

Add:

Modify:

Item number _____

تستمد العناصر التالية من أداة التقييم DSM-5 والذي يعتبر أداة التقييم الأكثر استخداماً على نطاق واسع للكشف عن الطلاب ADHD. ويستند DSM-5 على التعاريف الغربية من ADHD.

من خلال قراءة البنود التالية، أضف، أ حذف ، أو علق (بإضافة تعليق) ما رأيك هو ضروري لأفضل تناسب مع الثقافة اللبنانية. (Arabic Version of the DSM, p. 53,54)

”قد يتضمن النوع الذي يغلب عليه نقص الانتباه الأعراض التالية:

- تشتت الذهن بسهولة وعدم الانتباه للتفاصيل والنسيان والانتقال الدائم من نشاط إلى آخر
- صعوبة التركيز في أمر واحد
- الشعور بالملل من أداء نشاط واحد بعد بضع دقائق فقط، ما لم يكن هذا النشاط ممتعاً
- صعوبة تركيز الانتباه على تنظيم واستكمال عمل ما أو تعلم شيء جديد
- صعوبة إتمام الواجبات المدرسية أو أدائها، وفقدان الأعراض في كثير من الأحيان (مثل الأقلام الرصاص واللعب والواجبات المدرسية) اللازمة لإنجاز المهام أو الأنشطة
- ظهور المريض كأنه لا يصغي عند التحدث إليه
- الاستغراق في أحلام اليقظة والارتباك بسهولة والتحرك ببطء
- صعوبة معالجة المعلومات بسرعة وبدقة كالأخرين
- صعوبة اتباع التعليمات“

أضف

علق:

البند رقم:

”يتضمن النوع الذي يغلب عليه النشاط الحركي الزائد والاندفاع الأعراض التالية :

- القلق والتلملل في المقاعد
- التحدث بصورة مستمرة
- التحرك المستمر في كل مكان، وملامسة أي شيء أو اللعب بكل شيء تقع عليه أيدي المريض.
- صعوبة الجلوس في سكون أثناء تناول الطعام وفي المدرسة ووقت الاستعداد للنوم
- الحركة الدائمة
- صعوبة أداء المهام أو الأنشطة بهدوء“

أضف

علق:

البند رقم:

”وتشير الأعراض التالية أيضا إلى الاندفاع بصفة أساسية :

- عدم القدرة على الصبر
- الإدلاء بتعليقات غير ملائمة وإبداء المشاعر دون ضبط النفس والتصرف دون اعتبار للعواقب
- صعوبة انتظار حصولهم على الأشياء التي يريدونها أو انتظار دورهم في اللعب“

أضف

علق:

البند رقم:

Appendix D

American University of Beirut

Department of Education

School Director Permission Letter

Study Title: Lebanese Counselors' Perceptions of ADHD, the Methods of Intervention Used, and the DSM-5 as a Culturally Appropriate Assessment Tool.

Researchers: Dr. Anies Al-Hroub and Miss Noha Shehab

Dear Principal,

We are requesting your approval to participate in a research study under the Institutional Review Board (IRB) for human rights and regulations. We are asking permission to distribute a questionnaire and interview the elementary school counselor. Participation is completely voluntary. Please read the information below and feel free to ask any questions you may have. We will contact the school principals and counselors in person, using the direct approach.

A. Project Description

This research is being conducted with the goal of completing a Masters' thesis in Educational Psychology and possibly presentation at academic conferences. The purpose of this study is to: (1) determine school counselors' current perceptions on ADHD in Lebanon, (2) identify the extent to which counselors think that DSM-5 is culturally appropriate to identify ADHD students in Lebanon (3) explore the techniques used to address a student with Attention Deficit Hyperactivity Disorder.

If the principal consent is obtained, the researcher will use surveys with elementary school counselors in private and public schools. The expected number of participants is up to twenty counselors. Approval from the Ministry of Education is required to approach the counselors in the public schools. The researcher will distribute a demographic questionnaire to the elementary counselor, conduct an interview derived from the Knowledge of Attention Deficit Hyperactivity Disorder (KADDS) questionnaire to measure counselors' knowledge about ADHD symptoms, nature, causes, and treatment, and will distribute an assessment tool for the counselor to add, delete, or annotate items to better fit the Lebanese culture. The researcher will audio-tape the interviews after the counselor's permission so that they can be written and analyzed later on. The counselor has the freedom to refuse to be audiotaped. If the counselor accepts to be audiotaped, it is assured that the tapes will be destroyed after study completion. The duration for completing each tool is as follows: Demographic form is 20 minutes. The researcher will collect the demographic form and interview the counselor

after. Each interview will take around 30-40 minutes and will take place either in the counselor's office or after school as preferred by the counselor. The questionnaire will be left with the counselor for 48 hours to add, delete, or annotate the items to better fit the Lebanese culture. The expected number of participants is up to twenty counselors from private and public schools in the area of Beirut. There will be no involvement of the school administration/principal in recruitment.

The estimated time for the completion of this study in all is 6 months, and three for the school field work.

B. Risks and Benefits

The participation of your elementary school counselor in this study does not involve any physical risk or emotional risk beyond the risks of daily life. You have the right to withdraw your consent at any time for any reason. Your decision to withdraw will not involve any penalty or loss of benefits to which you are entitled. This will in no way affect your relationship with AUB. In addition, refusal to participate in the study will involve no penalties of any kind or affect the counselor's relationship with AUB or the school.

The school receives no direct benefits from participating in this research. However, the participation of the elementary school counselor in your school will help researchers better understand Lebanese counselors' perception and knowledge about ADHD in Lebanon.

C. Confidentiality

If you agree for your counselor to participate, all information will be kept confidential. To secure the confidentiality of your counselor's responses, their names and other identifying information will never be attached to their answers. Data provided by the counselor will not be shared by any other counselor or the school principal. All codes and data are kept in a locked drawer in a locker room or in a password protected computer that is kept secure by the principal investigator. Data access is limited to the Principal Investigator and researchers working directly on this project. All data will be destroyed responsibly after the required retention period which is at least three years. Your counselor's privacy will be maintained in all published and written data resulting from this study. Their names or other identifying information will not be used in our reports or published papers. A copy of the consent form will be kept with the school counselor.

D. Contact Information

If you have any questions or concerns about the research you may contact the principal investigator Dr. Anies Al Hroub at 01-350000 3060/3064 or by email: aa111@aub.edu.lb or Miss Noha Shehab at 70-744939 or by email: nss16@mail.aub.edu. If I feel that my questions have not been answered, I can contact the Institutional Review Board for human rights at 01-374374, ext: 5445 or by email: irb@aub.edu.lb.

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 does not influence your relationship with AUB. A copy of this consent will be given to you.

F. Signing the Consent From

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

Principal's name: _____

Consent of the principal: _____

Date: _____

Time: _____

Location: _____

Co-Investigator's Signature: _____

Principal Investigator: Dr. Anies Al-Hroub
Address: American University of Beirut
Department of Education
Department Chair
Associate Professor
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Co-Investigator: Ms. Noha Shehab
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الجامعة الأمريكية في بيروت

قسم التربية

إذن موافقة مدير المدرسة

المقاربة المباشرة

عنوان الدراسة: "توجهات المرشدين التربويين والنفسيين اللبنانيين حول اضطراب نقص التركيز وفرط الحركة ، وطرق التدخل المستخدمة، و DSM-5 كأداة تقييم ملائمة ثقافياً".

إننا نرغب في الحصول على موافقتكم على المشاركة في الدراسة البحثية. إن المشاركة اختيارية تماماً. رجاء إقرأ المعلومات الواردة أدناه ولا تتردد في طرح أي سؤال حولها.

أ. وصف المشروع

يجري هذا البحث بهدف استكمال أطروحة الماجستير "في علم النفس التربوي، وربما عرضه في المؤتمرات الأكاديمية. والغرض من هذه الدراسة هو: (١) تحديد المفاهيم الحالية المرشدين التربويين والنفسيين حول المدارس عن ADHD في لبنان، (٢) تحديد مدى إعتقاد المرشدين التربويين والنفسيين أن DSM-5 ملائم ثقافياً لتحديد طلاب ADHD في لبنان (٣) استكشاف الأساليب المستخدمة لمعالجة الطلاب ذوي اضطراب نقص الانتباه و فرط النشاط. إذا تم الحصول على موافقة الرئيسية، سيوزع الباحث الاستبيان الديموغرافي للمرشد التربوي والنفسي للمرحلة الابتدائية ، وسيجري مقابلة مستمدة من أداة معرفة اضطراب نقص الانتباه و فرط النشاط (KADDS) لقياس معرفة المرشدين التربويين والنفسيين عن أعراض ADHD، الأسباب ، والطبيعة ، العلاج وسوف توزع أداة تقييم DSM-5 للمرشدين التربويين والنفسيين لإضافة ، أو حذف، أو تعديل البنود لتتلاءم مع الثقافة اللبنانية بشكل أفضل. سيقوم الباحث بتسجيل المقابلات من أجل تحليلها في وقت لاحق بعد موافقة المرشد. لدى المرشد التربوي كامل الحرية في رفض التسجيل الصوتي. في حال قبول المرشد التربوي بالتسجيل الصوتي، سيتم التخلص من التسجيلات بعد الإنتهاء من الدراسة. مدة استكمال كل أداة سيكون على النحو التالي: المعلومات العامة لمدة ٢٠ دقيقة. وكل مقابلة تستغرق حوالي ٣٠-٤٠ دقيقة، وستتم المقابلة إما في مكتب للمرشد التربوي والنفسي أو بعد المدرسة. وسيتم ترك الاستبيان مع المرشد النفسي لمدة ٤٨ ساعة لإضافة أو حذف أو التعليق على البنود لتلائم و الثقافة اللبنانية بشكل أفضل. العدد المتوقع للمشاركين والمشاركات هو عشرين مرشد نفسي من المدارس الحكومية والخاصة في منطقة بيروت. لا يحق لمدير المدرسة إرغام المرشد على المشاركة بالبحث.

المرشدين التربويين والنفسيين سيطلب منهم ملء استبيان عن المعلومات الشخصية إلى جانب الإجابة عن أسئلة و إضافة ، أو حذف، أو تعديل البنود في DSM-5 لتتناسب الثقافة اللبنانية بشكل أفضل. وهم أحرار في الإجابة إما على النسخة العربية أو الانكليزية. تهدف الاستبيانات إلى جمع معطيات وصفية فقط والإجابة ستكون وصفية واستكشافية. عندما يتم ملء استبيان عن المعلومات الشخصية سيتم تحديد وقت للباحث لإستلام الاستبيان والمضي بالمقابلة مع المرشد.

الوقت المقدر للإنتهاء من هذه الدراسة هو ٦ أشهر، وثلاثة للعمل الميداني في المدارس. إذا وافقت على مشاركة المرشد النفسي والتربوي في مدرستك، ستحصل على نسخة موقعة من نموذج الموافقة هذا.

ب. المخاطر والفوائد

إن مشاركة المرشد في هذه الدراسة لا تشمل بأي من الأحوال التعرض لأي مخاطر جسدية أو شعورية تتجاوز مخاطر الحياة اليومية التي قد تعترض أي إنسان. لك كامل الحق في العودة عن موافقتك في أي وقت ولأي سبب كان. إن قرارك لن يعرضك لأي عقوبة أو خسارة لأي امتيازات أنت تستحقها. إن التوقف عن المشاركة في هذه الدراسة لن يؤثر على علاقتك 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 بالجامعة الأمريكية أو المدرسة.

لن تحصل على أي فوائد مباشرة جراء المشاركة في هذه الدراسة، لكن النتائج المتوقعة ستكون ذات فوائد نظرية وعملية. أولاً، من حيث الفائدة النظرية فإن هذه الدراسة ستقدم للباحثين معطيات تفسيرية ومبدئية كي يتم البدء بعملية بحث تفصيلية حول دراسة تصورات المرشدين التربويين والنفسيين من الأفراد ذوي نقص التركيز وفرط الحركة، وطرق التدخل المستخدمة، و DSM-5 كأداة تقييم ملائمة ثقافياً.

ج. السرية

في حال وافقت على المشاركة في هذه الدراسة، فإن جميع المعلومات ستبقى قيد الكتمان. سيتم مراجعة الإجابة ومراقبتها من التفريط بالسرية. لن يتم إرفاق أسماء المدراء/ المرشد النفسي والتربوي أو المدرسة بإجاباتكم. سيتم الاحتفاظ بنسخة من استمارة الموافقة مع المرشد النفسي والتربوي. سيكون الاطلاع على البيانات حكراً على الباحث الرئيسي والباحث الثانوي العاملين على هذه الدراسة. سيتم تخزين البيانات مع الباحث الرئيسي في درج مقفل بالإضافة إلى تخزين البيانات الإلكترونية على جهاز كمبيوتر مع كلمة المرور. سيتم تلف المعلومات المتعلقة بوسائل الاتصال بالمشاركين بعد ثلاث سنوات على الأقل من إنتهاء البحث.

د. وسائل التواصل

١. في حال كنتم تودون طرح أي سؤال أو استفسار حول الدراسة، يمكنكم التواصل مع الدكتور أنيس الحروب على رقم الهاتف ٠١-٣٥٠٠٠٠٠٠ مقسم: 3060، أو على البريد الإلكتروني: aa111@aub.edu.lb أو يمكنكم التواصل مع الباحثة المشاركة الأنسة نهى شهاب على رقم 744939-70 أو عبر البريد الإلكتروني: nss16@aub.edu.lb

٢. في حال شعرت أن أياً 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 ٠١-٣٥٠٠٠٠٠٠ مقسم: ٥٤٤٥ أو عبر البريد الإلكتروني: irb@mail.aub.edu

هـ. 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. توقيع نموذج الموافقة

If you agree to permit Elementary Counselors in your school to participate in the study, please sign below.

إذا وافقت على السماح لمستشاري المرحلة الابتدائية في مدرستك المشاركة في هذه الدراسة. رجاء قم بالتوقيع أدناه

موافقة المدير
التاريخ
الوقت
المكان

توقيع الباحث المشارك

الباحث الرئيسي : دكتور أنيس الحروب

العنوان: الجامعة الأمريكية في بيروت

قسم التربية

أستاذ مشارك في علم النفس التربوي والتربية الخاصة

هاتف: (٠١) ٣٥٠٠٠٠ مقسم : 3060

البريد الإلكتروني aa111@aub.edu.lb

الباحثة المشاركة: نهى شهاب

العنوان : الجامعة الأمريكية في بيروت

قسم التربية

بيروت – لبنان

هاتف: 70-744939

البريد الإلكتروني: nss16@mail.aub.edu

American University of Beirut

Department of Education

Counselor Consent Form

Direct Approaching

Dear counselor,

We are requesting your approval to participate in a research study under the Institutional Review Board (IRB) for human rights regulations. Participation is completely voluntary. The consent form will be handed directly by the researcher and the study will be conducted in ten private schools and ten public schools. Please read the information below and feel free to ask any questions you may have.

A. Project Description

This research is being conducted with the goal of completing a Masters' thesis in Educational Psychology and possibly presentation at academic conferences.

The purpose of this study is to: (1) determine school counselors' current perceptions on ADHD in Lebanon, (2) identify the extent to which counselors think that DSM-5 is culturally appropriate to identify ADHD students in Lebanon (3) explore the techniques used to address a student with Attention Deficit Hyperactivity Disorder.

If the principal consent is obtained, the researcher will use surveys with elementary school counselors in private and public schools. The expected number of participants is up to twenty counselors. Approval from the Ministry of Education is required to approach the counselors in the public schools. The surveys include a demographic questionnaire, an interview derived from the Knowledge of Attention Deficit Hyperactivity Disorder (KADDS) questionnaire and a questionnaire about an assessment tool where counselors can add, delete or annotate its items to better fit the Lebanese culture. The researcher will audio-tape the interviews after the counselor's permission so that they can be written and analyzed later on. The counselor has the freedom to refuse to be audiotaped. If the counselor accepts to be audiotaped, it is assured that the tapes will be destroyed after study completion. The duration for completing each tool is as follows: Demographic form is 20 minutes. The researcher will collect the demographic form and interview the counselor after. Each interview will take around 30-40 minutes and will take place either in the counselor's office or after school as preferred by the counselor. The questionnaire will be left with the counselor for 48 hours to add, delete, or annotate the items to better fit the Lebanese culture. There will be no involvement of the school administration/principal in recruitment.

The estimated time for the completion of the study in all is 6 months, and three for the school field work.

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 no way affects your relationship with AUB. In addition, refusal to participate in the study will involve no penalties of any kind or affect the counselor's relationship with AUB or the school.

The school receives no direct benefits from participating in this research. However, the participation of the elementary school counselors in your school will help researchers better understand Lebanese counselors' perception and knowledge about ADHD in Lebanon.

C. Confidentiality

If you agree to participate, all information will be kept confidential. To secure the confidentiality of your responses, your name and other identifying information will never be attached to your answers. Data provided by the counselor will not be shared by any other counselor or the school principal. All codes and data are kept in a locked drawer in a locker room or in a password protected computer that is kept secure by the principal investigator. Data access is limited to the Principal Investigator and researchers working directly on this project. All data will be destroyed responsibly after the required retention period which is at least three years. Your privacy will be maintained in all published and written data resulting from this study. Your name or other identifying information will not be used in our reports or published papers. A copy of the consent form will be kept with the school counselor.

D. Contact Information

If you have any questions or concerns about the research you may contact the principal investigator Dr. Anies Al Hroub at 01-350000 3060/3064 or by email: aa111@aub.edu.lb or Miss Noha Shehab at 70-744939 or by email: nss16@mail.aub.edu. If I feel that my questions have not been answered, I can contact the Institutional Review Board for human rights at 01-374374, ext: 5445 or by email: irb@aub.edu.lb.

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 does not influence your relationship with AUB. A copy of this consent will be given to you.

I have read and understood the above information. I agree to participate in the research study

Date: _____

Time: _____

Co-Investigator's Signature: _____

I have read and understood the above information. I agree to be audiotaped.

Yes () No ()

Principal Investigator: Dr. Anies Al-Hroub

**Address: American University of Beirut
Department of Education
Department Chair
Associate Professor
Educational Psychology & Special Education**

Co-Investigator: Ms. Noha Shehab

**Address: American University of Beirut
Department of Education
Beirut, Lebanon
Phone: 70744939
Email: nss16@mail.aub.edu**

الجامعة الأمريكية في بيروت

قسم التربية

إذن موافقة المرشد التربوي والنفسي

المقاربة المباشرة

عنوان الدراسة: "توجهات المرشدين التربويين والنفسيين اللبنانيين حول اضطراب نقص التركيز وفرط الحركة ، وطرق التدخل المستخدمة، و DSM-5 كأداة تقييم ملائمة ثقافياً".

إننا نرغب في الحصول على موافقتكم على المشاركة في الدراسة البحثية. إن المشاركة اختيارية تماماً. سيسلم الباحث إستمارة الموافقة باليد للمرشد التربوي وستجرى الدراسة في عشر مدارس خاصة وعشرة المدارس العامة. رجاء إقرأ المعلومات الواردة أدناه ولا تتردد في طرح أي سؤال حولها.

أ.وصف المشروع:

يجري هذا البحث بهدف استكمال أطروحة الماجستير "في علم النفس التربوي، وربما عرضه في المؤتمرات الأكاديمية. والغرض من هذه الدراسة هو: (١) تحديد المفاهيم الحالية المرشدين التربويين والنفسيين حول المدارس عن ADHD في لبنان، (٢) تحديد مدى إعتقاد المرشدين التربويين والنفسيين أن DSM-5 ملائم ثقافياً لتحديد طلاب ADHD لبنان (٣) استكشاف الأساليب المستخدمة لمعالجة الطلاب ذوي اضطراب نقص الانتباه و فرط النشاط. إذا تم الحصول على موافقة الرئيسية، سيوزع الباحث الاستبيان الديموغرافي للمرشد التربوي والنفسي للمرحلة الابتدائية ، وسيجري مقابلة مستمدة من أداة معرفة اضطراب نقص الانتباه و فرط النشاط (KADDS) لقياس معرفة المرشدين التربويين والنفسيين عن أعراض ADHD، الطبيعة ، الأسباب ، والعلاج وسوف توزع أداة تقييم DSM-5 للمرشدين التربويين والنفسيين لإضافة ، أو حذف، أو تعديل البنود لتتلاءم مع الثقافة اللبنانية بشكل أفضل. سيقوم الباحث بتسجيل المقابلات من أجل تحليلها في وقتٍ بعد موافقة المرشد. لدى المرشد التربوي كامل الحرية في رفض التسجيل الصوتي. في حال قبول المرشد التربوي بالتسجيل الصوتي، سيتم التخلص من التسجيلات بعد الإنهاء من الدراسة . مدة استكمال كل أداة سيكون على النحو التالي: المعلومات العامة لمدة ٢٠ دقيقة. وكل مقابلة تستغرق حوالي ٣٠-٤٠ دقيقة، وستتم المقابلة إما في مكتب للمرشد التربوي والنفسي أو بعد المدرسة. وسيتم ترك الاستبيان مع المرشد النفسي لمدة ٤٨ ساعة لإضافة أو حذف أو التعليق على البنود لتلائم و الثقافة اللبنانية بشكل أفضل. العدد المتوقع للمشاركين والمشاركات هو عشرين مرشد نفسي من المدارس الحكومية والخاصة في منطقة بيروت. لا يحق لمدير المدرسة إرغام المرشد على المشاركة بالبحث. المرشدين التربويين والنفسيين سيطلب منهم ملء استبيان عن المعلومات الشخصية إلى جانب الإجابة عن أسئلة و إضافة ، أو حذف، أو تعديل البنود في DSM-5 لتتناسب الثقافة اللبنانية بشكل أفضل. وهم أحرار في الإجابة إما على النسخة العربية أو الانكليزية. تهدف الاستبيانات إلى جمع معطيات وصفية فقط والإجابة ستكون وصفية واستكشافية. عندما يتم ملء استبيان عن المعلومات الشخصية سيتم تحديد وقت للباحث لإستلام الاستبيان والمضي بالمقابلة مع المرشد.

الوقت المقدر لالنتهاء من هذه الدراسة هو ٦ أشهر، وثلاثة للعمل الميداني في المدارس. إذا وافقت على مشاركة المرشد النفسي والتربوي في مدرستك، ستحصل على نسخة موقعة من نموذج الموافقة هذا.

ت. المخاطر والفوائد

إن مشاركتك في هذه الدراسة لا تشمل بأي من الأحوال التعرض لأي مخاطر جسدية أو شعورية 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 بالجامعة الأمريكية أو المدرسة.

لن تحصل على أي فوائد مباشرة جراء المشاركة في هذه الدراسة، لكن النتائج المتوقعة ستكون ذات فوائد نظرية وعملية. أولاً، من حيث الفائدة النظرية فإن هذه الدراسة ستقدم للباحثين معطيات تفسيرية ومبدئية كي يتم البدء بعملية بحث تفصيلية حول دراسة تصورات المرشدين التربويين والنفسيين من الأفراد ذوي نقص التركيز وفرط الحركة، وطرق التدخل المستخدمة، وDSM-5 كأداة تقييم ملائمة ثقافياً.

ج- السرية

في حال وافقت على المشاركة في هذه الدراسة، فإن جميع المعلومات ستبقى قيد الكتمان. سيتم مراجعة الإجابة ومراقبتها من التفریط بالسرية. لن يتم إرفاق أسماء المدراء/ المرشد النفسي والتربوي أو المدرسة بإجاباتكم. سيتم الاحتفاظ بنسخة من استمارة الموافقة مع المرشد النفسي والتربوي. سيكون الاطلاع على البيانات حكراً على الباحث الرئيسي والباحث الثانوي العاملين على هذه الدراسة. سيتم تخزين البيانات مع الباحث الرئيسي في درج مقفل بالإضافة إلى تخزين البيانات الإلكترونية على جهاز كمبيوتر مع كلمة المرور. سيتم تلف المعلومات المتعلقة بوسائل الاتصال بالمشاركين بعد ثلاث سنوات على الأقل من إنتهاء البحث.

د. وسائل التواصل

٣. في حال كنتم تودون طرح أي سؤال أو استفسار حول الدراسة، يمكنكم التواصل مع الدكتور أنيس الحروب على رقم الهاتف ٠١-٣٥٠٠٠٠٠ مقسم: 3060، أو على البريد الإلكتروني: aa111@aub.edu.lb أو يمكنكم التواصل مع الباحثة المشاركة الأنسة نهى شهاب على رقم 744939 -70 أو عبر البريد الإلكتروني nss16@aub.edu.lb :

٤. في حال شعرتم أن أياً 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 ٠١-٣٥٠٠٠٠٠ مقسم: ٥٤٤٥ أو عبر البريد الإلكتروني: irb@mail.aub.edu.

هـ. 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.

التاريخ
الوقت

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أنا أوافق على التسجيل الصوتي

نعم () لا ()

توقيع الباحث المشارك

الباحث الرئيسي : دكتور أنيس الحروب

العنوان: الجامعة الأمريكية في بيروت

قسم التربية

أستاذ مشارك في علم النفس التربوي والتربية الخاصة

هاتف: (٠١) ٣٥٠٠٠ مقسم : 3060

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