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SCHOOL PSYCHOLOGISTS' PERSPECTIVES ABOUT EFFECTIENESS OF BEHAVIOR THERAPY FOR CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER IN PAKISTAN

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Purpose of the Study: This research aimed to ascertain school psychologists' thoughts on the efficacy of behavioral treatment for kids with ADHD.

Methodology: This research used a qualitative method. Semi-structured interviews with chosen school psychologists were performed using a standard qualitative research approach. A purposive selection strategy was used to select a sample of fifteen school psychologists from Lahore for this Study. An interview guide comprised of 10 open-ended questions was designed based on the topics found in the literature research.

Principal Findings: The majority of participants believed in the efficacy of counseling via behavior therapy for kids with ADHD, particularly in terms of screening, diagnosis, and intervention techniques. Additionally, they thought that without this, parents would be unable to modify the child's behavior. Additionally, they felt that using various treatments might minimize the child's hyperactivity and foster socializing and intellectual and social abilities.

Applications of this Study: This research advises that school psychologists conduct seminars to raise knowledge about ADHD counseling efficacy. School psychologists must be employed in public and private special schools to collaborate with all stakeholders to guarantee adequate assistance for children with ADHD.

Novelty/Originality of this study: This is the first Study examining the school psychologists' thoughts on the efficacy of behavioral treatment for kids with ADHD in developing economies like Pakistan for the first time.

Keywords: School Psychologists, ADHD Students, Behavior Therapy, The Effectiveness of Counseling.

INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a disorder that presents itself in youth and proceeds into adulthood. Treatment plans must pursue and adjust with formative stages to be compelling. The making of systems for the individual and a care group of grown-ups is essential to assist the person with ADHD advance through each formative stage from youth to adulthood (Sonuga-Barke & Taylor, 2015). In Pakistan, approximately 18.8% of children in urban areas are diagnosed with hyperactivity symptoms, and 9.3% of children are diagnosed with different symptoms of this ADHD disorder (Stern et al., 2017). Children with ADHD diagnosis rate increase a common of 3% per the year 1997 to 2006 and expected increase 5% per the year 2003 to 2011. Boys diagnosed with ADHD rate are 13.2%, and girls' rate is 5.6% (Syed & Hussein, 2010).

Many studies conducted on school psychologists' role in ADHD, strategies, assessment, evidence-based therapies (Brock et al., 2009). Multi-modal treatment of ADHD produced from psychopharmacological treatment, literary techniques, and behavioral support has the most potent empirical foundation. About intervention, psychologists play a vital function in treating kids with ADHD by and large through figure training and behavioral methods and therapy (Cushman et al., 2004). Regardless of the reality that behavioral-based interventions are among research-based total practices for treating ADHD, faculty psychologists' involvement in these interventions has been variable, with simply over half of the school psychologists reporting they spent less than 25% of their time on behavioral interventions (Koonce, 2007). Figuring out school psychologists' attitudes closer to ADHD treatment and complementary approaches might be helpful as the fields and school psychology adapt. There may be a gap in the literature approximately the relationship among the attitudes and practices of college psychologists. Different studies exploring the involvement of school psychologists in their severe roles and techniques could assist bridge this gap (Alloway et al., 2010).

ADHD is an intellectual disorder that is defined by complications with consideration, impulsive and short attention span. ADHD has no cure, but it is treated medically with different therapies and medicines. It is being nervous or talking too much. The kid may run, climb, appear 'in a hurry,' or be out of their seat unnecessarily and may experience issues playing discreetly." (Alexander-Roberts, 2006).

Impulsivity may be characterized by exclaiming answers, trouble holding up, or interfering. (Alexander-Roberts, 2006).



Powerlessness to restrain diversions from remaining concentrated on the work needing to be done. The individual does not appear to tune in or give close consideration to" (Graziano et al., 2011).

The school psychologists works in an academic setting to help children with cognitive, social, emotional, and educational problems. The school psychologists aim to cooperate with the class teacher, family, and students through therapy to build up a cultural and healthy environment that students need according to their needs. School psychologists provide services in schools, preschools, special schools, colleges, and independent training. School psychologists deal with an individual student or provide therapies to a whole group to deal with their behavioral problems, educational issues, or social and emotional issues. They work with school teachers, staff, and principals to deal with student issues in all aspects. They provide ten different services in a school to deal with students.

LITERATURE REVIEW

McConaughy et al. (2011) discussed that students with ADHD face difficulties in relationships with family, friends, and society. Many studies examine the parents, teachers, and peer poor social impairment rating scales for ADHD children. ADHD children have poor academic and social skills as compared to their typical classmates. Poor intellectual abilities are the main characteristic of ADHD children. ADHD is a disorder that covers hyper-impulsive, inattentive behavior and moods. The impact of ADHD in a family and society is lack of self-esteem, family burden, and waste of money.

Milich and Roberts (2018) emphasized that ADHD is the most generally analyzed child disorder primarily diagnosed in children when they go to school. ADHD children face problems focusing on school tasks and feel difficulty following others' instructions. The universal criteria to handle ADHD children are medication, just like *Adderall*. The medicine helps control the ADHD children's impulsivity, complete the tasks on the period, and control the hyperactivity and many other behavioral issues. If medication increases, this medication creates side effects in a child's body and mind like depression, blood pressure problems, and mood problems.

Counselors are proficient mentors who must get a graduate degree or higher in emotional well-being mentoring or marriage and family treatment. They work with customers to adopt better approaches to deal with their issues, essentially giving talk treatment. Psychologists play out unclear commitments from master teaches; however, they allow other mental organizations, for instance, overseeing cognitive or illustrative tests and therapy with helpful specialists regarding the correct treatment for their patients, such as sedate. So be that because clinical clinicians may underwrite sedate fair within the conditions of Louisiana and Modern Mexico. Clinicians may work in various settings, counting private hone, schools, mental well-being canters, and crisis clinics. A psychiatrist is therapeutic pros who total specific planning in psychiatry. They analyze and treat personality issues, mental disarranges, for illustration, bipolar disarray, and schizophrenia. Masters work in a private home, crisis clinics, remedial centers, in-understanding treatment workplaces, and distinctive settings (Miller, 2018).

The most significant distinction between a psychologist and a therapist must be that the analyst is a prepared social researcher. A clinical therapist is a psychological wellness proficient who has unique preparation and can analyze dysfunctional behaviors and distinguish ongoing social issues. Advisors do have their benefits, yet for various projects. An advisor is somebody who can guide, prompt, and help you with emotions and choices inside an organized encouraging group of people. An advisor can be significantly increasingly adaptable because they are not entirely bound by licensure and codes, so they work with substantially more changed methods. Specialists may incorporate marriage or relationship mentors or the individuals who work with social consideration to help individuals with handicaps change. You can likewise discover masters who work with specific strategies like show advisors or language instructors under this pennant. Ideally, this illuminates the contrast between the two titles to some degree. Unfortunately, there are many such initials and letters out there that it is regularly challenging to distinguish between one kind of advisor. While looking for the correct proficiency for you, the examination is imperative; that way, you know your specialist, therapist, therapist, or instructor has the correct apparatuses to support you. Regions like Better Help donate you a scope of specialists to browse over the board region (Smykowski (2019).

Treatment of ADHD is very frequently being done by stimulant medication, which is believed to be the only treatment required. The drug is reported to bring miraculous improvement in a child's behavior and functioning (Wender & Tomb, 2017). Meerman et al. (2017) described the reason for this belief as "ADHD-related information addressed at teachers, on the internet, and in study books, often depicts ADHD as a highly heritable disorder with visible anatomic and neurochemical differences in children diagnosed" (Meerman et al., 2017, p. 3). Wender and Tomb (2017) argue that overemphasis on medication for treating the symptoms associated with ADHD students and neglect of psychological and educational interventions is not good because the medicine may not be necessary for some ADHD children.

Meerman et al. (2017) described some known disadvantages of diagnosing children with ADHD are:

"Low teacher and parent expectations that become self-fulfilling prophecies (Pygmalion/Golem effect); prejudice and stigmatization of diagnosed children; children are applying stereotypes to themselves, leading to self-stigma and low self-esteem; the decline of self-efficacy; a less effective and potentially counter-effective focus on fixed traits instead of behaviors; a more passive role towards problems; difficulties getting life and disability insurances later on in life; and the risk of overlooking contextual, social and societal explanations, due to the specious reason offered by labeling". (p. 4)



Literature also suggests that psychological and educational interventions help in ADHD. For instance, <u>Anastopoulos et al. (2018)</u> investigated the extent to which ADHD students continued to benefit from a cognitive-behavioral therapy (CBT) program beyond the active phase of treatment. The findings suggested that and CBT program remained beneficial: ADHD symptoms were minimized, and depression was overall gone away, but grade point average was not improved. On the other hand, the credit hours of participants were increased. To conclude this, the symptoms of improvement, executive functioning, and educational functioning remained stable for 5 to 7 months after activeness of treatment. Thus, <u>Anastopoulos et al. (2018)</u> conclude that CBT therapy and interventions are best for college students with ADHD.

The teacher empathizes with the ADHD students, and their difficulties result in a more successful classroom experience for students and teachers. Stein et al. (2016) examined the lived experiences of public schools where teachers were involved in facilitating intervention for students diagnosed with ADHD. This Study followed a phenomenological research design in which participants can give their perspectives and share their experiences. For collecting data through participants, it is gathered by interview, journaling, and focus groups, finally transcribed, examined, coded, and piece up into themes. These mentioned themes tell us about the life experiences of teachers. Some identified themes are mentioned thus: teachers' attitude and their understanding with ADHD, creating in intervention with their self-reflection. (Tamm et al., 2016) concluded that "teacher attitude affected the relationship in the classroom and level of interventions provided, and those teachers who viewed ADHD related behaviors as directly related to the classroom environment and support provided were able to have a positive classroom experience." (p. 122).

Hamidi and Mohammadi (2017) explained the Effectiveness and importance of cognitive-behavioral therapy for ADHD children and parents. This study was conducted on parents who have children diagnosed with ADHD disorder. This Study concluded that cognitive-behavioral therapy is best if the child is over hyper and overactive. Medicines increase the mental level of the parents and other family members. In Pakistan, it is often stated that therapy is not given consistently and that school psychologists lack a working knowledge of ADHD terminology and treatment efficacy. Parents are not permitted to attend sessions with their children in the public sector. Additionally, it is asserted that school psychologists lack thorough knowledge of novel strategies for treating children with ADHD. This research would add to the body of information on school psychologists' experiences with therapy students in various ways and approaches based on their needs.

Additionally, school psychologists are involved with the care and intervention of students who have been diagnosed with ADHD. School psychologists encounter many difficulties while working with ADHD pupils. In a developing world like Pakistan, relatively little research on therapy feasibility for students with ADHD is done. The current study would also explore the difficulties encountered by school psychologists while treating students diagnosed with ADHD. The researcher sought to ascertain the efficacy of therapy for ADHD students in particular education institutions in Lahore from the viewpoint of school psychologists.

This research aimed to determine the efficacy of behavior therapy for students who have been diagnosed with ADHD. School psychologists prepare each therapy session for students diagnosed with ADHD. Thus, school psychologists double as psychologists, leaders, and therapists. Occasionally, psychologists will have psychiatrists in their consultations with students living with ADHD and will administer medications with the doctor's assistance. Due to the school psychologist's integral role in the therapy phase, they must be knowledgeable regarding the efficacy of therapy provided to ADHD children in special schools.

Objectives of the Study

Objectives of the Study were:

- 1. To explore the best therapy for ADHD children, use school psychologists during the session.
- 2. To investigate the use of medical treatment during therapies.
- 3. To explore the role of Parents and Teachers role in therapies.

METHODOLOGY

Research design

This study is focused on a concept in which all facets of therapy are discussed. The qualitative method was used in this research analysis. The fundamental qualitative science thesis acquires acts philosophically extracted from constructionism, phenomenology, symbolic interaction, and other similar terms used by researchers in their research, such as 1-how various people analyze their experiences, 2-how people create their environment, and 3-what significance they draw from their experiences. The fundamental goal is to comprehend how people make sense of and perceive their lives (Merriam & Tisdell, 2015). The primary qualitative study architecture elucidates the extent to which participants are involved, the nature of those participants' participation, and the perspectives of those participants. The qualitative analysis places the most significant emphasis on the researcher's methodological abilities, understanding, and appropriateness. A successful interview entails more than just asking and answering questions. Qualitative findings are discovered by evaluation, superior work, experience, and interviewing (Patton, 2002). Qualitative analysis entails three



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distinct data collection methods: (a) in-depth, modular interviews, (b) direct experience, and (c) written testimony (Patton, 2002). The fundamental qualitative research findings and their analysis are contingent upon research and data collection. The researcher selected the limited sample size and the interview or observation process (Onwuegbuzie et al., 2010).

Sampling and Participants

The population of this Study was entire school psychologists working in particular education institutions in Lahore District. Twenty special education institutions in Lahore deal with ADHD. Therefore, the researcher collected data from the school psychologists at certain educational institutions to know about counseling students with ADHD.

The sample consisted of fifteen school psychologists was selected by using the purposive sampling technique. In Lahore, there are seventeen Centers where all the schools' psychologists give counseling sessions to students with ADHD. All fifteen school psychologists had a degree of Masters in Psychology.

Sr#	Special School List	No of School psychologists
1	Allama Iqbal Special Education Centre (G.O.P)	1
2	Amin Maktab Centre for Special Education & Training	3
3	Chaman Centre for Mentally Retarded Children	1
4	Darul Massart	1
5	Fakuka School for Special Education	1
6	Special Education Training Centre	2
7	Rising Sun School	3
8	PAF Special Education Centre	1
9	Sufi School for Special Learner	2

Table 1: Institutes selected for semi-structured interviews of school psychologists

Inclusion criteria are linked to demography characteristics responding to the research objectives (Salkind (2010). Inclusion criteria were:

- 1. School psychologist working in particular education Institutions as a psychologist;
- 2. had given at least five counseling sessions to ADHD students;
- 3. had a professional degree;
- 4. had an experience of counseling; and
- 5. Was willing to participate in this study.

Data Collection Method

The researcher requested the University of Management and Technology to issue a permission letter allowing the researcher to collect the study data. It was also crucial for convincing school psychologists to participate in interviews.

The researcher collected the list of all Lahore District Special Education Institutes. The researcher also got hold of the phone numbers of principals of all particular education institutions. The researcher personally called all heads of special schools. She received the information about a school psychologist who works in a specific school from their leaders.

After getting the complete information about the school psychologists, the researcher visited the schools and collected data through a semi-structured interview protocol. A semi-structured interview is most commonly used in qualitative research. It helps collect data in the balanced, varied area of the subject (Longhurst, 2003). A semi-structured interview is in which participants are not bound to answer according to the list of the questions. Instead, participants answer in detail, and the interviewee asks extra or modify questions according to the situation (Rosen et al., 2019). First, the researcher sought the written permission to collect data from the particular school principals. Then, the researcher personally conducted interviews with school psychologists selected for the pilot study. Before the interview, complete instructions were given to the participants. First, the researcher explained the purpose of the survey to the participants. Then, the researcher guided the participants about the interview guide. After that, the researcher asked the question about the effectiveness of the counseling. Finally, the researcher asked questions about the challenges face by school psychologists during counseling ADHD students. The interview guide is a list of question which researcher asks the participants about the research. Participants answer according to the interview guide. An interview guide is a list of different topics and themes covered during a semi-structured interview (Cassell & Symon, 2004). Therefore, the researcher also asked some probing and follow-up questions that were related to the Study.

Validity of the Interview Guide

The interview guide developed for the Study was given to three experts of the field for their invaluable evaluation. The experts belong to the Department of Special Education of the University of Management and Technology. The experts



were requested to validate the interview guide for the following criteria: All the questions in the interview guide are relevant to the research topic, and all questions are straightforward and in calculated meaning and are commonly absolute.

According to the three experts' points of view, the interview guide had good content validity. All the interview guide questions explore the school psychologists' perspectives about the effectiveness of counseling students with ADHD. After validation, the instructions from the experts were integrated with the interview guide after a discussion with the supervisor.

Pilot study

Before collecting the central data, the researcher accomplished a pilot study to ensure the quality of the interview guide questions. In pilot testing, a sample of 5 school psychologists was selected from Lahore city. Following is the detail of the school and the number of psychologists were chosen from the particular school.

Table 2: Sample of the pilot study

Sr#	Institutes	School Psychologists
1	Iqra Special Education Center	2
2	Hamza Foundation	1
3	Shalimar Special Education Center	2

The findings of the pilot study helped in modifying the interview guide. Some ambiguous questions were deleted, and some new questions with clear language were incorporated in the interview guide after a discussion with the researchers.

Data Analysis Methods

Thematic data analysis was used to analyze interview data. Thematic Analysis is the action of analyzing qualitative data (Maguire & Delahunt, 2017). Braun and Clarke (2006) define "thematic analysis as "a method for identifying, analyzing and reporting patterns (themes) within data" (p. 79). In this method, there are no rigid rules to make themes. However, Braun and Clarke (2006) suggest the six steps for this type of analysis. These steps are: Become familiar with the data, generate initial codes, search for themes, review themes, define themes, and write-up.

All these steps were taken to identify themes in the data. Its implication defines a piece and "captures something important about the data concerning the research question" (Braun & Clarke, 2006, p. 84). The researcher coded all the data using the theoretical concepts identified during the literature review phase and used an interview guide; thus, the analysis was explicitly analyst-driven (Clarke & Braun, 2013). Themes were mainly identified on a semantic or explicit level. However, at some places where there was a need to go beyond the semantic content of the data and identify underlying assumptions, ideas, and conceptualizations related to the perspectives of school psychologists regarding effectiveness of counseling for ADHD students. Thematic analysis process was systematically completed with Microsoft Excel, which gives tools to sort and arrange data in tables, thus facilitating the comparison and contrast data from various participants.

Ensuring Trustworthiness

The study aimed to explore the school psychologists' perspectives about the effectiveness of counseling students with ADHD. Before choosing this topic, some issues were held behind this area. School psychologists serve their role as a counselor, leader or a therapist. School psychologists treat ADHD children like other developmentally disabled children, but these children have different symptoms and issues. The topic raises only because of a genuine cause. The truth that information is sourced from various sources satisfies the triangulation advocated as a detail that will increase trustworthiness in qualitative studies.

Therapies are a significant issue nowadays in special institutes. The researcher first visits special centers and found that school psychologists hire only to assess the disabled students. Some school psychologists have not enough knowledge about any disability and counseling. Not formal counseling sessions gave according to the student's disability level. After this, the researcher creates a sense and interest to find out the solution that faces students with ADHD in special centers. The results of the Study reflect the topic of the research. This study nature was qualitative. Nine particular institutions choose to collect data from fifteen school psychologists—all the school psychologists working in a specific school and have experience working with ADHD students. The researcher got the information about a school psychologist who is working in a particular school from their heads. A researcher developed an interview guide based on a literature review. Some researches that reflect the topic choose for guidelines. This Study's results match the participants' responses that show the trustworthiness and credibility of the Study that the Study is reliable and valid.

The conclusion is beneficial for the next-generation, prospective teachers and the school psychologists who work next-generations. The Study's findings depend entirely on the participants' responses, and efforts depend fully assess. After getting the interview, all, the interview transcribe that show strength of the research. The power of this research was the participants' unique views. Previous research studies provided guidelines and give consistent findings. These study findings applicable and reliable for all particular school and school psychologists that create awareness and new ideas for



counseling. This research is also practical in different cities of Pakistan, where counseling sessions are held for students with ADHD. The results of the Study and recommendations also apply in inclusive schools.

Therapies for ADHD children

Psychologists choose different therapies for ADHD adults and children. Surprisingly, only one participant knows evidence-based intervention for ADHD children. Some psychologists believe that teachers and parents both play an essential role in therapies during counseling. The following sub-themes define the best medicine for ADHD children along with medical treatment and teacher's and parent's role in therapies.

The best therapy for ADHD children

Most of the participants state that behavior therapy is best for ADHD children. They propose that behavior therapy is best for any age group and both children and adults. Behavior therapy includes many techniques such as reinforcement, reward, appreciation, coloring, painting, eye contact, and many other activities. They report that behavior therapy deals with a child's unconscious behavior and change the child's mood. They remark that this therapy works better at the primary level. They emphasize that the cognition level of ADHD children can never be checked through counseling. They discuss that CBT therapy can work only with adults and their cognition levels. They state that one technique works well than many techniques or a mixture of styles. They point out that ADHD children have a high energy level, and this therapy works better and decreases the energy level of these children. They suggest that children's energy should be channelized through this therapy to develop confidence, self-esteem and improve children's behavior. They all use this therapy during counseling. For example, two participants' state:

"I mostly use behavioral therapy, which is best for any age group. In behavior therapy, we use many techniques or strategies like reinforcement, reward, appreciation. Most psychologists use two therapies at the same time, behavioral therapy and play therapy. A combination of therapies works well sometimes and can fail at some level". (Participant 1) "The best therapy for ADHD children is behavior therapy; that is my experience and opinion. Cognitive therapy is also helpful if used to control the child's mind, and then we use CBT. In government sectors, behavior therapy is a necessary and more helpful therapy for ADHD child". (Participant 14)

Some participants stated that cognitive-behavioral therapy (CBT) has best for ADHD children, and it has very helpful for adults. They suggest that CBT therapy works with the cognitive system of the child and makes it better. They report that CBT is also beneficial to build confidence in children because it develops confidence and different skills in children. They emphasize that psychologists enhance the cognition level and hold activities to motivate the children. For example, the participant states:

"I mostly use cognitive behavior therapy during counseling. Reinforcement, timeout, token economy, and play therapy are available in my school, and I almost used all therapies during sessions. Reinforcement therapy is best for both adults and children. CBT is the best therapy for an ADHD child. It works on child behavior and cognition level". (Participant 7)

Few participants state that they use play therapy during counseling. They propose that play therapy is effective for children, and it changes the child's mind with the help of different activities. They report that reinforcement and play therapy somehow is different but use identically. They think child learns through playing, jumping, art, coloring and all other activities happen in a playground including these. They elaborate that for mild and moderate children, play therapy is the best. For example, the participant states:

"Play therapy is the best for all children. Play therapy and behavioral therapy are used chiefly and are



helpful for children". (Participant 4)

Medical treatment

Most of the participants state that medication is compulsory with counseling. They report that drug used depends on the children's severity level. They thought that medication is necessary for ADHD children. They note that if the child is very hyperactive and cannot sit in a session, then definitely use some medicines with the help of a psychiatrist to cool down the child for some time. They think they can handle the child without medication by using any therapy, and they can take it individually. They prefer pills when impulsivity level is high in the child, and if the child level is too severe, a child is referred to some psychiatrist, but counseling continues parallel. They propose that medication and counseling work together. For example, a participant states:

"Of course, medication is vital in many cases. It also

depends on the child's behavior. If the psychologist does

not handle the child, we need to use medicines and refer

them to the psychiatrist". (Participant 3)

They report that they identify the child's severity level and make an assessment plan to give him/her some counseling session. They choose to play therapy and behavior therapy at the start for a child, and they recommend some psychiatrist. They emphasize that if a psychiatrist suggests some medicine or any other treatment, it is added to the child's plan. For example, they state that if two students have anger management and hyperactivity, they will receive the same treatment and medication at the start. They highlight that with the help of drugs, the child sleeps well, and after this, the mood is good, and the energy level reduces. For example, a participant states:

"We must include one psychiatrist during counseling

if a child is diagnosed with a severe or moderate level.

Psychiatrists have a deep knowledge of neurotransmitter

and chemical secretion. If a psychiatrist suggests only therapies,

we should choose counseling and therapies to change a

child's behavior. If the assessment plan is completed and a

hypothesis is developed, consult some psychiatrist for help

according to the child's situation, or it is not compulsory". (Participant 10)

Few participants state the different opinions: They never use medication for ADHD children. According to them, counseling is better than medication. They never used drugs in their history. They think that medicine has not helpful and affects the children's minds. They state that counseling works slowly, but the results came positive. They prefer to use some different techniques to control the child's hyperactivity and aggression. For example, the participant states:

"Medication is not compulsory; a hyper child can be

handled with some techniques. If a child has a tag of ADHD

and is referred by some hospital or another school and

some medicine recommended, un-tag/un-labeled the child.

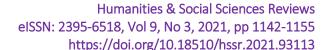
I prefer counseling at first because medication has many

side effects". (Participant 12).

Most of the participants state that behavior therapy is best for ADHD children. They propose that behavior therapy is best for any age group and both children and adults. Behavior therapy includes many techniques such as reinforcement, reward, appreciation, coloring, painting, eye contact, and many other activities. They report that behavior therapy deals with a child's unconscious behavior and change the child's mood. They remark that this therapy works better at the primary level. They emphasize that the cognition level of ADHD children can never be checked through counseling. They discuss that CBT therapy can work only with adults and their cognition levels. They state that one technique works well than many techniques or a mixture of styles. They point out that ADHD children have a high energy level, and this therapy works better and decreases the energy level of these children. They suggest that children's energy should be channelized through this therapy to develop confidence, self-esteem and improve children's behavior. They all use this therapy during counseling. For example, the participant state:

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Parents and Teachers role in therapies

Most of the participants state that both teachers and parents play an essential role in therapies for ADHD children, and both works to enhance the children's social and academic skills. They suggest that teachers implement the entire plan and chart with the help of therapies, and parents do all these activities simultaneously at home. They think that both play an essential role, and if anyone misses the process, betterment stops or is delayed. They emphasize that parents help the psychologist diagnose ADHD children quickly, and teachers deal with the ADHD children for many months and apply therapies in different ways. The state teachers make therapies and guide parents on how to follow the patterns. For example, a participant state:

"Parents' interaction is regular during the counseling of the child in our institution. Firstly, we diagnose the child and make a case history and send the child to the class after the report of the psychologist and teachers. In the start, an ADHD child spends 1 or 2 hours in a class, and proper class timing is started later because the behavior of the ADHD child is complicated. Parents and teachers both play an essential role in improving the child. Teachers created therapies effectively, and they also guide the parents about their child". (Participant 14)

They also report that they set different goals for them. Their goals depend on the child's problems and issues. For example, if the child is not sitting in the class or not making eye contact, never use multiple strategies or therapies. They discuss that it is teamwork to modify the unwanted behavior. They state that ADHD children have not an ordinary mind, but they understand all things. They think no one can tag or label the child as an abnormal person. They discuss that counseling is teamwork and collaboration is compulsory for this.

Some participants stated that teachers play an essential role in therapies for ADHD children. They suggest that teachers have direct contact with the students across the year. They think teachers always appreciate the children and never hesitate to ask sensitive things. They highlight that teacher guides the children about right and wrong. They state that the class teacher is always with the students while doing activities in the class. They report that teachers help the child to change their behavior positively, and bounding with the teacher makes this process smooth. For example, the participant states:

"Teachers play an essential role during counseling because teachers stay in contact with the students across the year. All the activities in the class happen with the guidance of the teacher. Parents cannot join or attend the counseling sessions. Parents cannot follow the same way or strategies for their child's



betterment. The teacher helps the child to change their behavior". (Participant 7)

DISCUSSION

The school psychologist's role is very influential in changing the behavior and mind of ADHD children. For attention-deficit students, school psychologists play the essential role of screening for ADHD (Consolers only motivate or guide the children during counseling. <u>Flanigan (2016)</u> Also discusses the importance of school psychologists and their perceptions about ADHD disorder.

Therapists only suggest therapies during a session. Only the psychologists choose the three ways during counseling, but one person does all these things. The results are not effective. School psychologists understand ADHD, but they do not have complete command of ADHD.

All school psychologists know the term and types of ADHD disorder, but they use all old ways during counseling. No new therapy, technique, or strategies they apply during counseling of ADHD children. School psychologists diagnose the children through their personal experience, like observation. School psychologists cannot follow the ADHD children analyzing criteria mention in DSM-V. one Study shows that psychologists play a critical role between teachers and parents and provide ADHD help to cope with the problems (Charach & Fernandez, 2013). In Pakistan, government or private institutions no law applied to use one method for diagnosing ADHD children. School psychologists are not capable enough of diagnosing ADHD disorder; actually, a child is suffering. All special schools must follow the six rules of interpreting the child according to the DSM-V criteria in other countries (Sibley et al., 2020).

The school psychologist never made an IEP with the help of a multidisciplinary team. School psychologists choose techniques with the help of ADHD child class teachers. IEP is very compulsory to start the counseling of ADHD children. In other countries, made IEP firstly, then start counseling sessions. In Pakistan, school psychologists are hiring not for a specific disorder. One psychologist provides counseling sessions to all disabled children who have masters in special education and psychologists. Also include No particular age limit and qualification held for the psychologists.

School psychologists develop different skills in ADHD children through therapies. They improve the academic, social, daily living skills of ADHD children, but if the child has a mild level disability. Severe children cannot develop all these skills because psychologists have not enough train and knowledge about this. School psychologists used old patterns in which specific and limited skills improved and better in children. As a result, no vocational or technical skill develops in ADHD children for a better and secure future.

ADHD child sleeps well; his or her energy level is not high, so psychologists give sessions easily. Psychiatrist help and advice are significant for better counseling. Self-esteem is a bookish knowledge ADHD children have a lack of confidence. In Pakistan, psychologists think ADHD children have low self-esteem because of quiet confidence. If the child has symptoms of ADHD; as a result, many challenges face like no friendship; flat self-esteem turns into tension and shame.

In Pakistan, school psychologists think it is straightforward to handle ADHD children and feel good to give them. Moreover, they believe the comparison with other disabilities of ADHD is brief to handle. Therefore, 6 million adolescents among 4 to 17 years had been analyzed with ADHD discuss the importance of school psychologists and perceptions of ADHD disorder.

Therapists only suggest therapies during a session. Only the psychologists choose the three ways during counseling, but one person does all these things. The results are not effective. School psychologists understand ADHD, but they do not have complete command of ADHD.

All school psychologists know the term and types of ADHD disorder, but they use all old ways during counseling. No new therapy, technique, or strategies they apply during counseling of ADHD children. School psychologists diagnose the children through their personal experience, like observation. School psychologists cannot follow the ADHD children analyzing criteria mention in DSM-V. One Study shows that psychologists play a critical role between teachers and parents and provide ADHD help to cope with the problems. (Pastor et al., 2015). It is a complex and demanding disorder with a deep past. So, handle the evidence, adolescents with ADHD need regular backing from their parents, friends, siblings, teachers, and psychologists.

Medication is not vital for ADHD children. If psychiatrists refer, then use for few months. School psychologists prefer counseling for ADHD children. School psychologists are not adequately trained to use therapies differently; all psychologists have a command in behavioral medicine because it is a brief therapy and applies to both children and adults. Many other drugs in other countries school psychologists apply like music therapy, sensory, psychotherapy, many interventions (De Meyer, Beckers, Tripp, & Van der Oord, 2019).

School psychologists convey their massage with different techniques to ADHD students. Reinforcement techniques are usually used most during counseling in which they give additional rewards like appreciation, clapping, positive reinforcement, and choose different activities according to children's interests. Some School psychologists, during



concealing, use therapy like play therapy, behavior therapy. However, most School psychologists did not know about the difference between reinforcement technique and therapy.

Some School psychologists think concealing is not a proper word for ADHD students. School psychologists prefer words like an interview, tanning, and management on concealing. In other countries, they have a concealing department in special schools in which they have a multidisciplinary team like therapists, concealers, psychologists, and teachers. In the Government sector of Pakistan, they did not give parents concealing to ADHD students even they are not allowed to meet with sp. School psychologists provide indirect concealing to parents when they come to school (Boucher's pamphlets). School psychologists teach the class teachers of ADHD students to tell parents how to treat their child at home. School psychologists prefer both individual and group parents concealing, but they do not a concept about individual and group concealing. In other countries, School psychologists start their concealing with parents, guide them and chart how to deal with the child according to different situations. Almost in these cases, a mother is more hyper and aggressive than an ADHD child. According to School psychologists, if an ADHD child behaves rudely and hyper, the Mother behaves more hyper and shouts at the child.

In Pakistan, the government should arrange seminars, workshops, and training sessions for school psychologists. Government should facilitate new innovative counseling methods for school psychologists. Introduce new therapies in all public and private schools. Must hold one workshop or meeting in a month for school psychologists and train them to use these new therapies and techniques. In private and government sectors must make laws and apply in both institutions.

In developed countries, particularly educational institutions, school psychologists made IEP first and made a complete chart of ADHD children. The selection team of school psychologists does not know about this disability (Chronis et al., 2004). Hire members just did MSC in other fields. Government should hire relevant field training which did MSC in clinical psychology or get an advanced diploma in psychology. In 2010 GCU and PU University only offers the advanced diploma in clinical psychology (ADCP). Still, now many other private universities offer this diploma, but the quality of this diploma becomes low. Parents cannot pay any fee; parents cannot collaborate with school psychologists and teachers. Parents non-serious behave the psychologists; that is why they never show their 100% in private sector parents paid so they cooperate with psychologists and attend every session. In the government sector, psychologists never made applied behavior therapy charts for children. Parents who mainly came belong to the low class and uneducated. In the government sector, positive responses sometimes came during counseling only because of unawareness about this disability.

In Pakistan, the old tradition (dam, Derwood) is prevalent. Parents suggest peer baba and believe in spiritual prayers. ADHD children mostly find in shrines. Once, an assistant professor of a special education department goes to some baba, his child diagnoses with ADHD. After the dam, he said, now the child is better. Government introduces 15 seats in a year for school psychologists. The systematic environment is compulsory because in Pakistan joint family system is very common. In which if the child is with ADHD, they become more aggressive or hyper. Mostly parents or siblings slap on the face, and the child becomes hyper.

This research finds out that after the age of 25-30, the symptoms of ADHD in a child become disappear, and a child becomes normal. If an ADHD child never refers to counseling or medication, 70 % of the children are expected at 25-30 (Fleming, McMahon, Moran, Peterson, & Dreessen, 2015). According to school psychologists, the Therapy word is a bit confusing in counseling because counseling is empowerment, and psychologists cannot give that empowerment to the average child. School psychologists have a different point of view about therapy. They even do not clear about the word therapy and the meaning of therapy.

Chart of ADHD children should be made according to the age level of the child. Every child's symptoms, age, home environment, history, and behavior vary from another child; school psychologists cannot apply the same pattern and therapy in ADHD children.

Parents and teachers both play an important role in counseling (<u>Heath, Curtis, Fan, McPherson, & Development, 2015</u>). Without the cooperation of parents, school psychologists never use any therapy successfully in a child. School psychologists make any goals of any child; they create a target. Then teacher engaged a child in following them. A teacher works with the child most of the time in a school. Parents do the same way at home according to psychologists' instructions. Then all see the betterment in a child. ADHD children's counseling is not practical because school psychologists are not trained and experienced.

CONCLUSION

This Study gives a brief description of school psychologists' perspectives on the effectiveness of counseling students with ADHD.

Research Question 1: Which one is the best therapy for ADHD children use school psychologists during the session?



School psychologists believe that counseling is incomplete without therapies and that therapies enhance the child's abilities and modify the negativity into positivity. Therefore, they use along with counseling. Sometimes, they continuously follow one therapy. They believe that medication helps to control the hyperactivity of a child. Most of the participants state that behavior therapy is best for ADHD children. They propose that behavior therapy is best for any age group and both children and adults. In behavior therapy, they include many techniques, which are reinforcement, reward, appreciation, coloring, painting, eye contact, and many other activities. They report that behavior therapy deals with a child's unconscious behavior and change the child's mood. They remark that this therapy works better at the primary level. They propose that play therapy is effective for children, and it changes the child's mind with the help of different activities. They think a child learns through playing, jumping, art, coloring, and all other activities happening in a playground. They elaborate that for mild and moderate children, play therapy is the best.

Research Question 2: What is the use of medical treatment during therapies?

Most of the participants state that medication is compulsory with counseling. They report that drug used depends on the children's severity level. They thought that remedy is essential for ADHD children. They say that if the child is very hyperactive and cannot sit in a session, use some medicines with the help of a psychiatrist to cool down the child for some time. They think they can handle the child without medication by using any therapy. They can take it individually. They prefer pills when impulsivity level is high in the child, and if the child level is too severe, the child is referred to some psychiatrist, but counseling continues parallel. They propose that medication and counseling work together. They report that they identify the child's severity level and make an assessment plan to give him/her some counseling session. They choose to play therapy and behavior therapy at the start for a child, and they recommend some psychiatrist. They emphasize that if a psychiatrist suggests some medicine or any other treatment, it is added to the child's plan. They state that if two students have anger management and hyperactivity, they will receive the same treatment and medication at the start. They highlight that with the help of drugs, the child sleeps well, and after this, the mood is good, and the energy level reduces.

Research Question 3: What is the role of Parents and Teachers role in therapies?

Specifically, it adds data that generate the importance of counseling students with ADHD. It also provides the knowledge about the effectiveness of counseling school psychologists provides the help of therapies. School psychologists are very critically private and special government centers because they motivate, guide, and reshape the behaviors of exceptional students. After analyzing the Study conclusion, the investigator had concluded that most school psychologists know about ADHD disorder. School psychologists report that parents have less knowledge about psychologists. Most of the participants state that both teachers and parents play an essential role in therapies for ADHD children, and both works to enhance the social and academic skills of the children. They suggest that teachers implement the entire plan and chart with the help of therapies and parents do all these activities in the same way at home. They think that both play an important role and if anyone misses the process, betterment stops or is delayed. Parents help the psychologist to diagnose ADHD children easily and teachers deal with the ADHD children for many months and apply therapies in different ways. School psychologists believe that counseling essential solution to change the ADHD child behaviors to medication. Combine combination things are counseling, and medication shows better result and improvement in a child. Counseling portent and every school, the college must give a session to the child with any disability. Participants mostly use behavior therapy, cognitive behavior therapy, and play therapy during counseling. The results show that counseling effective for confidence building and socialization. School psychologists use old methods and techniques that many challenges occur during counseling times. Parents' non-cooperation and untrained class teachers create problems for psychologists during counseling. School psychologists prefer parent's counseling. School psychologists mostly give individual sessions for ADHD students, but after some improvement, they choose group counseling.

RECOMMENDATIONS

Based on the findings and conclusion of the study, the following recommendations are proposed:

- 1. Some school psychologists do not have a good understanding of all the therapies used during counseling and even have no clear concept about strategies or techniques. School psychologists must adopt all therapies and strategies and also held workshops for awareness of parents, teachers, and children must be organized.
- 2. Arrange some training workshops for school psychologists about the awareness of the latest term and techniques of counseling. New methods should be introduced and facilitate new therapy techniques material. We must introduce psychologists to new trends and researches.
- 3. Government should hire an ADHD multidisciplinary team that includes doctors, subject's experts, and counseling experts in the selection committee of psychologists because of their centrality in the process of counseling, their expertise matters.
- 4. School psychologists should organize awareness workshops and seminars for parents. The study results show that some parents are not regular in attending sessions with psychologists. Their understanding of the counseling should be enhanced to be well-versed in dealing with their ADHD children.



5. Monthly meetings or seminars in schools should be a regular practice to know about the importance of counseling for their ADHD children.

SUGGESTIONS FOR FUTURE RESEARCH

This study helps the researcher to know the detailed information about ADHD and counseling. This study has highlighted several aspects of psychologists' perspectives on the effectiveness of counseling for ADHD children.

There is a demand for more broad and deep research on all therapies that apply more effectively during counseling for students with ADHD.

The point should be researched for school psychologists about the difference between therapies and strategies of counseling. School psychologists mostly have not enough knowledge about the difference and types of counseling strategies like reinforcement techniques. They use this technique as a therapy.

Future researchers can find out the importance and effectiveness of all therapies for ADHD students. They can find out the new innovative counseling strategies and techniques used in the west. They can also find out all the therapies and techniques used for different age level students.

THE IMPLICATION OF THE STUDY

The nature of the study was qualitative research; there are absolutely some limitations right to which conclusion of the research thesis will be appropriate to the benchmark.

A purposeful sampling technique is selected to collect the data in this research. This research implication is only beneficial and helpful for institutional principals, special and general schools, teacher's principals, and the education system to solve the related issues of school psychologists and ADHD children. This Study also helpful for pre-service and in-service school psychologists, special school class teachers who are facing many problems dealing with these children in a classroom and counseling sessions.

LIMITATION OF THE STUDY

The present study have examine the school psychologists' thoughts on the efficacy of behavioral treatment for kids with ADHD in Pakistan only, however studies could be conducted on identify the significance and effectiveness of entire therapies for ADHD students in Pakistan.

AUTHOR'S CONTRIBUTIONS

Asmaa Azeem: Writing abstract and references, Data Collection.

Zikra Faiz: Data Analysis and its interpretation, review of the article after completion, and correspondence with the journal.

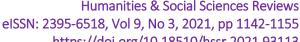
Muhammad Siddique: Data Collection, writing contribution for future research.

Muhammad Shabbir Ali: Working on literature, discussion, and conclusion.

Waqar Younas Warraich: Refine the manuscript with APA formatting of the text, citations, and references.

REFERENCES

- 1. Alexander-Roberts, C. (2006). *The adhd parenting handbook: Practical advice for parents from parents*. Taylor Trade Publications.
- 2. Alloway, T., Elliott, J., & Holmes, J. (2010). The prevalence of ADHD-like symptoms in a community sample. *Journal of Attention Disorders*, *14*(1), 52-56. ttps://doi.org/10.1177/1087054709356197
- 3. Anastopoulos, A. D., King, K. A., Besecker, L. H., O'Rourke, S. R., Bray, A. C., & Supple, A. J. (2018). Cognitive-behavioral therapy for college students with ADHD: Temporal stability of improvements in functioning following active treatment. *Journal of Attention Disorders*, 1087054717749932. https://doi.org/10.1177/1087054717749932
- 4. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101. https://doi.org/10.1191/1478088706qp0630a
- 5. Brock, S. E., Jimerson, S. R., & Hansen, R. L. (2009). *Identifying, assessing, and treating ADHD at school*. Springer. https://doi.org/10.1007/978-1-4419-0501-7
- 6. Cassell, C., & Symon, G. (2004). Essential guide to qualitative methods in organizational research. Sage. https://doi.org/10.4135/9781446280119
- 7. Chronis, A. M., Chacko, A., Fabiano, G. A., Wymbs, B. T., Pelham, W. E. J. C. c., & review, f. p. (2004). Enhancements to the behavioral parent training paradigm for families of children with ADHD: Review and future directions. 7(1), 1-27. https://doi.org/10.1023/B:CCFP.0000020190.60808.a4
- 8. Charach, A., & Fernandez, R. (2013). Enhancing ADHD medication adherence: challenges and opportunities. *Current psychiatry reports*, *15*(7), 371. https://doi.org/10.1007/s11920-013-0371-6





https://doi.org/10.18510/hssr.2021.93113

- 9. Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. The psychologist, 26(2), 120-123.
- 10. Cushman, T., LeBlanc, M., & Porter, G. (2004). ADHD: Results of a national survey of school psychologists. Ethical Human Sciences and Services, 6(3), 183-192.
- 11. De Meyer, H., Beckers, T., Tripp, G., & Van der Oord, S. J. J. o. a. c. p. (2019). Reinforcement contingency learning in children with ADHD: Back to the basics of behavior therapy. 47(12), 1889-1902. https://doi.org/10.1007/s10802-019-00572-z
- 12. Fleming, A. P., McMahon, R. J., Moran, L. R., Peterson, A. P., & Dreessen, A. J. J. o. a. d. (2015). Pilot randomized controlled trial of dialectical behavior therapy group skills training for ADHD among college students. 19(3), 260-271. https://doi.org/10.1177/1087054714535951
- 13. Graziano, P. A., McNamara, J. P., Geffken, G. R., & Reid, A. (2011). Severity of children's ADHD symptoms and parenting stress: A multiple mediation model of self-regulation. Journal of abnormal child psychology, 39(7), 1073. https://doi.org/10.1007/s10802-011-9528-0
- 14. Hamidi, F., & Mohammadi, K. F. (2017). The effectiveness of cognitive behavioral group counseling of parents on the behavioral disorders of their adhd children. Journal of Exceptional Children EmpowermenT, 8(22), 50-60.
- 15. Heath, C. L., Curtis, D. F., Fan, W., McPherson, R. J. C. P., & Development, H. (2015). The association between parenting stress, parenting self-efficacy, and the clinical significance of child ADHD symptom change following behavior therapy. 46(1), 118-129. https://doi.org/10.1007/s10578-014-0458-2
- 16. Koonce, D. A. (2007). Attention deficit hyperactivity disorder assessment practices by practicing school psychologists: A national survey. Journal of Psychoeducational Assessment, 25(4), 319-333. https://doi.org/10.1177/0734282906298264
- 17. Longhurst, R. (2003). Semi-structured interviews and focus groups. Key methods in geography, 3, 143-156.
- 18. Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. AISHE-J: The All Ireland Journal of Teaching and Learning in Higher Education, 9(3), 3351-3354.
- 19. McConaughy, S. H., Volpe, R. J., Antshel, K. M., Gordon, M., & Eiraldi, R. B. (2011). Academic and social impairments of elementary school children with attention deficit hyperactivity disorder. School Psychology Review, 40(2), 200-225. https://doi.org/10.1080/02796015.2011.12087713
- 20. Meerman, S. t., Batstra, L., Grietens, H., & Frances, A. (2017). ADHD: a critical update for educational professionals. International journal of qualitative studies on health and well-being, 12(sup1), 1298267. https://doi.org/10.1080/17482631.2017.1298267
- 21. Merriam, S. B., & Tisdell, E. J. (2015). Qualitative research: A guide to design and implementation. John Wiley & Sons.
- 22. Milich, R., & Roberts, W. (2018). ADHD and Behavior Disorders in Children. https://nobaproject.com/modul es/adhd-and-behavior-disorders-in-children
- 23. Miller, A. (2018). The Difference Between Counselors, Psychologists and Psychiatrists.
- 24. Onwuegbuzie, A. J., Leech, N. L., & Collins, K. M. (2010). Innovative data collection strategies in qualitative research. Qualitative Report, 15(3), 696-726.
- 25. Pastor, P. N., Reuben, C. A., Duran, C. R., & Hawkins, L. D. (2015). Association between diagnosed adhd and selected characteristics among children aged 4-17 years: United states, 2011-2013. Nchs data brief. Number 201. https://www.cdc.gov/nchs/data/databriefs/db201.pdf
- 26. Patton, M. Q. (2002). Qualitative research and evaluation methods Sage.
- 27. Rosen, P. J., Leaberry, K. D., Slaughter, K., Fogleman, N. D., Walerius, D. M., Loren, R. E., & Epstein, J. N. (2019). Managing frustration for children (MFC) group intervention for ADHD: an open trial of a novel group intervention for deficient emotion regulation. Cognitive and Behavioral Practice, 26(3), 522-534. https://doi.org/10.1016/j.cbpra.2018.04.002
- 28. Salkind, N. J. (2010). Encyclopedia of research design. Sage. https://doi.org/10.4135/9781412961288
- 29. Smykowski, J. (2019). Find Out The Difference Between A Therapist And A Psychologist.
- 30. Sonuga-Barke, E. J., & Taylor, E. (2015). ADHD and hyperkinetic disorder. Rutter's Child and Adolescent Psychiatry, 6th ed.; Thapar, A., Pine, DS, Leckman, JF, Scott, S., Snowling, MJ, Taylor, E., Eds, 738-756. https://doi.org/10.1002/9781118381953.ch55
- 31. Stein, R. E., Storfer-Isser, A., Kerker, B. D., Garner, A., Szilagyi, M., Hoagwood, K. E., O'Connor, K. G., & Horwitz, S. M. (2016). Beyond ADHD: how well are we doing? Academic Pediatrics, 16(2), 115-121. https://doi.org/10.1016/j.acap.2015.08.012
- 32. Stern, A., Pollak, Y., Bonne, O., Malik, E., & Maeir, A. (2017). The relationship between executive functions and quality of life in adults with ADHD. Journal of attention disorders, 21(4), 323-330. https://doi.org/10.1177/1087054713504133
- 33. Syed, E. U., & Hussein, S. A. (2010). Increase in teachers' knowledge about ADHD after a week-long training program: A pilot study. Journal of attention disorders, 13(4), 420-423. https://doi.org/10.1177/10 87054708329972



- 34. Sibley, M. H., Graziano, P. A., Bickman, L., Coxe, S. J., Martin, P., Rodriguez, L. M., . . . Ortiz, M. J. P. S. (2020). Implementing parent-teen motivational interviewing+ behavior therapy for ADHD in community mental health. 1-11. https://doi.org/10.1007/s11121-020-01105-7
- 35. Tamm, L., Garner, A. A., Loren, R. E., Epstein, J. N., Vaughn, A. J., Ciesielski, H. A., & Becker, S. P. (2016). Slow sluggish cognitive tempo symptoms are associated with poorer academic performance in children with ADHD. *Psychiatry research*, 242, 251-259. https://doi.org/10.1016/j.psychres.2016.05.054
- 36. Wender, P. H., & Tomb, D. A. (2017). ADHD: A guide to understanding symptoms, causes, diagnosis, treatment, and changes over time in children, adolescents, and adults (5th ed.). Oxford University Press.