Identifying Barriers to implementing the DSM-5 in the diagnosis process of Autism Spectrum Disorder in two Arab countries

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ABSTRACT:

In the spring of 2013, the American Psychiatric Association (APA) published the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This brought about many changes in the diagnostic criteria of Autism Spectrum Disorder (ASD), revolutionizing diagnosis of Autism.

The purpose of this study is to identify the social workers' perceptions of barriers to implementing DSM-5 in mental health setting in two Arab Countries. A descriptive cross-sectional study using a 31-item questionnaire was conducted with a purposive sample of 51 social workers employed at Autism Spectrum Disorder Care Institutions in both Egypt and Qatar.

Findings from this study indicate that there are three types of barriers faced when attempting to use the DSM-5 to diagnose ASD: Practitioners, Organizational, and Client barriers. The results of the study also proved the validity of the study hypotheses. The study also suggested strategies to overcome these barriers.

KEYWORDS: DSM-5 – Autism Spectrum Disorder - Arab countries

INTRODUCTION

In March 1981, the Journal of Social Work published the first article on the use of DSM in Social Work. This study highlighted the reasons for social workers to use the DSM-III (Kutchins, 1989; Williams, 1981).

The process of diagnosing using the DSM is the cornerstone of many different social sciences and professions such as psychology, psychiatry and social work. Diagnosis is also the important in special education services. Diagnosis is the process of determining the type of disorder a person experiences based on symptoms, signs, and tests. It allows the classification of individuals on the basis of symptom or characteristics. (Ayman Fouad Kashif, 2014, 244)

Diagnosis is one of the most important and most reliable professional processes in social work. Importantly, diagnosis is no longer limited to determining the nature and causes of the problem (then what is it also used for, if not limited to xxx?), and the activities that can limit their effects. Thus, diagnosis in social work is not an opaque process and an indiscriminate random attempt, but it is based on systematic scientific steps (Richmond, 1917; Al-Senhoury, 2007).

In 2008, the National Association for Social work (NASW) published the code of ethic of the profession, stating that diagnosis or competence is one of the most important ethical principles with which a social worker must be familiar. Competence is the responsibility that social workers practice skillfully and continuously enhance their professional experience. Social workers must constantly seeking to increase their knowledge and professional skills and contribute to the profession's knowledge base (NASW, 2008). Thus, one of the most important skills that social workers should train in their use is the use of DSM in the diagnosis of mental disorders.

In many schools the students are taught how to diagnose using a DSM-5. The course was initially titled "Psychopathology" but renamed as one in a series of "Human Behavior in the Social Environment" courses, this explains the importance of teaching and training the student about how to use of DSM-5 in social work education in diagnosing client cases. (Tosone, 2015).

The DSM-5 has a high reputation among social workers working in mental health settings specifically with children with autism spectrum disorder. Although there are many diagnostic tools used In the diagnosis of autism disorder, the DSM-5 has become a primary reference for all professionals working with autistic children **(**Jeno, Raffoul & Holmes, 1986; Ibrahim, 2016)

There are two opposing views on the agreement and disagreement with the use of the DSM in social work. The side that advocates for the use of the DSM explains that it supports and promotes communication between social workers and all other professionals members in the institution and that it allows for a stronger relationship between diagnosis and treatment. The DSM provides up-to-date and valid criteria, based on documented evidence. Supporters of the use of DSM state that an accurate the diagnosis leads to a more effective the treatment plan and that it is the responsibility of all social workers working in mental institutions to make more accurate diagnoses of their clients DSM. Moreover, because social workers often work as part of a multidisciplinary team, using the DSM also enhances the credibility of social workers among their colleagues, provides a "common language" for valuable communication with other professionals, and a means for advocating on behalf of the clients when dealing with insurance companies to cover different services. (Raffoul & Holmes, 1986; Williams, 1981; Holmes & Raffoul, 1984; Kutchins & Kirk, 1988; Kutchins & Kirk,

1995; Williams & Spitzer, 1995;McQuaide, 1999). On the other hand, the team that opposes the use of the DSM in social work explains that the DSM does not address all the factors that contribute to the client's situation such as family, health, educational, employment, and economic factors. Moreover, the DSM ignores clients' strengths. In fact, professionals who oppose the use of the DSM believe that it may have more negative than positive effects on clients, and that it is not even helpful in the process of treatment planning. The field of social work has a tradition of emphasizing the client's strengths, whether they be individual, familial, or stemming from a community or culture. In contrast, the DSM is void of such emphasis on strengths, and instead focuses solely on mental disease. In keeping with the medical model, the DSM stresses treatment of the disease first and the alleviation of the client's problems in living, the major focus of social work practice, second. (Karls & Wandrei, 1992; Cutler, 1991; McQuaide, 1999; Anello, 1989; Karls & Wandrei, 1992; Williams, Karls, & Wandrei, 1989; Holmes & Raffoul, 1984; Kutchins & Kirk, 1987; Raffoul & Holmes, 1986; Kutchins & Kirk, 1988).

Despite the opposing views with regards to the use of DSM within social work, it is undeniable that it is very important in working with children with Autism Spectrum Disorder (ASD). Rohde and Kauer **(2013)** explain that the DSM is designed to be useful to all mental health practitioners, and that it has achieved its goal of producing the best available tools based on mental health. **(**Rohde & Kauer-Sant'Anna, 2013).

DSM-5 AND CHANGES TO AUTISM SPECTRUM DISORDER CRITERIA

There have been major changes in the DSM-5 compared to its predecessor (APA, 2013; Franklin; Al-Jabri, 2014)

1. Uses standardized diagnostic label for autistic patients: all forms of autism were incorporated according to the new criteria under the unified name called "Autism Spectrum Disorder" (ASD), which now includes Rett syndrome, Asperger syndrome, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS). These diagnoses were separate from each other in previous versions of the DSM.
2. Identifies the severity levels for an ASD diagnosis (Level 1: Requiring Support; Level 2: Requiring Substantial Support; and Level 3: Requiring Very Substantial Support). Such

indications allows the DSM-5 to inform what type of service support, rehabilitation and course of treatment would be most suitable to the child in question.

3. Categorizes criteria differently: in DSM-IV, autism symptoms were divided into three areas: social reciprocity, communicative intent, restricted and repetitive behaviors. In DSM-5, autism symptoms are divided into only two categories: lack of communication and social interaction, and repetitive behaviors.
4. Minimizes the symptoms: the new criteria includea total of seven behavioral symptoms distributed as follows: three symptoms in the first criterion and four in the second criterion. Previously, a total of 12 criteria were used a behavioral presentation, and were divided into four behavioral symptoms for each diagnostic criterion.
5. Extends the age range of infection: the new standards include early childhood up to the age of eight years. Previously, the age range did not extend beyond 3 years.
6. Compels social work practitioners to identify associated disorders: unlike previous versions, the fifth version requires practitioners to determine the extent to which disorders associated with ASD occur during the diagnosis.
7. The identification of services to be provided: this version of the DSM links the diagnosis to levels of support and services required for the child with ASD.
8. There is no need to determine the differential diagnosis.

Practitioners should be up-to-date on all these changes when children with ASD, so as to be fully studied and used in the diagnosis of autism in children.

OBJECTIVES OF THE STUDY

This cross-sectional study seeks to identify the perceived barriers of use of DSM-5 from the perspective of the Egyptian and Qatari Social Workers at ASD care institutions. And identify the perceived corrective action, which is seen as conducive to using DSM-5 when working with children with ASD, from the perspective of Egyptian and Qatari social workers at ASD care institutions. And also determine the differences between the Egyptian and Qatari social workers in the process of implementing the DSM-5 in the diagnosis process at ASD care institutions according to the Practitioners community variable and Gender variable.

STUDY HYPOTHESES

1. There are no statistically significant differences between the social workers (study sample) scores and the community variable (Egyptian, Qatari) as for the requirements of using DSM 5 with the ASD child.
2. There are statistically significant differences between the social workers (study sample) scores and the community variable (Egyptian, Qatari) as for the barriers of using DSM 5 with the ASD child.
3. There are statistically significant differences between the social workers (study sample) scores and the gender variable as for the requirements of using DSM 5 with the ASD child.
4. There are statistically significant differences between the social workers (study sample) scores and the gender variable as for the barriers of using DSM 5 with the ASD child.

METHOD

Study Design:

The current study is part of a cross-sectional study designed to assess the social workers' perceptions of barriers to using DSM-5 ASD care institutions. The study's population included Purposive selected social workers assigned to study questionnaires (51):30 social workers in Egypt and 21 social workers at Qatar. The selection of participants was based on Purposive Sampling techniques. Data was collected in 2018.

Data collection procedure:

The present study was conducted to identify social workers' perceptions of barriers to using DSM-5 in ASD care institutions. Author created a form with a cover letter explaining the purposes, confidentiality issues and informed consent to the respondents. Approval was obtained from the social workers; all participants were then asked to fill in this letter with the study title, nature, and the participant's name. The data collection process lasted around 30 days.

MEASUREMENT INSTRUMENT:

A descriptive survey was conducted. Items on the questionnaire probed at perceived barriers to using DSM in ASD care Institutions In Egypt and Qatar as well as strategies of DSM-5 in ASD care institutions in Egypt and Qatar. The final questionnaire consisted of 69 Likert-scale items probing at these barriers and facilitators in the ASD care Institutions. The questionnaire was divided into six subheadings, measuring the following:

- **Demographic Data.** A self-constructed 6-item measurement was developed to assess the demographic profile (gender, age, education, social status, current position at the institution, and years of experience) of the respondents.
- **DSM-5 Barriers Related to Practitioners**. A 15-item self-constructed measurement three-point Likert scale, which ranged from (1) disagree to (3) agree.
- **DSM-5 Institutional or Organizational Barriers**. A 5-item self-constructed measurement. A three-point Likert scale, which ranged from (1) disagree to (3) agree, was used.
- **DSM-5 Barriers Related to Children**. A 5-item self-constructed measurement, using a three-point Likert scale, which ranged from (1) disagree to (3) agree.
- **Strategies to Facilitate the Implementation of DSM-5**. A 5-item self-constructed measurement, using a three-point Likert scale, which ranged from (1) disagree to (3) agree.

The final instrument was reviewed for content validity by 7 social work professors with expertise in this area in order to determine if the survey content reflected the questions about DSM use that should be asked of the potential research participants. Cronbach's alpha was used to calculate the internal consistency of the measuring scale. From the statistical analysis, we can conclude that the instrument was reliable, as a score of 0.911 was obtained for the items.

Table (1) - Results of the validity of the Barriers to implementing DSM-5 in autism spectrum disorder care Institutions scale Correlation Coefficient (n = 51)

Dimension	Pearson correlation Coefficient
The first dimension: Practitioner's barriers	0.816 **
The Second Dimension: Organizational barriers	0.874 **
Third Dimension: Client barriers	0.791 **

Note. *p < .05. **p < .01 or *Significant at 0.05 level, **Significant at 0.01 level

The table above shows that most of the coefficients of the variables have a high degree of validity, thus their results are valid, and the tool is finalized.

Table (2) - Results of the Reliability of the Barriers to implementing DSM-5 in autism spectrum disorder care institutions Scale Using Alpha Cronbach Coefficient and The Spearman-Brown correction (n = 20)

Dimension	The Spearman-Brown correction	Alpha Cronbach Coefficient
barriers to implementing DSM in School Social Work Setting	0.931	0. 911

The table above shows that most of the coefficients of the variables have a high degree of reliability, thus their results are reliable, and the tool is finalized

ETHICAL CONSIDERATIONS

Prior to data collection, ethical clearance was obtained from both school of social work at Assiut University in Egypt and school of arts and sciences, department of social sciences, Qatar University. In addition, permission to conduct the study was obtained from the Egyptian and Qatari social workers and the ASD care institutions management in both countries. Verbal consent from the respondents was obtained prior to the start of the study.

Data Analysis

Data analyses were performed using SPSS for Windows 20.0 (Armonk, NY: IBM Corp.). Descriptive statistical techniques were applied to clarify demographic characteristics of the study sample. The frequencies, percentages, mean, median and standard deviation were determined for each Likert-scale item. Lastly, Brown-Spearman's split-half equation and Cronbach's alpha were used to assess the reliability of the study tools and measure the strength of the tools' consistency and T-Test.

RESULTS

Demographic Information

Table 3 displays the demographic information of participants. A majority of participants 22 (43.1%) reported being between 25-29 years of age; and 17 respondents (33.3%) reported being between 30-34 years of age; and 6 (11.8 %) reported being between 35-39 years of age; and 5 respondents (9.8%) reported being between 40 + years of age; and only 1 respondents (2.0%) reported being between 20-24 years of age; (M 31.14, SD 4.919). 16 participants were male (31.4%) and 35 (68.6%) were female.

A majority of the participants, 34 reported holding a Bachelor's of Social Work (66.7%) as their highest level of education, while 12 participants (23.5%) reported holding a BSW of Arts from

the Department of Sociology, 3 (5.9%) reported holding one or more Diploma, and only 2 (3.9 %) holding a Master's in Social Work (MSW). The majority of respondents, 32 were married (62.7%). and 19 (37.3%) were single.

30 participants (58.8%) lived in Egypt and another 21 participants (41.2%) lived in Qatar. 33 participants (64.7%) reported having 1 to 5 years of professional experience, 12 (23.5%) reported having 6 to 10 years, 3 (5.9 %) reported having 11 to 15 years of experience; and another 3 (5.9 %) reported having 11 to 15 years of experience. (M 5.80, SD 4.280).

17 participants (33.3%) completed two training courses; 8 (15.7%) completed three training courses, 8 (15.7%) completed more than three training courses, 4 (7.8%) completed one training courses. (M 3.94, SD 1.047).

Table (3) Demographic characteristics of the participants (n = 51)

Sr.	**Community**	**X**	**%**
1	Egyptian	30	58.8
2	Qatari	21	41.2
Sr.	**Gender**	**X**	**%**
1	Male	16	31.4
2	Female	35	68.6
Sr.	**Age**	**X**	**%**
1	20-24	1	2.0
2	25-29	22	43.1
3	30-34	17	33.3
4	35-39	6	11.8
5	40+ years	5	9.8
Mean		31.14	
SD		4.919	
Sr.	**Education**	**X**	**%**
1	BSW of Social work	34	66.7
2	BSW OF Arts Department of Sociology	12	23.5
3	Diploma (s)	3	5.9
4	MSW	2	3.9
Sr.	**Social Status**	**X**	**%**
1	Single	19	37.3
2	Married	32	62.7
3	Detached	0	0.0
4	Widowed	0	0.0
Sr.	**Number of training courses obtained**	**X**	**%**
1	not participate in training courses	0	0.0
2	One training course	4	7.8
3	Two courses	17	33.3

4	Three courses	8	15.7
5	Three + courses	8	15.7
Mean		3.94	
SD		1.047	
Sr.	**Years of experience**	**X**	**%**
1	One years or less	0	0.0
2	1-5	33	64.7
3	6-10	12	23.5
4	11-15	3	5.9
5	16 + years	3	5.9
Mean		5.80	
SD		4.280	

Barriers to implementing the DSM-5 in the diagnosis process of Autism Spectrum Disorder in Egypt and Qatar:

Social workers participating in this study were asked to select from a list of items exploring perceptions of barriers to implementing the DSM-5 in the diagnosis process of Autism Spectrum Disorder in Egypt and Qatar. Results are shown in Table 4 showed that the level of barriers to the use of DSM5 by social workers with autistic children is high; the mean is 2.48, and the indicators are in the order of the arithmetic mean:, In the second order after the barriers of the practitioners with an average of (2.47), then in the third order after the barriers of the institution with an average of (2.38). Which indicated that the barriers to the use of DSM5 social workers with the autistic child are expected to be high.

Table (4) Level of barriers to the use of social workers by the DSM5 with the autistic child (N=51)

Dimensions	Arithmetic Mean	Standard Deviation	Ranking	Level
DSM-5 Barriers related to Institutions	2.38	0.706	3	High
DSM-5 Barriers related to practitioners	2.47	0.493	2	High
DSM-5 Barriers related to child	2.58	0.600	1	High
Total Barriers	2.48	0.450	-	High

Requirements to implementing the DSM-5 in the diagnosis process of Autism Spectrum Disorder in Egypt and Qatar:

Social workers participating in this study were asked to select from a list of items exploring perceptions of requirements to implementing the DSM-5 in the diagnosis process of Autism Spectrum Disorder in Egypt and Qatar. Results are shown in Table 5 showed that The level of requirements for the use of DSM5 with autistic child is high; the arithmetic mean is 2.73, and the indicators

are in the order of the arithmetic mean: in the first order after the skill requirements with an average of 2.75, (2.72), then in the third order after cognitive requirements with an arithmetic mean (2.70). Which indicated that the requirements to the use of DSM5 social workers with the autistic child are expected to be high.

Table (5) Level of requirements for use of social workers DSM5 with autistic child (N=51)

Dimensions	Arithmetic Mean	Standard Deviation	Ranking	Level
Cognitive requirements	2.70	0.265	3	High
Skill requirements	2.75	0.195	1	High
Valuation requirements	2.72	0.318	2	High
Total requirements	2.73	0.211	-	High

RESULTS OF STUDY HYPOTHESES:

First Hypothesis

Results are shown in Table 6 the differences between the social workers (study sample) scores and the community variable (Egyptian, Qatari) as for the requirements of using DSM 5 with the ASD child. This table showed that there are no statistically significant differences between the scores of social workers (Qataris, Egyptians) study sample with according to the requirements of the use of DSM5 with an autistic child for the benefit of Qatari social workers and indicators of this table showed clear differences between social workers, Qataris and Egyptians in all variables and dimensions of the scale of the requirements of the use of practitioners social diagnostic and statistical manual of mental disorders, fifth with children with autism spectrum disorder for the benefit of Qatari specialists, which makes us accept the first hypothesis of the study in which it was "no statistically significant differences between the scores of professional social workers sample of the study according to a social workers society (Qatari, Egyptian) with regard to the requirements of the use of DSM5 with an autistic child" .

Table (6) Average scores of social workers Sample of the study according to the societal variable (Qatari, Egyptian) with regard to the requirements for using DSM5 with the autistic child

Sr.	Dimensions	Study Population	Sample Size	Arithmetic Mean	Standard Deviation	df	Value of T	Sig-nificance
1	Cognitive requirements	Qatari	21	42.67	4.163	49	3.574	**
		Egyptian	30	39.03	3.102			
2	Valuation requirements	Qatari	21	56.71	4.137	49	2.771	**
		Egyptian	30	53.83	3.281			

Sr.	Dimensions	Study Population	Sample Size	Arithmetic Mean	Standard Deviation	df	Value of T	Sig-nificance
3	Skill requirements	Qatari	21	28.33	3.230	49	2.306	**
		Egyptian	30	26.33	2.916			
Total requirements		Qatari	21	127.71	10.233	49	3.481	**
		Egyptian	30	119.20	7.256			

** Significance at P value (0.00) * Significance at P value (0.05)

Second Hypothesis:

Results are shown in Table 7 the differences between the social workers (study sample) scores and the community variable (Egyptian, Qatari) as for the barriers of using DSM 5 with the ASD child. This table showed that there are statistically significant differences between the scores of the social workers (Qataris and Egyptians). The sample of the study with regard to the constraints of using DSM5 with the autistic child in favor of Qatari social workers. The indicators showed clear differences between the Qatari and Egyptian social workers in all variables and dimensions of the scale DSM5 with Autism Spectrum Disorders for Qatari social work Professionals, which makes us accept the second hypothesis of the study that "there are statistically significant differences between the scores of social workers sample of the study according to a changing society (Qatari, Egyptian) with regard to the use of handicaps DSM5 with an autistic child" .

Table (7) Average scores of social workers Sample of study according to the variable of society (Qatar - Egypt) with regard to the constraints of using of DSM5 with autistic child

Sr.	Dimensions	Study Population	Sample Size	Arithmetic Mean	Standard Deviation	df	Value of T	Sig-nificance
1	DSM-5 Barriers related to Institutions	Qatari	21	10.29	3.334	49	2.977	**
		Egyptian	30	13.07	3.248			
2	DSM-5 Barriers related to practitioners	Qatari	21	43.19	1.632	49	7.983	**
		Egyptian	30	32.83	6.833			
3	DSM-5 Barriers related to child	Qatari	21	14.67	.658	49	4.676	**
		Egyptian	30	11.70	3.385			
Total Barriers		Qatari	21	68.14	4.486	49	4.232	**
		Egyptian	30	57.60	12.547			

** Significance at P value (0.00) * Significance at P value (0.05)

Third Hypothesis:

Results are shown in Table 8 the differences between the social workers (study sample) scores and the gander variable (male and female) as for the requirements of using DSM 5 with the ASD

child. This table indicate that: There are statistically significant differences between the scores of social workers (male and female) in the sample of social workers in relation to the requirements of using DSM5 with the autistic child in favor of females. The use of social workers for the fifth diagnostic and statistical guide to mental disorders with children with autism spectrum disorder in favor of female specialists, which makes us accept the third hypothesis of the study that "there are statistically significant differences between the social workers (study sample) scores and the gander variable (male and female) as for the requirements of using DSM 5 with the ASD child.

Table (8) Average scores of social workers Sample of the study according to gender variable (male - female) with regard to the requirements for using DSM5 with the autistic child

Sr.	Dimensions	Study Population	Sample Size	Arithmetic Mean	Standard Deviation	df	Value of T	Sig-nificance
1	Cognitive requirements	Male	16	37.38	3.964	49	4.108	**
		Female	35	41.97	3.073			
2	Valuation requirements	Male	16	52.00	4.789	49	4.374	**
		Female	35	56.40	2.428			
3	Skill requirements	Male	16	23.25	2.595	49	10.822	**
		Female	35	28.94	1.187			
Total requirements		Male	16	112.63	7.796	49	6.679	**
		Female	35	127.31	6.028			

** Significance at P value (0.00) * Significance at P value (0.05)

Fourth Hypothesis:

Results are shown in Table 9 the differences between the social workers (study sample) scores and the gander variable (male and female) as for the barriers of using DSM 5 with the ASD child. This table indicate that There are statistically significant differences between the scores of social workers (male and female) in the sample of social workers in relation to the obstacles of the use of DSM5 with the autistic child in favor of females and the indicators showed clear differences between male and female social workers in all variables and dimensions of the requirements scale The use of social workers for the DSM5 with children with autism spectrum disorder in favor of female social workers, which makes us accept the fourth hypothesis of the study that "there are statistically significant differences between the scores of professional Social work sample of the study according to the gander variable (male, female) with regard to the use of DSM5 with an autistic child.

Table (9) Average scores of social workers Sample of study according to gender variable (male - female) with regard to the constraints of using of DSM5 with autistic child

Sr.	Dimensions	Study Population	Sample Size	Arithmetic Mean	Standard Deviation	df	Value of T	Sig-nificance
1	DSM-5 Barriers related to Institutions	Male	16	8.19	2.738	49	6.883	**
		Female	35	13.63	2.340			
2	DSM-5 Barriers related to practitioners	Male	16	30.88	9.258	49	4.917	**
		Female	35	39.94	4.000			
3	DSM-5 Barriers related to child	Male	16	9.81	3.544	49	7.016	**
		Female	35	14.34	1.027			
Total Constraints		Male	16	48.88	11.342	49	9.090	**
		Female	35	67.91	3.559			

** Significance at P value (0.00) * Significance at P value (0.05)

DISCUSSION

The findings of this study highlight Egyptian and Qatari practitioners' perceived barriers with regards to implementing the DSM-within ASD care institutions. The results from this study indicate that there are many barriers faced by practitioners attempting to implement the DSM-5 in the Arab countries, particularly in Egypt and Qatar. There are three primary categories of barriers worth noting as a result of this study, as identified by social workers: practitioner-related barriers, institutional and organizational barriers, and client-related barriers (see Figure 1).

The present study has demonstrated that the most important barriers to the implementation of the DSM- in Egypt and Qatar are barriers relating to practitioners. As mentioned, Egyptian and Qatari Social workers identified the lack of practitioner's theoretical and practical preparation as an important barrier. Responses to the questionnaire also indicate that some practitioners resist using DSM-5 with children with ASD, that a lack of training courses opportunities to implement DSM-5 and lack of practitioner's practical preparation are significant barriers. Moreover, the simple fact that many practitioners have not had sufficient experience in years, and that there are often very few social workers, within the institution, who are trained on the use of the DSM-5 are important barriers that need to be addressed. Respondents also cited difficulty understanding the DSM language as a significant barrier to the effective implementation of the DSM-5 within institutions. These barriers were rated most significant,

which is consistent with other studies conducted (Raffoul & Holmes, 1986; Ishibashi, 2005; Clemmons, Dannenfelser, & Newman, 2007; Frazer, Westhuis, Daley, & Phillips, 2009; Lyter & Lyter, 2012; Washburn, 2013; McLendon, 2014; Lyter & Lyter, 2015; and Tosone, 2015)

Additionally, study findings show that the second top ranked category of barriers, as identified by social workers in Egypt and Qatar, were institutional and organizational in nature. For instance, respondents reported the infrastructure of the institution to be unsuitable for the application of DSM-5 with children. They also reported that the institution's environment did not encourage the use of DSM-5 and that the lack of training courses, organized by the institution, focusing on the use of the DSM-5, presented a significant barrier. Moreover, the absence of persons familiar with the child case made it harder to correctly implement the DSM-5. Participants also reported that the institution's policy encouraged the use of diagnostic tools besides the DSM-5. This is supported by studies conducted (McLendon, 2010; Washburn, 2013; Hitchens & Becker, 2014; McLendon, 2014; (Lyter & Lyter, 2015).

Our study also found that there are some barriers to implementing DSM-5 in the ASD care institutions in Egypt and Qatar. Some families deny the child's true symptoms so as to avoid stigma. The uneven level of injury severity, the child's lack of cooperation during the diagnostic process were also cited as important barriers to the use of the DSM-5. Lastly, multiple the symptoms which associated with the child's autism and examining the child's chronological age prevented the use of the DSM-5 were reported to prevent the effective implementation of the DSM-5 within these ASD care institutions. Similar finding have been reported by Haney (2015).

The present study also showed that the first hypothesis, assuming there is no statistically significant differences between the scores of professional social sample of the study according to a social workers society (Qatari, Egyptian) with regard to the requirements of the use of DSM5 with an autistic child was verified.

The result of the present study also showed that the second hypothesis, assuming There are statistically significant differences between the scores of social workers sample of the study according to a changing society (Qatari, Egyptian) with regard to the use of handicaps DSM5 with an autistic child was verified

this study also showed that the third hypothesis, assuming there are statistically significant differences between the social workers (study sample) scores and the gander variable (male and female) as for the requirements of using DSM 5 with the ASD child was verified.

The result of the present study also showed that the fourth hypothesis, assuming There are statistically significant differences between the scores of professional Social work sample of the study according to the gander variable (male, female) with regard to the use of DSM5 with an autistic child was verified

STRATEGIES TO FACILITATE THE IMPLEMENTATION OF DSM-5 IN THE AUTISM SPECTRUM DISORDER CARE INSTITUTIONS IN ARAB SOCIETIES

The results obtained from this study have led to the following recommendations:

- The results of the study indicated the importance of the including the DSM-5 graduate social work curricula at schools social work across Egypt and Qatar.
- The results of this study indicate the
- The results of the study also showed the need to hold training courses for both students and social workers to use DSM-5 in various social work settings, and especially within ASD care institutions..
- The results of this study also confirmed Conduct workshops and conferences on DSM-5 and Encourage researchers to conduct research interested in the Egyptian journals

LIMITATIONS AND STRENGTHS

There are clear limitations to this study. The study used a purposive sample of social workers employed at specific ASD care institutions at Egypt and Qatar. Thus, it is inappropriate to generalize the results to all social workers because this sample may not be representative of all social workers. Samples from different geographical regions may provide differing results. Secondly, the questionnaire was self-reported and did not capture the actual practices related to DSM-5 implementation. Third, the study is limited with the exploration; it would be more valuable if the study went with predictive. Fourth, because the surveys are self-reported, participants may have consistently given high or low ratings. This may have biased the results and served as sources of error and affect variance.

CONCLUSION

School social workers in Egypt and Qatar have four main categories of barriers to DSM-5 implementation when working in ASD care institutions. Social work practitioners in the sample of this study in Egypt and Qatar, identified practitioners, client, and institutional barriers to the implementation of DSM-5 when working with children with ASD specifically. Findings of this study may provide a base for implementing the DSM-5 in different clinical settings by understanding the barriers from the perspectives of different countries.

These findings should serve as a starting point in providing a method to conceptualize DSM-5 with children with ASD. More research is needed to enhance the impact of DSM-5 at ASD care institutions across the Arab environment.

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