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Research Paper

Counseling Practice Guideline for the Evaluation, Diagnosis, and Treatment of Attention-Deficit/ Hyperactivity Disorder for Children

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ABSTRACT
The present counseling practice guideline was prepared for the evaluation, diagnosis, and treatment of Attention-Deficit/ Hyperactivity Disorder for children, since it is one of the most common mental disorder which not only children but also parents, siblings, teachers and classmates are suffering from. There are eight keystone advices in the guideline for counselors, researchers, psychologists, parents, and healthcare services in order help them in understanding of ADHD evaluation, diagnosis and treatment for children who are between 4 to 17 years of age. The multi-level, scientific method was used to describe the evidence base literatures. The eight keystone advices are as following, respectively:
"Underlying factors of ADHD should be considered well to have wider perspective, during using different treatment approaches for ADHD children and to achieve maximum recovery"; "Comorbidity possibilities should be described well to increase recovery with ADHD children"; "Functional Impairments should be evaluated in detailed way during treatment of ADHD with children";"Although psychological assessment of the diagnostic criteria for children with ADHD remains at the standard of health care, still there is a need for culturally adapted Psychological assessment tools to reach more sensitive diagnosis with better treatment"; "Side effects should be eliminated during the treatment of children with ADHD"; "The doses of medications should be titrated well if the medication is the latest choice for treatment of ADHD children to achieve maximum advantage with minimum antagonistic"; "At the beginning, children with ADHD should be treated without medication by using evidence-based adapted behavior therapies and other integrated methods, if these approaches alone do not provide significant treatment for children, then the small dosage of ADHD medications might be added to the treatment process"; and "Cultural treatments are the key points for well-being of ADHD children and combination of healthy dieting, traditional healing and effective therapies might lead the most effective treatment ever for children with ADHD".
The present counseling guideline provide recommendations for experts like; development of consistent cultural instruments to assess the level of social impairment with ADHD children,studies on culturally based therapies and school-based treatments' effectiveness.
Key Words: *ADHD, children, evidence based cultural therapies, behavioral therapy, medication.*

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Attention-deficit/hyperactivitydisorder (ADHD) is one of the most common neurobehavioral (mental)disorder among children with persistence into middle age. It has a multifactorial anatomy. ADHD's chronicity, if diagnosis is misused or overdue, may result with important negative impacts on the people's general functioning and progress (Cabral, Liu, & Soares, 2020). To able to diagnose it following criterions need to be underlined;

Table 1: Symptoms of ADHD for children

Symptoms	How children with these symptoms might behave
Inattention	Daydreams, generally they have problem to pay attention
	They generally do not look like to listen
	They are distracted easily
	They often do not look like to care about fine points and involve in thoughtless faults
	They often do not follow an instruction or finish a task in organized way
	They often lose their important belongings
	They frequently forget stuffs
	They commonly evade doing tasks which need enduring mental exertion
Hyperactivity	They are in ongoing movement like "driven by a motor"
	They cannot wait seated
	They often fidget and wiggle
	They speak excessive
	They commonly jump, run and move up when it is banned
	They cannot play quietly
Impulsivity	They often talk and move rashly
	They might run into the street uncarefully
	They often have trouble with turns at talking
	They cannot stand by somethings
	They frequently shout out answers before the questions are completed
	They often bother other people

Adapted from American Academy of Pediatrics. (2016). *Understanding ADHD: Information for Parents About Attention-Deficit/Hyperactivity Disorder*.

First of all, ADHD symptoms should occur in two or more situations, like in school, home, and social area, and result withfunctional impairments. Then, children between age of 4 to 17 years, should show six or more symptoms, and these symptoms should cause functional impairment significantly in children's daily life.Lastly, ADHD symptoms should have sustained for more than six months (American Academy of Pediatrics, 2016).

Scholars have discovered that ADHD in children costs socially and financially in which it has costed US$13 billion a year in economic and social losses in Australia (Murdoch Childrens Research Institute, October 26, 2020).In the same time, most of the children with ADHD do not get their medicine consistently, they continue to live without treatment 40% of the time (Murdoch Childrens Research Institute, February 3, 2020).Also, ADHD causes increased risk for developing illnesses like Parkinson (University of Utah Health, September 12, 2018). On the other hand, Wiklund, Patzelt, and Dimov, (2016) interestingly,benefits of ADHD symptoms were found out in which these symptoms look like performances generally related with entrepreneurship and they foster important traits related with entrepreneurship which lead new experiences and show passion and steadfastness. However, that does not mean ADHD should not be treated since younger primary school children are the one who suffer more from this disorder (Sayal, Chudal, Hinkka-Yli-Salomäki, Joelsson, & Sourander, 2017).

Age Range

Children are defined as any human being under the age of 18 years so, the present guideline addresses the diagnosis and treatment of ADHD in children between4to17 years of age (ACPF, 2013).

Scope

The present psychological interventions maybenefitparents of children with hyperactive/ impulsive actionswhich do not meet diagnostic criteria for ADHD completely. Also, researchers, counselors, psychologists, schools and healthcare services may utilize from this guideline. In the present guidance, the

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-4)is used for the diagnosis of children with ADHD. Also, suggestions for children care, their treatmentand parentsare provided.

A Process of Care for Diagnosis and Treatment

The procedure of present guideline and processofcare identifies evaluations, diagnoses, and treatments as a constantprocedure and gives recommendations. Along with the general recommendations for evaluation, diagnosis, and treatment, it provides a single procedure to guide the counseling process.

About ThisGuideline

This guideline provides eight recommendations for the evaluation, diagnosis, and treatment of ADHD in children. These recommendations offer for reliable and quality care for children with ADHD and their families and fill some of the gaps related to this issue. As a note; It is known that some counselors might not feel confident of their ability to diagnose and treat children with ADHD successfully due to some factors like; coexisting circumstances, age of children or other problems. If counselors feel that they are not sufficiently competent or they are unclear about making diagnoses or completing the treatment, the referral to mental health professionals should be done.

I. METHODOLOGY

The multi-level, scientific method was used to describe the evidence base literature for diagnosis and treatment. Firstly, the researcher conducted scoping review of the literature through analytically searching literature with related descriptors, and formerly summed up the main findings of scientific journals that met the norms. In addition to this systematic analysis, for treatment it was used the review from the previous literatures on "ADHD, effectiveness of treatment in children and long-term effectiveness, diagnosis, and both classic and cultural treatments." This examination addressed numerous of key questions for the researchers, psychologists, counselors, parents, and healthcare services, together with the effectiveness of behavioral and cultural treatments and medications for children. The issue of diagnosisand treatment was focused on followingzones:

1. ADHD reasons; What are the underlying factors of ADHD for children?
2. Comorbidity; What kind of the mental disorders co-occurs with ADHD?
3. Functional damages; What are the functional impairments of children with ADHD?
4. Assessments; Do psychological assessment of the diagnostic criteria for ADHD remain the standard of health care? How precise are psychological assessments tools in the diagnosis of ADHD (the psychometric properties)?
5. Side effects of the medicines; Are there significant side effects of ADHD medicine during treatment of children?
6. Medications; What is available new information concerning the long-term efficacy and safety of medications for the ADHD treatment? Exactly, what kind of information is obtainable on the safety and effectiveness of these medications for children?
7. Therapies; What is available information on the long-term safety and effectiveness of psychological interventions for the ADHD treatment for children? Exactly, what kind of information is obtainable on the safety and effectiveness of these interventions for children?
8. Cultural Treatments; Are there other evidence-based therapies which reach the level of attention?

Diagnosis and Treatment

To make a diagnosis of ADHD, the counselors should determine that Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-4) criteria have been met and information should be attained mainly from parents, teachers, guardians, and other school and mental health clinicians who involved in the children's care. The counselors should also rule out any alternative cause.

II. KEYSTONE ADVICES FOR ADHD EVALUATION, DIAGNOSIS, AND TREATMENT FOR CHILDREN

FIRST POINT: Underlying factors of ADHD should be considered well to have wider perspective, during using different treatment approachesfor ADHD children and to achieve maximum recovery.

There are numerous underlying factors of ADHD symptoms in children like environmental, genetic, biochemical and physical factors before birth.Researchers found out that children who experience ecological and parental stressors, and traumatic experiences, like exposure to violence, poverty, and mental disease are more expected to be diagnosed with ADHD (Montefiore Health System, October 11, 2016). Also, common plastics chemicals like phthalates were investigated to cause ADHD symptoms. Toys, dolls, cleaning supplies, plastics, and personal care objects contain phthalates, and this problem causes hormonal troubles, reproductive problems, asthma and birth defects (Kim et al., 2009).Likewise, children who exposed to little amounts of lead

(environmental pollutants) and a common household pesticide may develop ADHD symptoms (Nigg, Elmore, Natarajan, Friderici, & Nikolas, 2015; and Richardson, 2015).

Latest studies showed that biochemical factors also play important role in contributing ADHD in children whichthey have almost 50 percentage less of a protein which is significant for learning and attention.Less amount of protein in the brain may demonstrate less production of serotonin. Therefore,so far, the focus wasprimarilyon the indicatoringredients noradrenaline and dopamine in the medication. But then, serotonin should be added in the treatment of ADHD with children. (Expertanswer, 2011, December 6).

Furthermore, physical brain injury in children amongst physical factors that lead to ADHD, which is different than genetic risks of the disorder (Stojanovski, 2018). Besides, researchers found out that,mothers who had high sugar and fat diet during their pregnancy had children who showsADHD symptoms (Rijlaarsdam et al., 2016). Also, children who experienced less oxygen during the birth and had exposed to high level of cotinine,were undoubtedly more expected to develop ADHDfuture in life as compared to others (Getahun et al.,December 10, 2012; and Sourander, 2019). Similarly, higher level of "urinary fluoride" during pregnancy islinked with ADHD symptoms in children of schoolage. Dental goods, tap water,milk, table salt and many other products have been fluoridated by variablequantities for more than 60 years, unfortunately. This cause significantly inattentive behaviors and cognitive difficulties (Bashash et al, 2018).

Moreover, mothers who have low levels of body-regulating chemicals like thyroid during the first three months of pregnancy may affect the infant's brain development, which may lead ADHD in their children (Peltier, Fassett, Chiu, & Getahun, 2020). Also, ADHD risk was found 34% higher with children who have mothers with vitamin D deficiency during pregnancy(especially, during first and second trimesters) (University of Turku, February 10, 2020).

Additionally, there are significant genetic factors that lead ADHD in children in which 4 years old children with ADHD presented decreased brain volumes in areas that critical for controlling behavioral and they were more expected to have little parts of their DNA replicated or absent than others (Jacobson et al., 2018; and Williams et al., 2010).Also, it was found the general brain size and five of the area sizes were lesser in people with ADHD and these areas were the "caudate nucleus, putamen, nucleus accumbens, amygdala and hippocampus". These detected changes were most prominent in ADHD children's brains. (Radboud University Nijmegen Medical Centre, February 16, 2017).Ni, Amare, Zhou, Mills, Gratten, and Hong Lee, (2019) investigated genetic relationship between women reproductive characters and main psychiatric illnesses and they found the genetic risk of ADHD in children was significantly linked with early motherly age at "first birth" (particularly, younger than 20).

SECOND POINT: Comorbidity possibilities should be described well to increase recovery with ADHD children.

There are various mental disorders that coexist with ADHD in children in whichtrauma and ADHD every so oftenare seen together. According to AAP when children have problemtostay organized, focus on responsibilities, control their actions and sit still, they may be evaluated for ADHD directly(American Academy of Pediatrics, 2014, May 6). As well, in the evaluation ofchildrenwith ADHD, professionals should involve assessments for furthercircumstanceswhich might co-occur with ADHD, like oppositional defiant, conduct, anxiety and depressive disorders (as behavioral or emotional), language and learning andextra neurodevelopmental disorders (as developmental), and sleep apnea and tics, (as physical) (AAP, 2016). Also, sometimes, ADHD treatment find solution for the coexisting disorder like anxiety and oppositional defiant disorder anxiety. (The College Board, July 8, 2011).

THIRD POINT: Functional Impairments should be evaluated in detailed way during treatment of ADHD with children.

ADHD causes social and mental damages in children in which they experienced strongsocial and educational impairment (DuPaul, Chronis-Tuscano, Danielson, & Visser, 2018). Young children with symptoms of ADHD are found less expected than others to be prepared for school(Perrin, Heller, & Loe, 2019). Also, children with ADHD have more trouble falling asleep which they sleep more poorly compared totheir peers (Virring, Lambek, Thomsen, Møller, & Jennum, 2016). Addition to that, DeCarlo, Swanson, McGwin, Visscher, and Owsley, (2016) investigated a bigger risk of ADHD amongst children with vision complications that are not amendable with contacts or glasses, like lazy eye and color blindness relative to others.

FOURTH POINT: Although psychological assessment of the diagnostic criteria for children with ADHD remains at the standard of health care,still there is a need for culturally adapted Psychological assessment tools to reach more sensitive diagnosis with better treatment.

To diagnose children with ADHD, experts have interview with parents, teachers and/or other related people with the children regarding ADHD matters. During this assessment before using psychometric tools to rule out conditions other than ADHD, experts might ask some tests such as eyesight, hearing, blood test for lead levels and thyroid problems, electrical brain activity, CT/MRI to see brain deformity and etc. Emser et. al., (2018) found out that in diagnosis of ADHD children, with using both objective and subjective measures the conclusion is more accurate and sensitive (specify for children is .83).

In general, the specialist use APA guidelines to diagnose children with ADHD which consist of three types of illness (see Table 1) that inattentive, hyperactive-impulsive and combined (who have both inattentive and hyperactive-impulsive symptoms, more common than others.) Also, psychometric tools are used in evaluation part likethe "Vanderbilt Assessment Scale" (consist of 55questionsto assess symptoms of ADHD andadditionalcircumstanceslikeanxiety, depression, CD, and ODD), the "Child Attention Profile" (CAP) (common symptoms of ADHD, teachers or parents fill it), "Behavior Assessment System for Children" (BASC) (it measures level ofattention, hyperactivity, hostility, absence of crucial skills and problems of learning and conduct, anxiety and depression), "Child Behavior Checklist/Teacher Report Form" (CBCL) (addition to the previous tests, itassesses delinquent actions, withdrawal and physical troubles), and "Brain Wave Tests" (NEBA system whichassesses waves of brain), (Bhandari, June 07, 2019).

According to AAP (2011), to make an accurate diagnosis for ADHD children, specialists should conclude that DSM-4 conditions met with reports of impairment in more than 1 main situation, and related information should be taken mainly from parents, teachers guardians, and other clinicians who involved in the children's care and they should also rule out any otherreasons.

FIFTH POINT: Side effects should be eliminated during the treatment of children with ADHD.

There are number of side effects of the ADHD stimulant medications that need to be removed like strong difficulties to fall asleep, having poorer quality of sleep and sleeping for shorter extends (University of Nebraska-Lincoln, 2015, November 23). Also, children with ADHD medicationsdemonstratedreduced bone mass (American Academy of Orthopaedic Surgeons, 2016, March 3). Ritalin, Methylphenidates, and Dextroamphetamines which is known as stimulants for ADHD treatment are found to make addiction like cocaine addition to their strong side effects. Similarly, children who used these stimulants are found to have cocaine addiction later on in the USA and also % 60 percent of these children start to show symptoms of CD and ODD (Aidin, 2008).

SIXTH POINT: The doses of medications should be titrated well if the medication is the latest choice for treatment of ADHD children to achieve maximum advantage with minimum antagonistic.

Medication (stimulants) issue with ADHD children counties to be argumentative. There are two neurotransmitters (dopamine and norepinephrine) in the brain which are responsible for memory construction, the beginning of addictive actions, and awakening and concentration. ADHD stimulants increase them to eliminate the symptoms of patients. However, experts know little about functions of ADHD stimulants in which previous studies were mainly, on effect of high dosage stimulants that causes future impairments in attention and makes addiction. So, studies found out that to make better drugs for ADHD it is needed to target PFC's (prefrontal cortex) neurotransmitters (University of Wisconsin-Madison, June 26, 2006). Moreover, according to AAP, (2011) ADHD medication is not suitable for children whose symptoms do not meet DSM-4 criteria for diagnosis and when it is necessary to prescribe medications for these children, the specialists have to titrate dosage to reach the highest advantage with the lowest antagonistic.

SEVENTH POINT: At the beginning, children with ADHD should be treated without medication by using evidence-based adapted behavior therapies and other integrated methods, if these approaches alone do not provide significant treatment for children, then the small dosage of ADHD medications might be added to the treatment process.

There areseveral treatment approaches for children with ADHD and amongst them are "cutting back on yelling", verbal disapproval and furtherstrict parenting styles, together with physical penalty, have the influence to calm ADHD children. Therefore, the researchers advised that parents should not be blamed for these behaviors but the solutions should be focused to help families and their children with ADHD (Bell, Shader,Webster-Stratton,Reid&Beauchaine, 2017).Still, ADHD children were found to do their tasks better in nature (University of Illinois at Urbana-Champaign, 2008, October 15). To improve their cognitive performance children should be given chance to move constantly and play (Hartanto, Krafft, Iosif, &Schweitzer, 2015).

Taylor and Ming Kuo, (2011) found out that children who habitually play in grassland with green like trees and leaves, have slighter symptoms of ADHD than those who play inside settings.

Scientists in University at Buffalo, (7 May, 2005) investigated that combination of medication and behavior therapy is the most productive way to develop the behavior of children with ADHD. Also, an interactive avatar that provides both directions and response on the concentration of the beginner, can progress the performance of these children on multifaceted problem-solving works (Fabio, Caprì, Iannizzotto, Nucita, & Mohammadhasani, 2019). Also, youngsters with ADHD were observed tobenefit from sleeping more to improvetheirconcentration, regulation and designof emotions **(**APS, April 8, 2019).

There are new studies thatprovides clearer counseling on how schools can support children with ADHD to eliminatetheir symptoms and maximize their academic achievements in which Moore et al., (2018) suggested usage of "daily report cards" to maximize children's capability to control their feelings. In addition to that, ADHD children were found to be in need for clear explanation of orders and rewards for every condition, also when rewards are not existingany more, it has to be underlined well in order to improve their achievements (Alsop, Furukawa, Sowerby, Jensen, Moffat, & Tripp, 2016). Besides, extreme movements are common amongst children with ADHDand these energetic actions were found to improvetheirremembrance of information and exercisesin multifaceted cognitive tasks. This demonstrates longtime methods are not suitable for ADHD children (Sarver, Rapport, Kofler, Raiker, & Friedman, 2015).

Moreover, specialists need to knowthat ADHD is a continuingdisorder, so, children with ADHD should be considered as children who needappropriate health care. According to AAP (2011), management of these children should follow the steps of medical home and the chronic care model. Likewise, treatment of ADHD childrendiffersbased on the client's age. For children 4 to 5 years of age, in the beginning, the specialists should provide behavior therapy (parent and/or teacher) and may suggest"methylphenidate" if the behavioraltherapy do not specifyimportantdevelopment and there is an average to seriousongoingtrouble in the children's function. For children 6 to 11 years of age, the specialists should suggestsuitable medications and/or behavior therapy (parentand/or teacher) as treatment for ADHD (AAP, 2011).

EIGHTH POINT: Cultural treatments are the key points for well-being of ADHD children and combination of healthy dieting, traditional healing and effective therapies might lead the most effective treatment ever for children with ADHD.

Before mentioning about Muslim cultural treatments for children with ADHD, it is better to mention about recent studies which talk about importance of dieting style for ADHD children. Johnson, Wilson, Bland, and Lanaspa, (2020) found excessive sugar intake cause ADHD and bipolar symptoms and aggressive actions as well. Besides, omega-3 intake is investigated to decrease ADHD symptoms (Dervola et al., 2012). Also, the Mediterraneandieting style might be one of the best additional treatment for children with ADHD (Ríos-Hernández, Alda, Farran-Codina, Ferreira-García, & Izquierdo-Pulido, 2017).Likewise, infants are found to have fewer ADHD symptoms whose mothers got vitamin D sufficiently during their pregnancy (Mossin, Aaby, Dalgard, Lykkedegn, Christesen, & Bilenberg, 2016).

As cultural treatments for ADHD children, Aidin (2008) who was a medical doctor, focused on holistic medicine.In other words, she believes that in order to treat patients in the most effective way the specialists have to look at from the all perspectives. Aidin in her Turkish book which is titled as "real medicine", focused on the treatment of ADHD from both western and Islamic perspectives (based on the Qur'an and Hadith). She mentioned that more than 70% percent of children with ADHD experience depression and feeling of scaredness and most of these children have addiction of ADHD stimulants. She highlights main reasons of ADHD based on scientific variables as; added substances, synthetic oxytocin (especially during abdominal delivery), lead poisoning, iron deficiency/excess, deficiency of obligatory fatty acids, antiepileptic drugs, and excessive TV watching and playing computer games. Likewise, the for the treatment of ADHD, children need to have natural diet, fast, cup, learn foreign languages, and read and write the Qur'anic verses.Too, massaging the children's head with olive or black cumin oil with adding a few drops of rose oil through forty days was found effective for ADHD children as additional treatment.

BEHAVIORAL THERAPY FOR ADHD CHILDREN

The researchers have discovered most of the preschool children with ADHD get benefits from behavioral therapy (BT) alone. These programs are characteristically work in the system of "group parent training programs" (Greenhill, Kollins, Abikoff, McCracken, Riddle, & Swanson, 2006). Also, positive effects of BT increase when it was combined with ADHD medications (AAP, 2011).

BTcharacterizes a comprehensivegroup of detailed interventions which have common goals of adjusting the social and physical setting tochange behavior. BT usually is applied by educating parents in particularmethodswhichmakes their skills better to adjust and shape their children's behaviors and to make the children's skillsbetter to controltheir behavior. This education consistsmethods to more sufficientlygiverewards

(prizes) when their childrenshows the wanted behavior, acknowledge what kind of behaviors can be eradicatedviaintentional ignoring or via praising as a dynamic tactic, or givesuitable punishments when their childrenare unsuccessful to achieve the aims.It is necessary to steadilygiveprizes and punishments as goals are attained and at that point, to progressively increase the expectations for each goal as theybecome skilled at to form behaviors.

The long-term effectiveness of BThas yet to be resolved. Continuingloyalty to behavior programs may be important; so, to provide long-term effects for children health a "chronic care model"should be applied (Van Cleave & Leslie, 2008). Additionally, families and teachers of ADHD children were meaningfully more pleased with the treatment design which were providing both BT and medications. Finally, the mixture of BT and management of medication admitted for the use of lesser dosages of drugs, which probablyminimized the risk of side effects (AAP, 2011).

There are numerous evidence-based BT for ADHD children and amongst them Behavioral parent training (BPT), Behavioral classroom management (BCM), and Behavioral peer interventions (BPI), (AAP, 2011).BPT is providing behavior alteration principles to parents who have children withADHD to implement in home environment. It is found to improve understandings of parents on behavioral principles, obediencetocommands of parents, and satisfaction of parents with high levels. BCM is also providing behavior alteration principles to teachers of children with ADHD to implement in classroom environment. It is found to improve work productiveness,concentration to directions, obedienceto rules ofschool andreduceddisturbing behaviors. Lastly, BPI is a group-based approach which focus on peer (coequal) relationships and,weekly, provides clinical based trainings of socialskills that is used alone or parallel with BPT and/or ADHD medication (Pelham & Fabiano, 2008).

Moreover, a classic BPT sessions' order is firstly, a clinical behavioral intervention, then respectively, parent training on; examination of children's condition, theory of social learning,and management of behavioral principles,creating a school and/or homedaily-report-card and behavior checklist, and rewarding in school and home,joining to proper behaviors andignoring negligible, improper behavior,givingoperativeinstructions and warnings,creating and applying"rules/When...then"possibilities,time-out dealings, "home point system-reward and response cost", applyingpossibilities atoutdoor likepreparationforward for disobedience atoutdoor, skills for problem-solvingand lastly, perpetuation of the program weekly after the end of therapist connection.By way of ADHD is linked with damages in severalareas, treatment practicesgenerally,consistextra components, likeBCM to refer social and academic functioning in the school backgrounds, skills for social training or concentrated summer treatment programs to refer relationships with peer (BPI), and medication (Chronis-Tuscano et al., 2004).

As school programming and supports, coordination of BT programs through home and schools might increase therapy's effectiveness for children with ADHD. Classroom adjustments, like adapted homework, primaryseats, and test adjustments, may be provided by school programs. It is important for counselors to have knowledge about thesuitable standards of ADHD children's state and school region to guide families and teachers (The College Board, July 8, 2011).Education of parents is also critical in treatment of ADHD since they are challenged through ADHD symptoms of their children (Bodenheimer, Wagner, & Grumbach, 2002). Also, parents and children should be aware by experts about medication management and dose which might take some months to accomplishmaximum success (Jensen et al., 2001).

III. CONCLUSION

Scientific evidencesremain to be somewhatunderstandable with respect to the ADHD diagnosis (suitable diagnostic criteria and processes), comorbidity issues, behavioral and pharmacological treatments. Yet, combination of suitablecultural and behavioral treatments and accomplishingeffective long-term resultscontinueas the stages required to be taken which is challenging. The counselors who want to provide more detailed treatment for ADHD children should take the presents steps in order to achieve optimal treatment.

IV. RECOMMENDATIONS FOR FUTURE STUDIES

There are severalexplicit research areasrelated to the ADHD diagnosis, treatment and difficulties of developmental differences forwell-being of children need to bediscovered, like;

- Development of consistentcultural instruments appropriatefor using in primary care to assess the level of social impairment with ADHD children,
- Study of culturally based therapies used by psychologists/counselors,
- Evaluation of the numerous school-based treatments' efficacy,
- Development approaches for parents and children in their personal care,
- Standardized psychometric tools for helpingexperts in classifyingcomorbidity,
- Enhanced communication methods with mental health experts and school authoritiesand furtherpublic/private agencies, to deliver effective collective care for ADHD children.

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