



A COMPARATIVE STUDY OF STUDENTS WITH AND WITHOUT ADHD ON SELF EFFICACY AND SOCIO-EMOTIONAL ADJUSTMENT

Dr. Archana Jose

Consultant Psychologist, LUMINOUS MINDS Counseling Centre, Kannur, Kerala

Abstract

Objectives: This study intended to explore the Self efficacy and socio-emotional adjustment among high school children with and without ADHD.

Methodology: A purposive sample of 80 students studying in 8th and 9th standard from 5 schools were identified. Students (n=40) identified with ADHD symptoms by school authorities were selected. Students (n=40) who did not show any ADHD symptoms and typically developing children were also identified from the same classrooms. The two groups of students were matched for Socio Economic Status and Age. The students were administered the Self efficacy questionnaire and their teachers were administered the socio-emotional adjustment inventory to measure the ADHD students adjustment level. One way ANOVA was used to identify differences between the groups with respect to self efficacy and Socio-emotional adjustment

Results: The results of one way ANOVA showed significant differences between two groups of students with respect to their Self efficacy and Socio-emotional adjustment.

Conclusions: ADHD significantly affects students' Self efficacy and Socio-emotional adjustment. Appropriate interventions are necessary at the classroom level to enhance ADHD students' Self efficacy and Socio-emotional adjustment.

1.Introduction

Attention deficit/hyperactivity disorder (ADHD) is a chronic, debilitating disorder which may impact upon many aspects of an individual's life, including academic difficulties, social skills problems, and strained parent-child relationships. Whereas it was previously thought that children eventually outgrow ADHD, recent studies suggest that 30–60% of affected individuals continue to show significant symptoms of the disorder into adulthood. A vital consideration in the effective treatment of ADHD is how the disorder affects the daily lives of children, young people, and their families. Effective medical and behavioral treatments can make noticeable differences in their behavioral symptoms as well as their social and emotional adjustments. As children with ADHD get older, the way the disorder impacts upon them and their families changes.

Research over the past 2 decades has demonstrated that ADHD occurs frequently and causes considerable suffering in patients and their families. ADHD begins in early childhood and persists through adolescence and into adulthood in 70% of those affected. These children have difficulty making and keeping friends, primarily because of their higher levels of their verbal and physical aggression. Family relationships also become problematic because youngsters with this disorder are less likely to follow parental directives and are more likely to argue with adults. Now a days the Government has started to screen out the children with ADHD for giving special training but it is not occurring in a proper way. To improve their potential and raise these students with normal students, effective behavioral and academic interventions must focus not only an ADHD related behaviors but on improving academic and behavioral functioning. Some children with Attention Deficit Disorder experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called "memory problems" due to not listening in the first place.

1.1Self-Efficacy

It is the expectation that one can master a situation, and produce a positive outcome. Bandura's Social Cognitive Model says that there are 3 factors that influence self-efficacy: Behaviors, Environment, and

personal/cognitive factors. They all affect each other, but the cognitive factors are important. Self-efficacy plays a role in the way people feel, think, behave, and motivate themselves. According to Bandura (1997), people with low self-efficacy tend to doubt their capabilities and often avoid circumstances where they think they will fail. Using Bandura's theory of self-efficacy, one can infer that learners who have experienced numerous academic failures will have low self-efficacy in this domain (Margolis & McCabe, 2006). Diener (2000) describes subjective well-being as the way people feel about their lives and the quality of their experiences. Self-efficacy and positive psychology both seek to evoke human strengths such as optimism, perseverance, and interpersonal skills (Seligman & Csikszentmihalyi, 2000). Self-efficacy is related to the challenges of children diagnosed with ADHD and their performance. Children with Attention Deficit Hyperactivity Disorder (ADHD) display very low self esteem. Their sense of self efficacy is limited and they begin to berate themselves. They also perceive themselves as failures due to adopting an attitude of learned helplessness. Children with ADHD are at risk for giving up and thus making their symptoms worse and reducing their sense of self efficacy. Self efficacy reflects beliefs about the child's ability to make changes in life. If the child believes that he can work harder in order to succeed, learn social skills, and make friends, he will work harder and do better.

1.2 Socio-emotional Adjustment

Children with ADHD often have more social and emotional problems than other children. This is true for all subtypes of ADHD and for both boys and girls. Children with ADHD often have trouble making and keeping friends, for a variety of reasons. They may have trouble controlling their behavior and emotions. Other children may find their hyperactive or impulsive behavior irritating. These "problem" behaviors are not intentional; they are part and parcel of the disorder. Children with ADHD often have trouble regulating their emotions, or controlling emotional reactions.

Children with ADHD experience significant social difficulties. It is estimated that approximately 50–60% of ADHD children experience rejection by their peers (Barkley, 1990), whereas only 13–16% of children in elementary school classrooms are rejected (Terry & Coie, 1991). In fact, many ADHD children are disliked within minutes of the initial social interaction (Pelham & Bender, 1982) and then denied further opportunities to practice social skills which, in part, lead to further rejection (Landau et al., 1998). Specific

play behaviors have been linked with resulting rejection in ADHD children and include being: bossy, intrusive, inflexible, controlling, annoying, explosive, argumentative, easily frustrated, inattentive during organized sports/games, and violating the rules of the game (Guevremont & Dumas, 1994; Pelham et al., 1990; Taylor, 1994; Whalen & Henker, 1985). Classroom behaviors of children with ADHD associated with being disliked by peers include being off-task, disruptive, help-seeking, defiant, and unable to exhibit self-control. Multiple studies of social functioning difficulties in ADHD have focused on co-morbid behaviors and ADHD symptomatology as sources of poor social functioning, specifically aggression, disruptive behavior disorders, and hyperactive-impulsive symptoms. Social functioning by ADHD subtype varies somewhat according to rater (e.g., teachers, parents, and peers), however, the general consensus is that all ADHD subtypes are at risk for peer rejection (Carlson & Mann, 2000; Hodgens, Cole, & Boldizar, 2000).

1.3 The Aim of the Study

This study intended to explore the Self efficacy and Socio-emotional adjustment among high school children with and without ADHD

2 METHODOLOGY

2.1 Hypotheses

H₀ 1: There will be no significant differences between ADHD students and students without ADHD on Self-Efficacy

H₀ 2: There will be no significant differences between ADHD students and students without ADHD on Socio-Emotional adjustment.

2.2 Sample

The data were collected from 5 schools of Kannur, Kerala. The students were already screened as ADHD by a professional clinical psychologist as a part of the new scheme introduced by Kerala Government. Through purposive sampling 80 students from 8th and 9th standard were identified and 40 with ADHD symptoms (N=40) and 40 without ADHD symptom (N=40). In order to ensure homogeneity, the students were matched for age and socioeconomic status.

2.3 Measures

2.3.1 Self Efficacy: The 24 items Muris, P. Self efficacy questionnaire for Children (SEQ-C) (2001) was used to assess the individual's self efficacy level. The Self-Efficacy Questionnaire for Children includes three 8 item scales that measure academic, social, and emotional self-efficacy

2.3.2 Socio-emotional Adjustment: Students' socio-emotional adjustment was measured using the Child Behavior Scale developed by Ladd and Profilet (1996). The scale consists of six sub-dimensions. Among 59 items only 35 are accounted for in the subscales listed such as aggression, anti-social behavior, hyperactive behavior, exclusion by peers, pro-social behavior and anxious/fearful behaviors the remaining are filler items. Class teachers were asked to rate the extent to which each of the descriptions applies to the child, particularly in the context of his/her behavior with peers.

2.4 Methods of data collection

Self efficacy among students with and without ADHD was collected by using the above mentioned instrument. Socio-emotional adjustment was collected from concerned teachers of the students with and without ADHD by using the socio-emotional adjustment inventory. For the purpose filling up the questionnaire, the children were each (regardless of group membership) given the option of completing the questionnaire independently or having the questions read to them by the researcher. If they chose the first option, they were given verbal instructions and told to ask the researcher if they were unsure of the meaning of any of the statements or words within them.

3 RESULTS AND DISCUSSION

A one way ANOVA was carried out to identify whether significant differences existed between the students who had ADHD symptoms and those students who did not present any of the ADHD symptoms.

Table 1*Comparison of students with ADHD and without ADHD on Self-Efficacy and Socio-Emotional Adjustment*

Factor / Dimension	Group	N	Mean	SD	F	Sig.
Self-Efficacy						
<i>Academic Self-Efficacy</i>	ADHD	40	20.10	2.92	5.428	.022
	Non-ADHD	40	21.53	2.54		
<i>Social Self-Efficacy</i>	ADHD	40	17.73	2.71	15.008	.000
	Non-ADHD	40	20.00	2.54		
<i>Emotional Self-Efficacy</i>	ADHD	40	19.30	2.14	2.530	.116
	Non-ADHD	40	20.18	2.74		
Socio-Emotional Adjustment						
<i>Hyperactive/Distractible</i>	ADHD	40	9.68	0.92	15.195	.000
	Non-ADHD	40	8.85	0.98		
<i>Aggressive with Peers</i>	ADHD	40	16.08	1.82	8.020	.006
	Non-ADHD	40	14.85	2.05		
<i>Excluded by Peers</i>	ADHD	40	15.65	1.58	9.169	.003
	Non-ADHD	40	14.45	1.95		
<i>Anxious/Fearful</i>	ADHD	40	9.23	1.19	.687	.410
	Non-ADHD	40	8.98	1.49		
<i>Antisocial with Peers</i>	ADHD	40	13.78	1.27	8.815	.004
	Non-ADHD	40	12.40	2.64		
<i>Pro-Social Behavior</i>	ADHD	40	14.75	1.48	2.172	.145
	Non-ADHD	40	14.15	2.11		

The results of the one way independent ANOVA clearly indicated there were significant differences between students with ADHD and those without any ADHD symptoms on Academic Self-Efficacy and Social Self-Efficacy, however no such differences were observed on Emotional Self-Efficacy. Students involvement and participation in school depend in part on how much the school environment contribute to their perception of autonomy and relatedness, which in turn influences Self-efficacy and academic achievement (Meece, 1997). Hyperactivity and inattention would have also further contributed to ADHD students' perception of efficacy on the academic self-efficacy dimension. Hyperactivity would have further contributed to such children being avoided by their peer groups and friends, contributing to their low levels of social self-efficacy.

Teachers' rating of students on the various dimensions of socio-emotional adjustment clearly indicated that there significant group differences on Hyperactive/Distractible, Aggressive with peers, Excluded by peers and Anti-Social with peers. Barkley (1990) estimated that approximately 50–60% of ADHD children experience rejection by their peers. It was opined by Carlson and Mann (2000) that ADHD have a risk of peer rejection. Students with ADHD showed significantly higher levels of peer reject and disruptive behaviors in comparison with Non-ADHD students. Teachers' ratings clearly indicated that from a neutral standpoint that there were significant differences between ADHD and Non-ADHD students on some of the key dimensions of socio-emotional adjustment.

It can be concluded that there were significant group differences among students with ADHD and those without ADHD symptoms with regard to Efficacy and socio-emotional adjustment levels. It is therefore imperative that students with ADHD need immediate attention and necessary interventions need to be designed so as to improve their efficacy levels and socio-emotional adjustment, without which such students tend to lose on their efficacy beliefs and socio-emotional adjustment. Use of effective interventions may help them to improve their efficacy perceptions as well enable better socio-emotional adjustment.

4 CONCLUSION

ADHD significantly affects students' Self efficacy and Socio-emotional adjustment. Appropriate interventions are necessary at the classroom level to improve ADHD students' Self efficacy and Socio-emotional adjustment.

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