

The Impact of Hyperactivity on Children's Social Skills

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Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is a prevalent emotional and behavioural disorder that can affect the scholastic and social functioning of school-age children. ADHD is characterized by developmentally inappropriate inattention, impulsiveness and motor activity. Children with attention problems create a special population with diverse needs within an educational setting. Although there are a myriad of problems associated with children identified as having ADHD, social skill deficits are one concern of many parents and school personnel. Topics addressed in the literature review include the definition and common interventions regarding ADHD, as well as the definition of social skills and social skill assessment and intervention programs. Also addressed is how ADHD is linked to social skill deficits in school-age children.

Keywords: Attention Hyperactivity Disorder (ADHD), Social Skills, Diagnosis, hyperactivity, learning.

Introduction

Disorders of attention and activity are amongst the most prevalent of emotional and behavioural disorders affecting children and adolescents. They are also currently considered the most controversial disorders in our society. Children with attention problems create a special population of students with a wide array of needs. The most commonly diagnosed childhood disorder among students is Attention Deficit Hyperactivity Disorder, also known as ADHD (Kronenberger & Meyer, 1996). ADHD is marked by developmentally inappropriate inattention, impulsiveness and motor hyperactivity (Rosenhan & Seligman, 1995).

In general, ADHD is defined by the presence of socially disruptive behaviours, either attention or hyperactive, before the age of seven, which persist for at least six months (Sue, Sue, & Sue, 1997). Characteristics of children who suffer from ADHD primarily include inattention, impulsivity, and deficits in rule-governed behaviour, not the restlessness or squirminess that has often been the focus of adults' concern. Those identified as having ADHD may show difficulty in focusing and sustaining attention, controlling impulsivity, and showing appropriate motivation (Kauffman, 2001).

Common Problems Associated with ADHD

Students with ADHD have attention problems that span several settings. ADHD is extremely apparent in a school setting and may have a grave impact on a child's educational experience. Traditional schools expect students to be patient, listen attentively, complete assignments, cooperate with peers, and pay close attention to the task at hand. These activities are difficult for children who have ADHD because they cannot control their behaviours. Behaviours that often accompany ADHD include the inability to "think before you act," take turns; wait in line, and excessive fidgetiness and restlessness. School children who have ADHD may have a hard time remembering to do tasks, constantly run late, and turn in homework that is unfinished or past its due date.

Students with ADHD may appear to be emotionally immature, quick-tempered, and easily frustrated (Kauffman, 2000). All of the above characteristics may make it difficult for children to function successfully in a school setting both academically and socially.

Recently, it has been discovered that students with ADHD may suffer from developmentally inappropriate social behaviours, which likely affects the development of friendships and relationships with peers. Many studies have found evidence that suggests that children with ADHD manifest social skills deficits with peers because of the behaviours that often accompany ADHD (disruptiveness and poor impulse control). Poor development of social skills can have very serious negative side effects, which include long-term effects that may carry over into adulthood. Children who demonstrate problems with social and peer relationships at an early age often continue to have socialization problems later in life (Dumas, 1998).

In order for students with ADHD to positively participate in classroom and social settings, their academic and social deficits need to be addressed and accommodated.

Social skills deficits are not only experienced by students with ADHD, although it is predicted that fifty percent of students with ADHD experience relationship problems (Dumas, 1998). Low social functioning can be experienced by students with exceptional needs as well as regular education students. Poor social skill development in children can lead to adverse effects in the future. For example, poor social skills have been linked with a higher incidence of school dropouts, juvenile delinquency, and loss of jobs, disorderly conduct and law enforcement contacts (Landau & Milich, cited in Landau & Moore, 1991). Lack of adequate social skills can negatively affect the development of peer relationships, which can lead to having few friends. A study done by Weiss & Hechman (cited in Landau & Moore, 1991) indicated that students who have been identified as having ADHD are more likely to experience feelings of sadness and loneliness when compared to their non-ADHD peers. It also seems that students with ADHD are less involved in their communities as well as in school activities.

A person's social status greatly determines if an individual is accepted or rejected by their peers and determines if a person is acceptable to a group. Students who are labelled as hyperactive have a high incidence of being rejected by their same age peers. This negatively affects the hyperactive student's status as acceptable and makes it difficult for a student with ADHD to maintain healthy friendships (Landau & Milich, cited in Landau & Moore, 1991). A study conducted by Milich, Landau, Kilby, & Whitten suggested that children with hyperactivity are more unpopular and socially rejected than peers who are aggressive in nature (as cited in Landau & Moore, 1991). Social skills training can be integrated into learning disabled and regular education curriculum to help students learn the skills necessary to develop and maintain relationships in and out of a school setting. School-based interventions can be planned and implemented to help students with ADHD form positive relationships with peers and teachers (Evans, Axelrod, & Sapia, 2000).

In order for students with ADHD to function appropriately in a classroom and at school in general they must be accepted and included by their peers and teachers. The opinions a teacher holds about certain students is communicated and reinforced by the other children in the classroom. Teacher perceptions often influence how students respond to others, whether teachers are aware of this or not. It has been suggested that students who suffer from learning disabilities, including ADHD, are the recipients of more negative attention, less praise, and more disciplinary action by their teachers when compared to their non-disabled peers (Hepler, 1994). The previous literature has suggested that, along with

other difficulties, students with ADHD suffer from social skill impairments. Attitudes and attention from a student's peers, whether negative or positive, can have a huge impact on a student's educational experience. It is pertinent that professionals within the field of education better understand the social deficits and needs of children with ADHD.

Therefore, the impact of social skill deficits of by students who have been identified as having ADHD needs further exploration. By understanding a student's social needs we can ensure that students identified as having ADHD have the best possible opportunities to develop social skills that are socially desirable by others. In turn, this allows a better chance to be accepted and active in healthy peer relations, both in childhood and adulthood.

Social Skills

A primary concern of educational professionals and parents of children identified with ADHD is the effects that ADHD has on a student's social functioning. As humans, almost everything we do surrounds the ability of interacting and communicating with others both verbally and non-verbally. The importance of successful communication is extremely apparent in an educational setting. Students must be able to interact successfully with teachers, and especially with their peers. Understanding the basic social rules of society and being able to put them into practice enables us to maintain healthy relationships with our peers and deems us socially competent and socially desirable (University of Cincinnati, 2001).

Social skills are complicated, observable behaviours that include problem-solving skills. They are usually developed through learning and involve giving, receiving, and interpreting messages. Social skills also involve detailed verbal (speech, words, sentences) and nonverbal (posture, eye contact, voice, facial expressions) behaviours.

Social skills allow children to experience positive experiences in social situations (L.K. Elksnin, 1996; cited in Elksnin & Elksnin, 1998). Social skills can be divided into several categories. These categories are interpersonal behaviours, peer-related social skills, teacher-pleasing social skills, self-related behaviours, assertiveness skills, and communication skills.

Types of Social Skills

Interpersonal behaviours- also called friendship-making skills, include behaviours such as introducing oneself, joining in activities, asking someone for a favour, offering oneself to

Help others, giving and accepting a compliment from another and the ability to apologize.

Peer-related Social Skills- are skills that are most valued by peers and classmates and lead to acceptance by classmates. Peer-related social skills include working in cooperative groups, asking and receiving information from others, and identifying the emotions of others.

Teacher-pleasing Social Skills- these behaviours are connected to success in an educational environment. These skills include following directions from teachers, obeying school rules, exerting your best effort while doing class work and homework, and listening to teachers and peers while they are speaking.

Self-related behaviour- these skills help children determine what a social situation entails and help them select the skills that are the most appropriate and effective for use in the situation. Self-related behaviours consist of following through, dealing healthfully with stress, understanding the feelings of self and others, and controlling anger and aggression.

Assertiveness Skills- these skills allow children to express their needs and feelings without using aggressive behaviours.

Communication Skills- Communication skills are made-up of appropriate listening responses, taking turns with others, maintaining attention during conversations, and giving feedback to the person you are speaking to (Elksnin & Elksnin, 1998).

Developing effective social skills is an important milestone in child development.

Previous research has shown that social and relationship problems in childhood directly correlate with problems in socialization and mental health difficulties in adulthood

(Strain & Odom, 1986; Elksnin & Elksnin, 1998). Social skills such as understanding the feelings of self and others, being able to control your emotions, and making others feel comfortable, are important in predicting whether or not an individual will be socially successful in life. School performance and adequate social skill development also seem to be related.

It has been suggested in a study conducted by Gresham (1981) that students who have inadequate social functioning have more school-related problems. This puts students with poor social skills at higher risk for dropping out of school and achieving at lower rates when compared to their same age peers with appropriate social skills. Elksnin and Elksnin (1998) demonstrated that poor and lacking social skills are also directly correlated to our nation's unemployment rates and underemployed population. Employer's value well developed interpersonal skills in their employees and consistently ranks interpersonal skills as more valued than job preparedness skills. It was also reported in a study conducted by Johnson and

Johnson (1990; cited in Elksnin & Elksnin, 1998) that ninety percent of lost jobs were related to social difficulties.

Social skills are very important in order for students to function successfully in a social environment. Social skills are especially critical for students who are identified with a disability. Students who are identified as having an emotional or behavioural disorder (including ADHD) are consistently identified as lacking the pertinent social skills they need to be accepted by their peers. In general, students with emotional and behavioural disorders are most in need of social skill development and training, compared to students in other disability categories (Elksnin & Elksnin, 1998). It is also important to recognize that social skill deficits seem to persist with age and will not improve by themselves as a child moves through each stage of development. The United States Department of Education (1996) reported that twenty-nine percent of students who graduated from high school in 1995 required social skills training beyond that provided by their formal education. This demonstrates that social skills are skills that not only effect functioning as a student, but also as an adult in the world outside of school.

Identifying Social Skills Deficits

Identifying students who have social skill deficits can be achieved many ways. A common avenue to assess the social skills of a child is through a rating scale. Rating scales, like the Social Skills Rating System (SSRS), are especially useful when a large population of students is being assessed. Rating scales are also useful when one wants to gather information from a variety of sources. A rating system also allows one to pinpoint other behaviours that interfere with a student's ability to use and develop adequate social skills (Elksnin & Elksnin, 1998).

When administering a rating scale system, one should keep in mind the effects of rater bias and minimize this effect by using several raters. A researcher should also be aware that rating scales do not typically allow the cause of the social skill deficit to be identified. Another limitation to the use of rating scales is that the results from the rating scale system may be different than what is observed in the student's environment (Elksnin & Elksnin, 1998).

Interviews with parents, teachers, counsellors, and peers are also a sufficient way to determine if a student lacks the social skills necessary to develop and maintain relationships. Using interview techniques is useful when one wishes to identify social skills that are lacking

or extremely important to the individual interviewee. Interviews also allow researchers to determine the difference between a child's current social skill status and the desired skill level (Elksnin & Elksnin, 1998). Interviewing a student whose social skills are in question can be a helpful technique as well. Interviewing the student can make the researcher aware of the student's own level of self-awareness concerning his or her social skill deficits.

Through student interviews one can also explore the child's willingness and motivation to learn necessary social skills. Student interviews also present the opportunity for the interviewer to conduct an on-site observation of the student. While conducting an interview one can observe such social skills as communication style, eye contact, and the ability to hold a conversation (Elksnin & Elksnin, 1998). When deciding to conduct an interview, whether it is with a parent, teacher, counsellor, or student, a researcher must be aware of time-constraints. Interviewing individuals can be very time consuming. Researchers must also recognize that interviewees may provide unreliable information. To avoid collecting unreliable information it is important to keep the interview as structured as possible (Elksnin & Elksnin, 1998).

A behavioural observation is another excellent way to gather information about a student's social skill development. Behavioural observations directly determine if a student needs direct instruction on how to develop his or her social skills. Observation of a child interacting with his or her peer group allows an observer to compare one student's social skills to another. Direct observation also allows a researcher see if the intervention that was implemented has improved the particular student's social skills. While observing a child in his or her natural setting is useful, one must recognize that it takes a significant amount of time and is not useful when assessing a behaviour that occurs infrequently (Elksnin & Elksnin, 1998).

Effects and direct Impact of ADHD on Social Skills

It was stated earlier that approximately fifty percent of children identified with ADHD have social skill deficits and peer relationship problems (Dumas, 1998). Poor development of peer relationships has been a major predictor in future social adjustment problems and mental health problems in later life. Socialization problems, social incompetence, and peer rejection are directly linked to low self-esteem, depressed mood, and anti-social behaviour in childhood and beyond (Robbins, 1966; cited in Dumas, 1998).

Peer adjustment problems involving children with ADHD have also shown to have detrimental effects on a child's self-esteem (Wheeler & Carlson, 1994). Behavioural traits that accompany ADHD, such as poor impulse control, inattention to peers, and intrusiveness, put students with ADHD at-risk to develop social deficits. It seems that students with ADHD receive few, if any, positive peer nominations, such as "most liked," yet receive a disproportionate number of nominations as "least liked" (Erhardt & Hinshaw, 1994; cited in Dumas, 1998).

In a study conducted by King and Young (1982; Wheeler & Carlson, 1994) it was shown that students with ADHD are aware of their negative social status and their problems with social functioning. Another study conducted by Lahey (1982; cited in Wheeler and Carlson, 1994) showed that students with ADHD consistently rated themselves as being more depressed, having lower self-esteem, being less popular and having more behaviour problems than their non-ADHD peers. In the same study, students with ADHD also rated themselves as having more physical appearance concerns, anxiety, and general unhappiness compared to their non-disabled peers.

Another area that is of social concern with children who have ADHD is the affect ADHD related behaviours have on others. Evidence has shown that students with ADHD can cause negative behaviours in teachers and peers that interact with them. For example, students who are non-disabled may exert more controlling behaviour on their peers, which in turn may escalate negative behaviours in students who have ADHD, thus leading to an overall more disruptive classroom. A study conducted by Campbell, Endman, and Bernfeld (1977; cited in Wheeler & Carlson, 1994) also showed negative interactions with teachers. Classrooms that contained students with ADHD had higher rates of negative teacher-child interactions among all students.

Conclusion

Children who have been identified as having ADHD also tend to be more disagreeable in nature and have more negative social interactions at school and at home.

Parents of children who have ADHD report that their child's behaviour often annoys others. The presence of aggression in child with ADHD can also negatively affect social interaction. It was reported by Clark, Cheyne, Cunningham, & Siegel (1988; cited in Dumas, 1998) that children identified as having ADHD tend to be more disruptive and domineering, as well as quicker to resort to aggressive behaviour with peers. Children who have been identified as

having ADHD are at risk to develop many problems related to socially unacceptable behaviour and social maladjustment, among other problems that accompany ADHD such as disruptive behaviour disorders (conduct disorder), substance abuse, and academic underachievement (Dumas, 1998). A large percentage of children with ADHD appear to be at risk for developing significant social and peer relationship deficits. Students with social deficits or social delays need to be identified and treated in order for these students to be successful in many social aspects of life (relationships, peers, employment). Schools are very social institutions, and as educators we need address the array of social issues that affect children with ADHD in order to improve the social functioning of these students. By addressing social skill deficits, educators can make school a more positive and friendly place for children with ADHD.

References

- Abate, F.R. (1997). *The Oxford pocket dictionary and thesaurus*. New York: Oxford University Press.
- American Psychological Association. (1994). *Diagnostic and statistical manual of mental disorders (4th ed.)*. Washington, DC: Author.
- Barlow, D.H., & Durand, V.M. (1999). *Abnormal psychology (2nd ed.)*. Pacific Grove, CA: Brooks/Cole.
- Berger, K.S., & Thompson, R.A. (1995). *The developing person through childhood and adolescence (4th ed.)*. New York, NY: Worth Publishers.
- Dumas, M.C. (1998). The risk of social interaction problems among adolescents with ADHD. *Education and Treatment of Children*, 21, 447-461.
- Elksnin, L.K., & Elksnin, N. (1998). Teaching social skills to students with learning and Behavior problems. *Intervention in School and Clinic*, 33(3), 131-140.
- Evans, S.W., Axelrod, J.L., & Sapia, J.K. (2000). Effective school-based mental health intervention: Advancing the social skills training paradigm. *Journal of School Health*, 70(5), 191-195.
- Gresham, F.M. (1981). Assessment of children's social skills. *Journal of school psychology*, 19, 120-133.

- Hazel, J.S., Schumaker, J.B., Sherman, J.A., Sheldon, J. (1995). *ASSET: A social skill program for adolescents (2nd ed.)*. Champaign, IL: Research Press.
- Heatherington, E.M., & Parke, R.D. (1999). *Child Psychology: A contemporary viewpoint (5th ed.)*. Boston, MA: McGraw-Hill
- Hepler, J. (1994). Mainstreaming children with learning disabilities: Have we improved their social environment? *Social Work in Education*, 16(3), 143-154.
- House, A. (1999). *DSM-IV diagnosis in the schools*. New York, NY: Guilford Press.
- Kauffman, J. (2000). *Characteristics of emotional and behavioral disorders of children and youth (7th ed.)*. Upper Saddle River, NJ: Prentice Hall.
- Kronenberger, W.G., & Meyer, R.G. (1996). *The child clinician's handbook*. Needham Heights, MA: Allyn & Bacon.
- Landau, S., & Moore, L.A. (1991). Social skill deficits in children with attention-deficit hyperactivity disorder. *School Psychology Review*, 20(2), 235-252.
- Rosenhan, D.L., & Seligman, M.E.P. (1995). *Abnormal psychology (3rd. ed.)*. New York, NY: Norton.
- Sue, Sue, & Sue. (1997). *Understanding abnormal behavior (5th ed.)*. Boston, MA: Houghton Mifflin.
- Wheeler, J., & Carlson, C.L. (1994). The social functioning of children with ADD with hyperactivity and ADD without hyperactivity: A comparison of their peer relations and social deficits. *Journal of emotional and behavioral disorders*, 2(1), 2-13.