



Self-esteem in children with ADHD

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Introduction

Douglas (1972) supported that the main cause of the difficulties of ADHD children is not hyperactivity but the decreased level of attention and the insufficient abilities of self-regulation.

Children with ADHD manifest:

- ◆ Low school performance (Zournatzis et al., 2001). 20-80% of the children with learning difficulties respond to the criteria of DSM-IV for the diagnosis of ADHD (Cantwell & Baker, 1991).
- ◆ Speech problems at a percentage of 16-37% (Baker & Cantwell, 1987).
- ◆ Difficulties in everyday activities. 52% of ADHD children have poor motor coordination (Barkley et al., 1996; Barkley, Fischer, Edelbrock, & Smallish, 1990)
- ◆ Difficulties in social functions (Zournatzis et al., 2002)

Most research data support that ADHD has biological substrate and impute to genetic and neurological factors (Kakouros & Maniadaki, 2000).

Self-esteem

- ◆ There is general consensus that 'self-concept' is a complex structure that includes cognitive, emotional and behavioral dimensions (Brinthaup & Erwin, 1992; Burns, 1982; Harter, 1999; Shavelson & Marsh, 1986).
- ◆ There is also a general agreement that the two essential components of self-concept are: self-image and self-esteem (Makri-Botsari, 2001).
- ◆ Originally, self-concept was taken as one general and unchangeable concept structure. Self-esteem states with an index that relates to school, peers, family and self (Coopersmith, 1967).
- ◆ Later, it was relieved the multilevel-multifactorial approach of self-concept, according to as individuals we retain self-images and the number of them increases by growing older.
- ◆ The most popular models regarding self-concept are: a) The multifactorial model of Harter (1983) and b) The hierarchical model of Shavelson, Hubner & Stanton (1976).

Coopersmith (1984) defined self-esteem as the assessment that an individual does and usually maintains in regard of himself. This reflects an attitude of acceptance or disapproval and shows to what extent the person believes that he is capable, important, successful and skillful.

Research data concerning self-esteem in children with ADHD also supports:

- ADHD children's low self-esteem level (Treuting & Hinshaw, 2001; Bussing et al., 2000)
- Significant difference against 40 children with ADHD who formed the control group (Oetzuerk, et al., 2000)
- Low performance at Coopersmith Self-Esteem Inventory for the self-esteem at school and social area. However there were found insignificant differences compared to control group, in point of general index of self-esteem (Alexander, 2000).

Aim of the study

The present study examined whether children with high probability of ADHD have lower self-esteem compared to a peer group without high probability of ADHD. Also we raised questions related to whether and how far children with high probability of ADHD differ at the rest factors of self-esteem compared to peers without high probability of ADHD.

Method

Participants

- 308 Greek children
- 165 boys & 143 girls
- Age: 4-8 years (average age : 6,8 years)

Instruments

- "Behavioral Academic Self-Esteem" (B.A.S.E.). Coopersmith & Gilberts rating scale (1982)
- Attention-Deficit/Hyperactivity Disorder Test (ADHDT) (Gilliam, 1995)

Sampling procedure

- Completed by the children's teachers.

Results

Table 1: Percentages of children with low self-esteem and the factors of self-esteem according to the level of probability of ADHD

	Low or High probability of ADHD		TOTAL
	Low	High	
General Factor	66%	34%	100%
Initiative	66,7%	33,3%	100%
Social adaptation	39,4%	60,6%	100%
Failure-Success	52,2%	47,8%	100%
Peer acceptance	79,6%	20,4%	100%
Self-confidence	66,7%	33,3%	100%

Table 2: Correlations (Pearson's r) between the probability of ADHD and the general index of self-confidence and its factors (N=308)

	Student Initiative	Social Attention	Failure/Success	Social Attraction	Self-confidence	General Factor of Self-Esteem
ADHD Probability	-.400	-.730	-.506	-.171	-.362	-.490
Sig. (2-tailed)	,000	,000	,000	,003	,000	,000

Table 3: Percentages of children with low self-esteem according to the level of probability of ADHD

	Low or High probability of ADHD		TOTAL
	Low	High	
Impulsive Type	54,8%	45,2%	100,0%
Inattentive Type	30,2%	69,8%	100,0%

Table 4: Correlations (Pearson's r) between general factor of self-esteem and impulsive and inattentive type of ADHD

	General Factor of Self-Esteem	Sig. (2-tailed)
ADHD Probability Impulsive Type	-.300	,001
ADHD Probability Inattentive Type	-.622	,001

Discussion

- » According to the results, 33.3% of the children with low self-esteem, have high probability of ADHD ($p < .000$).
- » Regarding the rest of the factors, the percentage of the children with high probability of ADHD who have also low self-esteem, is substantial.
- » In the whole of the sample (N=308) and between the children with low self-esteem:
 - Half of them have high probability for ADHD impulsive type ($p < .001$)
 - About 2/3 of them have high probability for ADHD inattentive type.

Conclusion

1/3 of the children with low self-esteem can be found with high probability of ADHD

As the probability of ADHD increases, self-esteem decreases

The assessment was made according to the teachers' perceptions →

⇒ Consequently

- » Teachers often are able to detect those children who confront difficulties because of ADHD.
- » Teachers are usually agents of children referrals to specialists for diagnosis but, as it was found in another research, they generally react only when children have learning difficulties (Kakouros et al., 1995).
- » From the above it seems that teachers and parents are not informed well enough for the possible difficulties that might have a child with ADHD → teachers and parents may not be aware of the presence of ADHD and its consequences (such as low self-esteem).
- » According to their perceptions about the difficulties that a child with ADHD may have, teachers and parents modulate their behaviour towards them.
- » Often, adults' false beliefs may lead to a "problematic" communication (Johnston & Patenaude, 1994).

Conclusions-Implications for practice

- Children with high probability of ADHD are in need of special help, early diagnosis and intervention.
- Prevention is as much important as treatment. Specialists should be closer to the school environment so that early diagnosis and intervention could be possible.

For early diagnosis and treatment, we propose the multi-level approach (Kakouros et al., 1999), which is based on cognitive - behavioural theory and includes elements from the systemic approach.

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