Assessment of Knowledge of Primary School Teachers' about Attention Deficit Hyperactivity Disorder in Basra city

By : Kadhim Jawad AL Madwah, Abdul Kareem A. Qasim , Sajjad S. Issa, Abdul Ameer Al-Mussawi

Abstract

Background; Teachers can play a key role in identifying and supporting students with attention deficit hyperactivity disorder. In order to achieve this role, it is vital for teachers to have obvious knowledge about this disorder. Aim; the study was identified teachers' knowledge about attention deficit hyperactivity disorder among primary school children.

Design; A descriptive analytic design was used. Setting; this study was conducted at primary schools in Basra Governorate center.

Simple; random Sample consisted of 200 teachers from primary schools were included. Tools; A questionnaire is developed as a tool for data collection.

Results; The main results of study reported that (83.5%) of teachers

Had not received training courses during experience years about attention deficit hyperactivity disorder.Also, there was (50.5%) of teachers had poor knowledge compared to only (13.5%) had good knowledge about attention deficit Hyperactivity disorder.

Furthermore, there was no significant relation between score of total teachers' knowledge about attention deficit hyperactivity disorder and their age, teaching experience years, receiving training courses, experience with students had ADHD and attending about attention deficit hyperactivity disorder but there was statistically significant relation between score of total teachers' knowledge about ADHD and education level of teachers.

Conclusion; knowledge of teachers in the studied sample was poor and insufficient about attention deficit hyperactivity disorder.

Also, most of teachers don't have training courses during college about attention deficit hyperactivity.

Introduction:

Attention deficit hyperactivity disorder is one of the greatest common neurobehavioral disorders of childhood and can affect the academic achievement, well-being and social interactions of children (1). The Diagnostic and Statistical Manual of Mental Disorders – 5th edition (DSM-5) defines ADHD as a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development as characterized by six or more symptoms from either or both the inattention group of criteria and the hyperactivity and impulsivity criteria. The symptoms presenting in two or more settings (e.g. at home, school, or work; with friends or relatives; in other activities) and the symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and adversely effects directly on social, academic or occupational functioning. Several symptoms must have been present before age 12 years (2,3).

Moreover, ADHD has a significant influence on society due to its financial cost, the stress it places on teachers and parents alike, the adverse academic and occupational outcomes. The disorder results in impairments in the individual's key life activities, including social relations, family, and vocational functioning, self-sufficiency, and adherence to social regulations (4).

Children spend the greatest amount of their time in classrooms, they are likely to follow guidelines, behave in socially proper ways, participate in educational activities and withdraw from disturbing the learning development or activities of others. Teachers do not only must teach learners the skills abilities and knowledge that form part of the curriculum but also they must teach them to act in a manner that meets organizational, social and cultural expectations₍₅₎.

2

Children with ADHD require greater amounts of attention than their colleagues, a succession of organizational and structural modifications, and greater contribution by teachers (6).

Teachers are often the main source of knowledge and play an essential role in the diagnosis, management and intervention of ADHD. They have direct experience of the learner in the classroom situation; a setting which requires the learner to sit still, pay attention, adhere to instructions and interact with peers and adults in suitable manner. Teachers' knowledge and understanding will determine how they engage with and manage learners experiencing ADHD. Early identification and intervention by teachers is very important, especially as a large percentage of individuals continue to have symptoms in adolescence and adulthood (7).

Teachers have false ideas or gaps in their knowledge of ADHD, which causes them to behave inappropriately in the classroom. In this regard, it is imperative that teachers should be knowledgeable about this disorder and has an understanding of the essential skills required in working with schoolchildren with ADHD in the regular classroom setting (6).

Moreover, Teachers need to improve their understanding of ADHD which could help for their future children with ADHD in their classroom to perform better at school, not only academically but also socially, and could strengthen children's resilience and self-esteem, which can positively affect these children's future success (8).

School personnel play an essential role in the management of ADHD (1). School nurses as a health professional in the school setting should be on the front in early identifying, managing and avoiding negative outcomes of ADHD by redirecting academic and health interventions that enhance the educational, psychosocial, and emotional development of most children with ADHD in the school and acting as a link among school, family, health care providers, and the community are expanded. Therefore, it is a great opportunity for school nurses to identify teacher's knowledge about ADHD and have the potential to facilitate a greater understanding about ADHD among teachers and other staff; offer desirable recommendations about the management of children with ADHD and assist in referring families to community support groups for ADHD (9).

1-2 important of the study:

Primary school age children are an important period of life. Assessing teachers knowledge of ADHD, identifying areas strength, weaknesses, inaccurate beliefs, and exploring possible links to teachers characteristics could notify and improve future policies and interventions aimed at understanding, assisting and supporting children with ADHDand their teachers .

1-4 Goals of the study:

To know the knowledge level of primary school teachers about (ADHD).
 To find Is there a relationship between the knowledge levels of primary school teacher's about ADHD and their socio-demographic characteristics .
 To find Is there a relationship between the knowledge level of primary school teachers and their experiences about (ADHD)

1-5 Definition of terms:

(DSM-5): The Diagnostic and Statistical Manual of Mental Disorders – 5th edition

(ADHD): Attention Deficit Hyperactivity Disorder: lack of attention's well as Behavioral disorder in which the child produces excessive motor behavior inappropriate for the age of the fetus, and impulse

2.1 background of (ADHD):

Attention deficit hyperactivity disorder is a disorder of childhood and adolescence characterized by a pattern of extreme pervasive, persistent and debilitating inattention, over activity and impulsivity. It is believed to be one of the most common reasons for mental health referrals to family physicians, pediatricians, pediatric neurologists and child and adolescent psychiatrists. Although originally thought to remit during childhood, the symptoms of ADHD have also been shown to persist in patients through adolescence and into adulthood. The disorder is often chronic, with one third to one half of those affected retaining the condition into adulthood. It interferes with many areas of normal development and functioning in a child's life. Children with ADHD are more likely than their peers to experience educational underachievement, social isolation and antisocial behavior during the school years and to go on to have significant difficulties in the post-school years(11).

Attention-deficit/hyperactivitydisorder is one of the most commonneurodevelopment disorders of childhood. The worldwide prevalence in children \leq 18 years has been estimated at 5.3% in a systematic review of 102 studies from all continents, with a majority from North America and Europe (12).

The World Health Organization (WHO) uses a different name—hyperkinetic disorder (HD)—but lists similar operational criteria for the disorder. Regardless of the name used, ADHD/HD is one of the most thoroughly researched disorders in medicine. It has been associated with a broad range of negative outcomes for affected subjects and with a serious financial burden to families and society, which characterizes it as a major public health problem(14).

An understanding of the epidemiological aspects of ADHD/HD may provide insight into its distribution and etiology as well as information for planning the allocation of funds for mental health services. In past decades, investigators from all regions of the world have made substantial efforts to define the prevalence of the disorder. Several literature reviews have reported highly variable rates worldwide, ranging from as low as 1% to as high as nearly 20% among school-age children. Several investigators have suggested that prevalence rates in Europe were significantly lower than rates found in North America (12).

Methodology

3-1Design of the study:

Descriptive study was conducted about teacher's knowledge about attention deficit hyperactivity disorder during the period (20 October / 2017 to 15 April/2018)

3-2 Administrative Arrangement:

Prior to actual collection of data, formal administrative approval is obtained to conduct the study from the Basra Education Directorate/Department of Educational Planning (Appendix B)

3-3 setting of the study:

The study was carried out in primary schools in Basragovernorate center.

3-4 Sample of the study:

There are 392 primary schools in Basra center consist (7984) teachers 996 males and 6988 females . We werechosenrandomly 20 schools from total number schools and 10 teachers from each school were chosen randomly. Samples were randomly collected from primary schools in Basra center consisted of 200 teachers.

3-5 Instrument of the study:

For purpose of the study questionnaire format, is designed and constructed after reviewing related literatures and previous studies by researchers depending on:Used Knowledge of Attention Deficit/ Hyperactivity Disorder Scale (KADDS) with modified.The questionnaire consists of (20) items (Appendix A) which include three parts:

A -General information about the nature, causes and outcome of ADHD

B- Symptoms /diagnosis

C- Treatment

3-6 Statistical data analysis

Analysis was made by using SPSS (statistical package for social sciences version 16) data was expressed in (frequency and percentage). Correlations were used to examine the association between different variables. Likert scale was used to make the scoring.

The scoring was graded as follows.

<50% poor

50-75% fair

>75% good.

Results and Discussion

Results

Table 1.disterbution of socio-demographic data of primary school teachers(n=200)

Socio-demographic data	The studied primary school teachers (n= 200)		
	NO. Percentage %		
Sex:			
Males	27	13.5	
Females	173	86.5	
Age (years):			
20-29	21	10.5	
30-39	66	33	
40-49	72	36	
50-60	41	20.5	

Γ	1	
Education:		
Diploma degree	152	76.0
Bachelor's degree	48	24.0
Years of experience:		
1-5	33	16.5
6-10	28	14
11-15	30	15
16-20	49	24.5
More than 20	60	30
Course in ADHD:		
Yes	33	16.5
NO	167	83.5
Experience in		
ADHD:	130	65.0
Yes	70	35.0
No		
		1

Table 1: showed that 13.5 % of the study samples were males and 86.5 % were females

Regarding the age groups 10.5 % were from 20 -29 years old, 33% were from 30-39 years old 36 % were from 40 - 49 years old and 20.5 % were from 50 years and above

Regarding the education levels, 76 % were having Diploma in education sciences and 24 % were having Bachelor in education sciences.

regarding years of employment, 16.5 % were having 1-5 years, 14 % were having 6- 10 years, 15 % were having 11 - 15 years, 24.5 % were having 16 - 20 years and 30 % were having more than 20 years regarding courses in ADHD, 16.5 % had an ADHD course while 83.5 % had no course in ADHD, also 65 % had an experience in ADHD and 35 % did not have

	No.	Percentage%
<50 poor	101	50.5%
50-75fair	72	36%
>75 good	27	13.5%

Scoring graduating

Table 2: showed that 50.5% had poor scoring, 36 % had fair scoring, and 13.5 % had good scoring.

Correlations

Education	level	Education level	Score
Educatio n level	Pearson Correlation	1	.175*
	Sig. (2-tailed)		.013
	Ν	200	200
Score	Pearson Correlation	.175*	1
	Sig. (2-tailed)	.013	

Ν	200	200
*. Correlation is significant at	t the 0.05 lev	el (2-tailed).

Table 3: showed that there was a significant correlation between education levels of teachers and score the teachers got.

Correlations

		Age	Score
Age	Pearson Correlation	1	086-
	Sig. (2-tailed)		.226
	Ν	200	200
Score	Pearson Correlation	086-	1
	Sig. (2-tailed)	.226	
	Ν	200	200

Table4: showed that there was no significant correlation between age of the teachers and their scores.

Correlations

		Sex	Score
Sex	Pearson Correlation	1	055-
	Sig. (2-tailed)		.436
	Ν	200	200
Score	Pearson Correlation	055-	1

Sig. (2-tailed)	.436	
Ν	200	200

Table5: showed that there was no significant correlation between the genders of the teachers and scoring.

Correlations

		years	Score
years	Pearson Correlation	1	046-
	Sig. (2-tailed)		.519
	Ν	200	200
score	Pearson Correlation	046-	1
	Sig. (2-tailed)	.519	
	Ν	200	200

Table6: showed that there was no significant correlation between years of employment and scoring.

Correlations

	experienc e	score
Experienc Pearson e Correlation	1	.078

	Sig. (2-tailed)		.272
	Ν	200	200
Score	Pearson Correlation	.078	1
	Sig. (2-tailed)	.272	
	Ν	200	200

Table7: showed that there was no significant correlation between the experiences with student had ADHD and scoring.

Correlations

		course	Score
Cours e	Pearson Correlation	1	017-
	Sig. (2-tailed)		.811
	Ν	200	200
Score	Pearson Correlation	017-	1
	Sig. (2-tailed)	.811	
	Ν	200	200

Table8: showed that there was no significant correlation between the coursetraining in ADHD and the score they got.

Discussion

• Teachers with low information about ADHD and Inexperience in working with ADHD children may be at Increased risk for higher stress and burnout, especially in Low-resourced and loaded schools₍₂₇₎.

• Teachers play an important part in the identification, diagnosis, and Intervention of ADHD, it is vital for teachers to have Strong knowledge about it (6).

The aim of this studywas to identify teachers' knowledge about ADHD among Primary school children .

The result of the study revealed that 86.5% of the participants were female, the majority of them 36% at age (40-49) years ago .regarding education (76%) had diploma degree. concerning years of teaching experience (30%) of them had (more than 20) years, regarding receive training courses about ADHD during college (83.5%) didn't have training courses about ADHD, regarding experience with student had ADHD (65%) had experience with student had ADHD.

Primary school teacher's knowledge about (ADHD) was examined concerning three areas: general information, symptoms and diagnosis, and treatment of (ADHD).

The finding of the current study about responses of the knowledge of (ADHD) scale questionnaire were interpreted as follows, good levels of total knowledge of teachers about ADHD was 13.5%, fair levels of total knowledge was 36% and poor levels of total knowledge was 50.5%.

This finding consistent with results of the studies (dilaimi, H. (2013)) who showed that 35 thirty five per cent of teachers were answered correctly which reflected very poor knowledge about (ADHD) among primary school teachers in NewZealand. Also, (Suleiman, M.E (2015)).

Who studied primary school teachers knowledge of ADHD in Beni-Suef governorate in Egypt he showed that about 43% forty three per cent of responses were answered correctly which reflect poor of knowledge about ADHD among primary school teachers in Egypt. (Beryl, T., Nicolette, V.R., and Kelvin, M.2015).

They found that about (45%forty five per cent) were answered correctly which reflect poor of knowledge about ADHD among primary school teachers in South African.While not agree with the results of studies.

the following studies where teachers were most knowledgeable about ADHD in other studies identified in Egypt by (shaaban, N. 2014) he revealed that three fourths of elementary teachers in Egyptian international schools in Helwan have high level of knowledge about ADHD.

Additionally, (Alessandra,F.,Lorenzo,M.,&gian,M.M.2014)they found that, more than seventy per cent of Italian teachers responses were answered correctly which reflect high level of knowledge about ADHD the differences teachers average knowledge of ADHD between the present study and previous studies may be attributable to cultural differences in the populations being studied , presence of awareness program in these places and methodological differences among the studies such as sample size , sampling method , demographic characteristics of participants and instruments used .

The present study showed that 83.5 %of teachers no received training courses about ADHD during college. this result was in agreement with (Suleiman, M.E.2015) who examined primary school teachers knowledge of ADAHD in Beni-suef governorate in Egypt he found that 80.4 %of the teachers had not received training courses about ADHD .on the contrary (shaaban, N.E.2015) who examined knowledge, perceptions and attitude of elementary classroom teachers towards ADHD children in Egyptian international schools at governorate ofhelwan he found that most of teachers received training courses about ADHD. The differences may due to awareness programs that provided for teachers.

Concerning relationship between total teachers knowledge regard ADHD and socio-demographic the current study showed that there was no relationship between teachers gender and score of total teachers knowledge about ADHD this result was supported by (Suleiman, M.E.2015) who showed that there was no significant impact of teachers gender on total ADHD knowledge.

Regarding relationship between score of total teachers knowledge about ADHD and their age this present finding revealed that there was no significant relationship between score of total teacher's knowledge about ADHD and their age.This result consistent with (Dilaimi, A.2013) and (Lazarus .K.J.2011).Relationship between score of total teacher's knowledge about ADHD and their level of education the present finding revealed that there was significant relationship between score of total teacher's knowledge about ADHD and their level of education.

This result consistent with (Hasan, m, andTripathi, N.2014).Regarding relationship between score of total knowledge of ADHD and teaching experience years. The current study revealed that there was no significant relationship between teacher's total knowledge of ADHD and teaching experience years. This result was consistent with (Lazarus, K.J.2011) & (Guerra, J.F.R., &Brown, M.S.2012).Which has confirmed a lack of association between total teacher's knowledge about ADHD and teaching experience years.

The present study reported that there was no significant relationship between score of total teachers knowledge and training courses about ADHD.

this result consistent with (Guerra, J.F.R. &Brown, and M.S.2012).The current study showed that teachers who has experience with students had ADHD was statistically significant related to score of total teachers knowledge About ADHD .there result consistent with (Marsha, K.Y, Gerard, H. &farid, F.Y.2015).

Conclusions:

Based on the results of this study, it was concluded that:

• There was (50.5%) of the studiedPrimary school teachers had poor total knowledge about ADHD compared to only (13.5%) of teachers had good knowledge.

• There was no significant relationship between score of total teachers' knowledge about ADHD and their age, years of teaching experience and receiving training courses, experience with students had ADHD during college.

• There was statistically significant relation between score of total teachers' knowledge about ADHDand education level in ADHD.

Recommendation:

In light of which resulted in his study can provide recommendations the following;

- 1- Embed programs preparation of the teacher's knowledge and theoretical and practical modern for attention deficit hyperactivity disorder.
- 2- Provide training programs suitable for teachers during the service for disorder.
 - 3- Must manager's schools assessment of the capacity of their teachers with respect to teach children with special needs to provide support to the right for them to raise their efficiency.
- 4- Enhance teachers, parents and community awareness aboutADHDthrough mass media.
 - 5- The nurse, family and teachers should be cooperate to detect what exact problems are facing child withADHD and give properintervention.
 - 6- Further research will be conduct to detect the effect of a training program for teachers to improve their knowledge about ADHD.

7- Enhance future policies and interventions aimed at understanding, assisting and supporting children with ADHD and their teachers.

References:

1. American Academy of Pediatrics (AAP), (2011). ADHD: Clinical Practice guideline for the diagnosis, evaluation, and treatment of ADHD in children and adolescents. American Academy of Pediatrics, 128, 1007-1022

2. American Psychiatric Association. (2013). Diagnostic and Statistical manual of mental disorders, fifth edition, Washington, American Psychiatric Publishing. pp. 59-65.

3.Sadock, B.J., Sadock, V.A., & Ruiz, P. (2015). Synopsis of psychiatry: Behavioral Sciences Clinical Psychiatry (11th ed). New York: Wolters Kluwer.

4. Barkley, R. (2006). ADHD: A handbook for diagnosis and treatment (3rd ed.). New York: Guilford Press.

5. Barkley, R.A., Murphy, K.R., & Fischer, M. (2008). ADHD in Adult: What the Science says. New York: Guilford Press.

6.Soroa, M., Gorostiaga, A. &Balluerka, N. (2012). Review of tools used for assessing teacher's level of knowledge with regards ADHD.In S. Banerjee (Ed.), ADHD in children and adolescents.

7.Kerig, P.K., Ludlow, A., Wenar, C., & McGraw Hill. (2012).Developmental Psychopathology (6th ed.).

8. Lee, Y. (2015). Teachers' attitudes, knowledge, and classroom management strategies regarding students with ADHD: A crosscultural comparison of teachers in South Korea and Germany (Unpublished doctoral dissertation). University of Leipzig,Leipzig, Germany.

9. Dang, M. T., Warrington, D., Tung, T., Baker, D., & Pan, R. J. (2007). A school-based approach to early identification and management of students with ADHD. J SchNurs, 23(1), 2-12.

10.Shaaban, N. (2014). Knowledge, perceptions and attitudes of elementary classroom teacher towards ADHD children in Egyptian international schools, Institute of Education, University of London.

11. Thabet AM, Al Ghamdi H, Abdulla T, Elhelou MW, Ostanis P. Psychiatry, 2002, 159:1556–62. Attention deficit hyperactivity symptoms among Palestinian children. EMHJ 2010; 16(5):505-10.

12. Polanczyk G, de Lima MS, HortaBL,Biederman J, Rohde LA. The worldwide prevalence of ADHD:a systematic review andmetaregressionanalysis.Am. J. Psychiatry 2007; 164 (6):942– 8.

13. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Diseases (DSM-IV), 4th ed.Washington, DC, American Psychiatric Publishing, 1994.

14. World Health Organization: The ICD-10 Classification of Mental and Behavioral Disorders: Diagnostic Criteria Research. Geneva, Switzerland, World Health Organization, 1993.

15. Adler L. Epidemiology, Impairments, and Differential Diagnosis in Adult ADHD: Introduction. CNS Spectrums: The International Journal of Neuropsychiatric Medicine 2008; 13(8): 4-5. Retrieved from http://www.cnsspectrums.com/aspx/article pf.aspx?articleid=1703.

16. Willcutt EG. The prevalence of DSM-IV attentiondeficit/hyperactivity disorder: a meta-analytic review. Neurotherapeutics 2012; 9(3):490-9

17. Wilens TE, Biederman J, Faraone SV, Martelon MK, Westerberg D, Spencer TJ. Presenting ADHD symptoms, subtypes, and comorbid disorders in clinically referred adults with ADHD. J Clin Psychiatry 2009; 70: 1557-62

18. Bakare MO. Attention deficit hyperactivity symptoms and disorder (ADHD) among African children: a review of epidemiology and co-morbidities. African journal of psychiatry 2012; 15 (5): 358–61.

19. Erkennen B, Bewerten–Handeln, ZurGesundheit von Kindern und Jugendlichen in Deutschland (PDF; 3,27 MB) (in German). Robert Koch Institute. 27 November 2008. Archived from the original on 11 December 2013. Retrieved 24 February 2014. Kapitel 2.8 Aufmerksamkeitsdefizit- /Hyperaktivitätsstörung (ADHS), S. 57.

20.Catalá-López F, Peiró S, RidaoM,Sanfélix-Gimeno G, Gènova-MalerasR,Catalá MA. Prevalence of attention deficithyperactivity disorder among children andadolescents in Spain:asystematic reviewand meta-analysis of epidemiologicalstudies. BMC Psychiatry 2012; 12: 168.

21. Rader R, McCauley L, Callen EC. Current strategies in the diagnosis and treatment of childhood attention-deficit/hyperactivity disorder. American family physician2009; 79(8):657–65.

22. Bostic JQ, Prince JB. Child and adolescent psychiatric disorders. In: Stern TA, Rosenbaum JF, Fava M, et al.,eds.
Massachusetts General Hospital Comprehensive Clinical Psychiatry. 1st ed. Philadelphia, Pa: Elsevier Mosby; 2008: chap 69.

23. Knouse LE, Safren SA. Current status of cognitive behavioral therapy for adult attention-deficit hyperactivity disorder. PsychiatrClin N Am 2010; 33: 497–509.

24. Prince JB, Spencer TJ, Wilens TE, Biederman J.
Pharmacotherapy of attention-deficit/hyperactivity disorder across the lifespan. In: Stern TA, Rosenbaum JF, Fava M, etal.,eds.
Massachusetts General Hospital Comprehensive Clinical
Psychiatry. 1st ed. Philadelphia, Pa: Elsevier Mosby; 2008:chap
49.

25. Visser SN, Blumberg SJ, Danielson ML, Bitsko RH, Kogan MD. State-Based and Demographic Variation in Parent-Reported Medication Rates for Attention- Deficit/Hyperactivity Disorder, 2007-2008. Prev Chronic Dis 2013; 10: E09.

26. Hojjati M, Khalilkhaneh M. Evaluate the Ability of Autistic Children to Use Expressive Language and Receptive Language. International J of Pediatrics 2014;2(4.1)

27. Lauren, L. (2010). Effects of teacher factors on expectations of students with ADHD published master thesis, DePaul University.

28.Dilaimi, A. (2013). New Zealand primary school teachers'

knowledge and perceptions of ADHD. (Published master theses, Massey University, Albany, New Zealand).

29. Suleiman, M.E. (2015). Primary school teachers' knowledge of ADHD in Beni-Suef governorate in Egypt. The Islamic University of Educational and Psychological Studies Journal, 23(1), 98-121

30. Beryl, T., Nicolette, V.R., &Kelvin, M. (2015). ADHD: Primary school teachers' knowledge of symptoms, treatment and managing classroom behavior. South African Journal of Education, 35(2).

31. Alessandra, F., Lorenzo, M., &Gian, M.M. (2014). Italian teachers' knowledge and perception of attention deficit hyperactivity disorder, International Journal of School &Educational Psychology, 2(2) p126-136.

32. Lazarus, K. J. (2011). The knowledge and perceptions of ADHD held by foundation phase educators in a township in Gauteng (Doctoral dissertation, University of the Witwatersrand Johannesburg, South Africa).

33.Hasan, M., &Tripathi, N. (2014). Teacher's perception on children having ADHD. Universal Journal of Psychology, 2(2), 59-64.

34. Guerra, J. F. R., & Brown, M. S. (2012). Teacher knowledge of ADHD among middle school students in South Texas.Research in middle level education online, 36(3), 1-7.

35. Marsha, K.Y., Gerard, H., &Farid, F.Y. (2015). Knowledge of and attitudes toward ADHD among teachers: Insights from a Caribbean Nation, University of the West Indies, Trinidad &Tobago.