A COMPREHENSIVE STUDY OF SELF-ESTEEM IN CHILDREN DIAGNOSED WITH ATTENTION DEFICIT AND HYPERACTIVITY DISORDER

by

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ABSTRACT

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Abstract

The purpose of this study was to do a comprehensive review of the literature exploring the relationship between students with ADD/ADHD and low self-esteem. This comprehensive literature review describes how students with ADD/ADHD can learn to cope with their deficits, identify potential strengths and unique personality characteristics within them, and finally how to help these individuals improve their self-esteem.

Sufficient literature was found in support of a relationship between children with ADHD and low self-esteem. The literature reveals that children with ADHD and low self-esteem are at risk for having poor academic performance, unsuccessful peer relationships, a low self-concept, and lack of self-confidence.

The literature revealed that these children need accommodations, support and patience from their parents, educators and caretakers in order to prepare children for lifelong learning, successful social-peer interaction and high self-esteem. Individuals in a position to make positive strides in these children's lives must make every effort to encourage these children to be proud of and use to their advantage their unique and special personality characteristics that only they possess.

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CHAPTER ONE

Introduction

Attention Deficit Hyperactivity Disorder is one of the most common behavioral disorders of childhood. It affects three to six percent of school age children. Concerns occur when the three primary symptoms of ADHD (inattention, hyperactivity, and impulsivity) become inappropriate across a variety of situations and contexts. When this occurs it is necessary that parents, educators, and professionals become involved to help the child (Barkley, 1998).

There have been several studies that indicate students with Attention Deficit Hyperactivity Disorder (ADHD) are more commonly assumed to have lower self-concepts or lower self-esteem than their normally achieving peers. Many children have difficulties with attention, concentration, or with impulsiveness. For many children this is a stage that they will outgrow in time. For other children, their behavior may stem from their normal behavioral makeup. Unfortunately, for some children, this difficulty in attending spills over into other areas of life, such as school, home, learning, and their interactions with teachers and students. These children who exhibit greater symptoms in more settings and more functional impairment are at a greater risk for having low self-esteem (Biederman, Newcorn & Sprich, 1991).

A study by Rosenberg and Gaier (1977), showed that children with ADHD find it more difficult to speak in front of class, feel upset more frequently in class, prefer to not be called on in class, and are more easily discouraged than non-ADHD students.

When children with ADHD have difficulty in attending, it effects their educational and interpersonal development, self-attributions about success or failure, and

their academic achievement, thus causing the children to have difficulties managing their behaviors or in learning, and ultimately their self-esteem (Roe, 1998).

When children are told time and time again that they are not listening, and that they are doing things wrong, they start to think that *they* are bad (Roe, 1998). At this point the child's general mental health and life are in danger (Cooley & Ayres, 1988). When a child consistently confronts frustrating experiences, he is likely to possess a negative attitude towards himself (Godfrey, 1970). Deviant peer choices, anxiety, substance abuse, and depression are other outcomes of poor self-esteem for students with ADHD (Gordon & Calrabiano, 1996). Happiness can be affected, which can lead to problems in a student's academic and social life.

Students with ADHD require different modes of learning for their unique learning styles. It is especially important that these students do not learn to dwell on the negativity involved with the stigma of their ADHD symptoms that are most commonly the focus. It is especially important that these student's individual strengths and uniquenesses are recognized, as well as emphasized. These students must learn that they posses special characteristics that other students may not. They need to know they posses' positive gifts, not just negative deficits.

Approximately one-to-two thirds of these children will continue to carry their symptoms over into adolescence and into adulthood (Glod, 1997). Therefore, it is necessary that students with ADHD learn how to cope with their deficits as well as recognize the equally important positive personality traits, which are sometimes overlooked.

Purpose of the Study

The purpose of this study is to comprehensively review the literature exploring the relationship between students with ADD/ADHD and low self-esteem. This comprehensive literature review will describe how students with ADD/ADHD can learn to cope with their deficits, identify potential strengths and unique personality characteristics within them, and finally how to help these individuals improve their self-esteem.

Objectives

1. To explore the relationship between children with ADHD, low self-esteem and how it affects them.
2. To identify how children with ADHD can learn to cope with their deficits.
3. To identify potential strengths and unique personality characteristics.
4. To indicate how parents, educators, and caretakers can help children with ADHD improve their self-esteem.

Limitations

A possible limitation that could occur is a lack of current resources or information to support the literature review on the relationship between low self-esteem and children with ADHD.

CHAPTER TWO

Review of Literature

Introduction

This chapter discusses the central issues of low self-esteem and its relationship to children with ADHD. To date, research addressing the relationship between self-esteem and ADHD has yielded conflicting results. The results of this relationship will be explored in addition to ways children with ADHD can learn to cope with their deficits. Techniques parents and educators can use to help these children identify their potential strengths, improve their self-esteem and increase learning will also be introduced. For purposes of this paper the definition of self-esteem is provided.

According to McFarla (1988), self-esteem is how you feel toward yourself. Your feelings about yourself come from convictions about yourself as a capable, competent person having worth. Feeling capable is having self-confidence, viewing yourself as able to cope effectively with the life's challenges. A feeling of worth means having self-respect, which comes as a result of living up to your own standard of values and potential. Self-esteem is a personal judgment, and it can be used on truth or distortion, on reality or imagination (McFarla, 1988, p. 9).

Individuals who have high self-esteem usually demonstrate a high degree of acceptance of themselves and others. These individuals recognize the skills and strengths of themselves and others and feel safe and secure within their social relationships and environment. They also respond with confidence to problems and challenges, feeling a sense of responsibility for their actions.

Having good self-esteem also means being goal oriented and motivated by dreams. Individuals with low self-esteem are fearful of taking risks, failure and preoccupied about how others perceive them (Boehlke, 1994).

Dr. Robert Brooks, Harvard Medical School faculty member, author of *The Self-Esteem Teacher*, and member of C.H.A.D.D.'s Professional Advisory Board, indicates that children with high self-esteem are better off in a number of ways. Brooks reports that these students are more likely to be highly motivated succeed in school, believe they are in control of their abilities to succeed and stick with a task until it is completed (Zeigler-Dendy, 1995).

Self-esteem is built by having positive interactions at home and school, but also in the community. These children build themselves up through successes they have and the positive feedback from the people in their immediate and community life. Individuals who want high self-esteem must surround themselves with people that exhibit and enable positive interactions (Zeigler-Dendy, 1995).

For purposes of this paper, the definition of ADHD is provided below.

> The combined type and predominantly hyperactive-impulse type make up the majority (around two-thirds) of individuals with this disorder. Individuals with the combined type have symptoms of inattention and hyperactivity or impulsivity, whereas for individuals with the hyperactive-impulse type, symptoms of inattention are not present to a significant extent. To be diagnosed with ADHD, predominantly hyperactive-impulsive type or combined type, symptoms must have been present before age seven, impairment from these symptoms must be

present in two or more settings (i.e., at school, work or at home) and must not be the result of another medical or psychiatric disorder (Parker, 1996, p. 4).

Behaviors that cause concern

Inattentiveness: Children who are inattentive often lose focus, faze out, daydream or lose concentration very quickly. Parents and caretakers notice that inattentive children often forget what they have been told- particularly if they have been asked to do more than one thing at a time. Their short-term memory is affected. They forget things they see or hear within a short period of time, even though they may have a very good long-term memory for other things that have happened in the past.

Sometimes it is hard to determine whether an inattentive child is listening, because he or she has blank facial expression when they are spoken to. At other times, particularly when the activity is interesting or different, the child concentrates well and is 'switched on' (Roe, 1998, p. 7).

These children are often distracted by both internal (bodily cues or functions) cues or external cues and distractions. These children can be distracted visually, by certain colors, movement or other stimuli. They can also be distracted by auditory stimuli such as noises, or background sounds (Boehlke, 1994).

A quiet, well-behaved, inattentive child may miss out on a great deal of learning before it is realized that she is having difficulty attending. All children have times when they do not concentrate or listen, and everyone needs time to daydream. However, this daydreaming behavior becomes a concern when it

> begins to cause major problems in the child's learning or social interactions (Roe, 1998, p. 7).

Many parents or educators who work with children with ADHD will commonly complain that these children have difficulty paying attention, listening, concentrating, or working alone. They often shift from one task to another and do not finish one task before beginning another. Often chores are left unfinished or forgotten about (Zeigler-Dendy, 1995). It seems that the activities that require sustained attention are the most challenging for these children (Boehlke, 1994).

> Impulsiveness: Some children who are very impulsive do not think about the consequences of their actions. They are the children who hit, run away, get hurt, lose their tempers, and break things. These children do things even when they know they should not.

These children tend to act on the basis of emotion and not on practicality or sense. They do not do engage in some of their activity for malicious reasons, they simply act without thinking of the results of their actions. These actions typically get these children into trouble as well as complicate their ability to be organized. Most of the time, these student's desks and work areas are disaster areas (Boehlke, 1994).

> Many of these children often demand and expect instant gratification. They find it hard to wait for adults to finish what they are doing, to attend to them. Impulsiveness and need for instant gratification are often the main reasons why families and schools seek help for a child's behavior (Roe, 1998, p. 8).

Teachers and parents who work with children with ADHD describe these children as responding quickly to questions without waiting for the full instructions. This causes

them to make careless errors and ignore the repercussions of not considering consequences for such actions. These children lose things, inadvertently damage their own and others property and often take short cuts in homework and assignments, or with chores, sometimes failing to complete them (Zeigler- Dendy, 1995).

Sometimes these children speak before they think, which can lead them into trouble. These children have a tendency to talk a lot and interrupt other people when they are talking. At times they are bossy and sometimes offend people with what they say without realizing it. These characteristics can create some difficulty for these individuals to make and keep friends (Zeigler- Dendy, 1995).

Children with ADHD tend to be more accident prone than children without ADHD. In fact, these children tend to have more frequent visits to emergency rooms than other children because they are more apt to get into things they should not get into. These children do not take the time to assess the potential danger in some of their actions and get themselves into dangerous situations, like running in the road, touching hot surfaces and climbing things not meant to be climbed on (Zeigler- Dendy, 1995).

Hyperactivity: Not all children with attention problems are overactive. These are children that always seem to be busy, active, running or constantly moving. They often have difficulty sleeping and may exhaust their family or caretakers with their non-stop energy.

Sitting still is challenging for children with ADHD. They jiggle, fidget, or bounce. Some overactive children constantly touch things; other children are content only when they are outside where they can run around. Some children are very active and enthusiastic, but can relax at times. The overly hyperactive child

rarely relaxes, and is only able to concentrate for short periods of time, usually while doing such things as watching television, playing computer games or in one-on-one situations (Roe, 1998, p. 8).

Some children with ADHD exhibit higher hyperactivity levels during unstructured activities versus structured activities. Also, children with ADHD's level of hyperactivity may decrease when they are in situations they consider to be intimidating (Boehlke, 1994).

Distractibility: When a child is distractible, he or she finds it very difficult to remain on task. Every subtle sound, person going by, or interesting thought will distract the child, even when the child is engaged in doing something they enjoy. These children will jump at every interruption and have problems getting back to the story.

Distractible children find large groups difficult because of the stimulation others provide. They have to work very hard to filter out the other noises and sights. They work and play best where there are fewer people, and in calmer situations (Roe, 1998, p. 8).

Disorganization: Many children with attention problems find it hard to stay organized. They forget and often lose things. Some of these young children have problems dressing themselves and are very messy eaters. These children need outside structure and support to help them manage and organize themselves (Roe, 1998, p. 9).

Social difficulties: A factor that causes a great deal of concern to parents is the social difficulty faced by many children with ADHD. These children often miss important aspects of social interaction and have a hard time 'fitting in'. Their impulsivity and disorganization leads them to sometimes not follow rules, or the normal social cues that govern most of normal social interactions.

Often times these children will prefer to hang out with children who are younger than them because of the poor social skills that some of these children have. They may also exhibit more withdrawn behaviors because they can fail to initiate contact with other peers (Boehlke, 1994).

Difficulties with coordination and learning problems: Children with attention difficulties may also have problems in other areas. They may be clumsy, have fine or gross motor delay, and may have learning problems. Research suggests that many children diagnosed with ADHD also have some form of specific learning disability, which may cause difficulties with learning to read, write or do arithmetic (Roe, 1998, p. 9). Dr. Russell Barkley suggests that 25-35% of children with ADHD have some other learning disability (Barkley, 1994).

History of ADHD

Selected research indicates that studies of different levels of behavior in children began in the late eighteenth century. During that time, medical researchers discovered symptoms of inattention and hyperactivity in children recovering from damage to the brain from infections of the central nervous system and head injuries; ADHD at that time was considered a form of brain damage (Ebaugh, 1923). Since then, there have been many different terms for ADHD throughout the years.

In 1940, ADHD was termed minimal brain syndrome, in 1957-hyperkinetic impulse disorder, in 1960-minimal brain dysfunction, in 1968- hyperkinetic reaction of childhood, in 1980 it was named ADD without hyperactivity with the primary problems of poor attention, impulsivity, and overeactivity. Then, in 1987 it was named ADHD and undifferentiated ADD. Interestingly, during the 1968 label of hyperkinetic reaction of childhood, AHDH was considered an environmental, versus, biological disorder. At that time mothers were primarily blamed for the child's disorder (Boehlke, 1994).

Finally in 1994, it was named Attention-Deficit/ Hyperactivity Disorder with three types. The predominantly inattentive type, predominantly hyperactive-impulsive type and combined type (DSM IV, American Psychiatric Association, 2000).

Causes of ADHD

There have been multiple causes that contribute to ADHD. However, most experts agree that the most common causes are genetics, neurological, dietary, and toxic factors. There are other factors that contribute to medical conditions such as: family dysfunction, medication side effects, and environmental conditions (Parker, 1996).

Genetics

Heredity is the most noted cause of ADHD and is common for individuals to have biological relatives also with ADHD. In fact, forty percent of children with ADHD most often have at least one parent who has the condition (Zeigler-Dendy, 1995). Coincidentally, there are significantly more fathers than mothers who also have characteristics of ADHD. Research in adoptive studies also have shown that there is a higher incidence of ADHD between first, and second-degree biological families, as

opposed to children of adoptive families (Parker, 1996). Thus, ADHD is one of the most often inherited childhood disorder identified in the DSM.

Abnormalities of brain structure, arousal and neurochemical functioning

There is evidence that supports that children with ADHD have dysfunction occurring in the regions of the brain that are associated with the regulation and control of arousal, attention, and activity (Parker, 1996).

The brain is made up of millions of nerve cells called neurons, which transmit information to one another electrically. Brain messages are transferred by electrical conduction within a nerve cell and by chemical conduction between the cells. At the end of the cell, is a small space called a synapse. At the synapse, neurotransmitters are released into the ends of other cells. These neurotransmitters excite the other cell, causing the cell to fire and propel the message along to other cells. Once the neurotransmitter is fired to the other cell, it stays there in a sac so repeat firings do not occur (Parker, 1996).

Serotonin, dopamine, and norepinephrin are neurotransmitters that regulate our senses, perception, thinking, behavior, mood, and attention. If any of these neurotransmitters malfunction, they can have a great impact on how an individual behaves.

Another way of studying chemicals in the brain is to do PET (positron emission tomography) scans in the brain to show differences in the way the brain metabolizes glucose in people with and without ADHD. This research indicates that the frontal areas of the brain are most likely involved (Parker, 1996).

The evidence that ADHD stems from deficiencies in chemical messengers in the brain is the most supported cause at the present time. When these deficiencies in the brain occur they affect the proper functioning of the brain, but it does not mean that the child is helpless and at the mercy of the chemicals in his brain. It means that the child does have to work harder and pay more attention to complete certain tasks (Zeigler-Dendy, 1995).

Studies supporting a correlation between ADHD and self-esteem

Slomkowski, Klein, and Mannuzza (1995) examined hyperactivity in children and the implications on poor functioning and low self-esteem in adolescence and into adulthood. They studied sixty-five individuals ages six through twelve who were diagnosed with ADHD. Two follow-up assessments were made, one at the average age of 18 (range =16 - 23) and the second, a follow up at the average age of 26 years (range = 23 - 30).

The adolescents completed questionnaires, which listed some domains of self-esteem such as health, intelligence, physical appearance, social ability, athletic ability, and creative ability. They also completed questionnaires that listed the primary symptoms of ADHD. Psychologists conducted interviews with the ADHD individuals and rated their overall impressions of student's adjustment in multiple domains of functioning including: academic performance, behavioral adjustment, and social history.

Results indicated the hyperactive group had lower self-esteem, lower full scale IQ, lower interviewer rated psychosocial adjustment, lower occupational rank, lower educational achievement, and more self-rated ADHD symptoms. Comparisons of the

hyperactive and control groups indicated that the hyperactive group scored lower in all six measurements (Slomkowski, Klein, and Mannuzza, 1995).

Results also showed that children with ADHD reported lower self-esteem in adolescence than those without ADHD. When rated later in life, they rated themselves as having the same or an increase in behavioral symptoms since their adolescent years.

This study goes one step further showing that low self-esteem in adolescence is associated with difficulties later in adulthood specifically with lower achievement levels and lower occupational rank. These results revealed that low self-esteem in adolescence is correlated with failed outcomes in childhood, such as poor academic experiences.

Ziegler-Dendy adds that when a child does not receive any positive messages from his teachers or parents he or she will have difficulty developing strong self-esteem (1995). This study shows there is a need to correct academic problems and self-esteem problems during the child's early years (Slomkowski, Klein, & Mannuzza, 1995).

In 1988, Cooley and Ayres measured self-concept in forty-six students with learning disabilities and forty-seven students who were at the normal achievement range. Both groups of students took the Piers-Harris Self-Concept Scale as well as the Intellectual Achievement Responsibility Questionnaire. Results indicate that children with learning disabilities reported significantly lower scores of self-concept than did the group of non-handicapped peers (Cooley and Ayres, 1988).

Cotugno conducted a study in 1995, using the Rorschach Inkblot Test to compare response patterns of children with ADHD to children without ADHD. These results showed that the non-ADHD children portrayed limited coping capacities, deficits with self and interpersonal perceptions, vulnerability to depression, an avoidance of affect-

laden stimuli, and problems in accurately perceiving reality. The children with ADHD had significantly more problems. They felt more intense feelings of discomfort, isolation, less social involvement, more dependence, and avoidance of decision-making. There seems to be a decreased level of internal psychological distress experienced by children with ADHD to assist in helping them manage their discomfort and distress which are further exacerbated by pessimistic and negative views of their environmental actions, and most importantly their views of themselves (Cotugno, 1995).

Stein, Szumowski, Blondis, and Roizen, (1995) report that self-esteem is an important coping mechanism that enables children and adults to respond more healthfully to stressful situations. These individuals can experience problems processing and communicating their feelings and anger, which can lead to alienation and rejection from their peers.

In 1995, Peterson, Buchanan and Seligman identified three dimensions of explanatory style: stable/unstable, global/specific, and internal/external. Most individuals who attribute their successes to external means (such as luck), specific ("it is going to influence only this situation"), and unstable ("it is short-lived"), demonstrated a more negative attributional style (Peterson, Buchanan and Seligman, 1995).

Contrastly, individuals who attribute their success to causes that are more internal (efforts or ability), global ("it will influence everything that happens to me"), and stable ("it will last forever") demonstrated a more positive attributional style (Peterson, Buchanan, Seligman, 1995).

Other studies find that most children with ADHD possess a more external locus of control. They view reality in unrealistic, unconventional, illogical ways, and often distort

reality because of their faulty situational perception. These individuals feel like they are not in control of life events and feel what happens to them is not a result of their personal actions, but a result of fate (Barkley, 1998; Gonzalez & Sellars, 2002; Hoza et al. 1993).

More specifically, Cooley & Ayres showed that students with ADHD attribute their failure to internal causes such as effort and ability and their success to external, unstable causes such as luck or chance. These children do not feel a sense of pride associated with their successes and they often develop a pattern of learned helplessness and give up quickly (1988).

Children with an internal locus of control feel they are in control of their lives. They are more successful in their coping mechanisms because they have the capacity to evaluate and solve problems that occur in their lives (Barkley, 1998; Gonzalez & Sellars, 2002; Hoza et al., 1993). McInerney stated that children with a high academic self-concept usually attribute their successes to stable and internal factors that go on to contribute to more satisfaction with their own performance, creating a higher self-concept and an increased future need to achieve (1999).

Unfortunately, when children with ADHD have an external locus of control, they feel that their effort does not make a difference, which ultimately affects their motivation. If a child does not feel he or she has an impact of his on her academic successes their failure is due to fate; beyond personal control, so what can be gained by using effort?

Some children with ADHD have difficulty acquiring social skills, which makes many aspects of their lives, including school, very difficult. According to Stewart and Buggey (1994), many students have difficulties with peer rejection, not due to the excessive activity of the ADHD, but due to the many forms of the deviant behaviors.

These children have impulsive cognitive thoughts, poor means-end thinking, quick, error-prone decision making skills, and a lack of purposeful planning (Parker, 1996). These children may also demonstrate intrusive behaviors, deficits in conversations, social-cognitive biases, and poor emotional regulation (Stewart & Buggey, 1994).

Children with ADHD have as much trouble making friends as non-ADHD children do. They are often charming, empathetic, friendly, and have a good sense of humor. However, sometimes children with ADHD feel they need to adopt the role of the class clown in order to gain attention for themselves and be liked. For some children this is a coping mechanism for dealing with their ADHD, which at times, is not very effective. Their tendency to become the class clown can wear on teachers who easily become annoyed. It can also cause other students not to take them seriously (Quinn, 1995).

Children with ADHD have personality characteristics that can interfere with their friendships and social relationships. Sometimes their impulsivity may cause them to change their plans and mind frequently. They have been known to blurt out statements without thinking, which can sometimes offend people. They also may make comments that are completely irrelevant to the conversation, because they appear to be listening, but their mind is elsewhere. There is also a tendency to interrupt people while they are talking, sometimes monopolizing the conversation with their own agenda (Quinn, 1995).

At other times these individuals can have difficulty paying attention to people's body language, which interferes with giving appropriate feedback. They fail to gauge their behavior and their reactions on others. Mood swings or temper outbursts are not uncommon, which can make them difficult to get a long with (Quinn, 1995).

Younger children with ADHD sometimes will copy funny behaviors of students, get carried away, and then not know when to stop. Sometimes these children have difficulty understanding why they get into trouble, when the individual who did the original funny behavior does not. This causes them to think that they are being treated unfairly (Roe, 1998). Many times these children are overly sensitive and easily hurt when others reject or are irritated with them. This constant rejection may discourage them from trying to befriend other people (Bauer, 1999).

Weiss and Hechtman (1986) conducted a study on the implications of ADHD on adolescence. They described adolescence as a time when children have to cope with many new situations and experiences such as dating, getting a job, and becoming more responsible. Adolescence is a time of rapid growth and body development; hormonal changes are taking place inside of children's bodies (Quinn, 1995).

These changes are difficult for most children, but can be exacerbated when an individual has ADHD. Even when children are diagnosed very young and have adjusted well in the past, things start to get increasingly more difficult again. Adolescents can feel overwhelmed, unbalanced, and more frequently unfocused. By the time most children hit adolescence, they have grown out of the hyperactivity stage of their ADHD and typically they have more common complaints of low self-esteem, poor school performance and poor peer relationships (Weiss & Hechtman, 1986).

Hechtman, Weiss, and Perlman, (1986) paired eighteen male adolescents with ADHD, with eighteen adolescents without ADHD. The subjects were assessed with tests that measured both social skills and self-esteem. Hechtman, Weiss and Perlman's

findings suggested that social skills in ADHD adolescents were more behavioral than they were cognitive.

Students with ADHD had more difficulty than the control group of students on tests that measured social skills involving direct oral responses, than tests involving written responses. These findings showed that the students with ADHD knew the appropriate responses from the available choices on the test because of their competence on the written exam. However, they did have difficulties spontaneously generating the appropriate answers (Hechtman, Weiss, & Perlman, 1986).

Hechtman, Weiss and Perlman's 1986 study also revealed that students compared to control groups had more difficulty in situations where assertiveness was necessary. However, students with ADHD scored better in assertion situations compared to mock interview job situations they were engaged in. Students with ADHD were also shown to have scored significantly lower on self-esteem tests as opposed to the control groups.

Adolescence is viewed as a critical time for identity seeking, particularly through relationships with peers and teachers. As these students with ADHD move into late childhood and adolescence, they may be achieving within the normal to above average intelligence range. However, social skills and academic-related problems occur that indicate that these children may have a poorly developed self-concept. When children are changing from primarily a mode of memorization to a mode of application, they may begin to lapse academically. When this happens, the students start to fall behind the level of their peers. These students already have an established pattern of failure, but when they have to work harder to keep up with those at the same grade level, it causes a deficiency in their self-competence and their self-esteem becomes at risk (Barkley, 1998).

Studies that do not support a correlation between ADHD and low self-esteem

Bussing and Zima (2000) examined how ADHD disorder characteristics and medication treatment affected the self-esteem of children diagnosed with ADHD. A school district-wide sample of one hundred and forty three children who were enrolled in special education and who had a high risk of ADHD were used in this study. These students were given the Piers-Harris Self-Concept Scale to measure self-esteem. Overall, self-esteem scores were in the normal, average range for children with ADHD and for non-ADHD children who did not meet the criteria and internalized symptoms. Both of these groups scored high in low self-esteem, especially in the areas of popularity and anxiety. In this study, children with ADHD did not have any less self-esteem than the other group of children without ADHD but internalized their symptoms.

Silverman and Zigmond used the Piers-Harris Self-Concept Scale to measure the self-concept in two separate studies. The first study used one hundred and fifty nine students from a large urban public school (ratio of males to females was 6:1) with learning disabilities in grades ranging from middle to high school The second group used forty seventh and eighth grade males within this group were ten suburban, ten urban, and ten rural LD students and ten normally achieving urban students. The results of both of these studies indicate no differences between adolescents with learning disabilities and those without in all areas (1983).

Winne, Woodlands and Wong assigned fourth to seventh grade, gifted, normal, and learning disabled children in random groups and compared their self-concepts with the Sears and Coopersmith inventories. Students were also given reading comprehension and vocabulary tests to separate the different ability levels. Results indicate that all

groups scored about equal in all subscales, however, the students with learning disabilities scored a little higher in the self-concept levels (1982).

Stewart and Buggy looked at self-esteem and social status between thirty-six (nineteen male and seventeen female), third grade students diagnosed with ADD and ADHD. Eight children with ADHD, two children with ADD and twenty-six children without disorders were used in this study. These children were told to nominate three of their least liked, and three of their most liked friends. They then filled out the Coopersmith Self-Esteem inventory to measure the children's feelings about their home, school and social life (Stewart & Buggy, 1994).

The results for peer rating and self-esteem scores indicated no significant differences between the three groups and levels of self-esteem or social status. Results also revealed that the children with ADHD might focus more on the positive nominations more than the negative nominations. This could have to do with the child with ADHD's inability to read social cues or do to the fact that they are more sensitive to positive reaction than negative reactions from peers. Also, it should be pointed out that the ADHD group also felt more positive about their home environment and scored higher in the general and school domain. Social status and self-esteem did not appear to be related for the non-ADHD group, however, a significant relationship existed for the school and home self-esteem (Stewart & Buggy, 1994).

According to Barkley, as children with ADHD are attempting to learn appropriate social skills they may become confused by the rejection of their peers, which commonly leads them to develop low self-esteem. However, not all children with ADHD have low self-esteem because they have unrealistically positive sense of themselves, which has

been found to cause them to overestimate their abilities. Many times these children have unrealistic positive views of themselves as sort of a coping mechanism which means they do not have to admit their downfalls. These children have also been found to blame other people for their shortcomings because of their limited self-awareness (Barkley, 1998).

Ways to help manage ADHD behavior and improve self-esteem

It is important to help children with ADHD strengthen their belief in themselves by letting them know they are capable of doing whatever they set their minds to. Parents and educators should encourage them and provide a loving and supportive environment where their strengths, not their downfalls are focused on (Roe, 1998).

Another important key to helping children build self-esteem lies in how teachers and parents feel about themselves. Adults with high self-esteem help children feel more confident in themselves, and help them avoid becoming too critical of themselves. These individuals also focus on what the child can do, instead of what the child is not good at. (Roe, 1998).

The child's self-esteem is enhanced by helping children feel capable and by fostering interdependence. Let the children partake in activities where they can guide themselves. Do not be overly concerned with not wanting them to make a mistake now and then. This can help enhance self-esteem provide security, acceptance and risk taking (Boehlke, 1994).

Build confidence

It is important to draw on the things that children do well. These children find it easier to focus on things that are interesting to them, just as children without ADHD. It is important to help these children find something that interests them so they can have

something to feel good about when other parts of their lives may not be so good. Try to do exercises that bring out any potential strengths the child has (Roe, 1998).

Try relaxation

Try teaching relaxation techniques. Play calming music. Tell the child to start at the top of her body and relax from her head, down to her toes, tensing and releasing each part as she go move down their body. By teaching the child relaxation techniques she can use them when she feel's frustrated or when she is bursting with energy at an inappropriate time (Lerner et al, 1998).

Making mistakes is all right

These children also need to know that everyone makes mistakes, even teachers and parents. Many times these children only notice their own mistakes and not the mistakes of others. As a result, these children convince themselves that everyone else is smarter, better and more capable than they are. Let these children know that it is all right to make mistakes, because that is how people learn how to do things correctly. When a child does make a mistake, the child can then be asked, "What can you do so that this same mistake does not happen again?" When the child answers this they can understand that the important thing is not avoiding mistakes, but how to figure out what to do the next time. This helps the child learn strategies to correct his own mistakes in the future. It is very important to acknowledge those children who try but make mistakes because there are many passive people who do not even attempt to participate (Boehlke, 1994).

Use physical/verbal cues to help maintain attention

Gain the child's attention by using eye contact or a quiet touch to make sure that the child is listening to you. Sometimes it may appear that he or she is looking at you,

but the added touch, just to make sure, can make a world of difference. The child may be preoccupied thinking about something else, especially if he or she has a lot on his or her mind, or if there are many distractions. Time in a quiet place will give the child a minute to recover enough to absorb the information (Roe, 1998).

Adapt to using notes as reminders

Many children with ADHD find it very useful to use reminder notes. These reminders can be in the form of to-do lists to remind them to do household chores or homework assignments. Post-it notes can be placed in locations where frequent forgetting occurs. A note taped to the door can remind the child to bring his lunch to school. A note can be placed in the bathroom to remind the child to hang their towel up to dry. A wall calendar is also very useful and works as a reminder and planning tool to help keep the child more up to date as to when events are occurring and what assignments are due (Beal, 1998).

Get organized

It is much easier to keep track of assignments and belongings if they are kept neatly in a workable, and efficient manner. Store similar items together. Hang pants with matching shirts in the closet. Designate certain drawers for certain items like underwear and socks. Label the locations if necessary, but do not go overboard. It might also be useful to add some storage space, try adding more shelves to a closet. Perhaps a major cleaning of the house or storage space is necessary to make more room to become more organized (Beal, 1998).

Keep it simple

Give simple and clear instructions to these children who have a difficult time paying attention, instead of giving a long drawn out explanation. Chances these children will not know exactly what is expected of them when too many directives are thrown at them at once. Many of these children do better with one instruction at a time. If the child is preoccupied, it is more likely that it will be difficult for them to remember the other steps, then, if they forget, they will become more discouraged. Setting clear and simple rules of what is required helps many children learn to manage their behavior better. Sometimes if the child helps make the rules, the child is far more likely to follow them, much less likely to break them, and much less likely to argue about them. (Roe, 1998). Be clear about what exactly is expected of him/her, that way they can plan how long it will take him or her to complete each task.

Create a "my stuff box"

A "my stuff box"(primarily for parents to use at home) is a box that is located in an area in the house where the child spends most of their time or a place that is easily accessible. The child uses this box to store items temporarily that need to be put away or taken up to their bedroom. This box could be emptied before bed, or before they leave the house (Beal, 1998).

Make a "things about me" list

Ask the child to generate a "things about me" list. This is a list of things that the child likes about herself. Sometimes it is difficult for children with ADHD to think of the positive characteristics to describe themselves. This list provides the child with an opportunity to reflect on the things she enjoys about herself (Lerner, 1998).

Modify instructional methods

Demonstrating what is required of the child will help him, especially if he is a visual learner, as opposed to verbal learner. Try practicing the task with the child when the child is calm, in a non-hurried place where there are fewer distractions. Do not try to teach the child how to do a task when the child's favorite television show is on, or when friends are over.

Clear routines and structure can help a child anticipate what is going to happen and make him/her feel more structured and organized. Sometimes when there is a change in routine, it would be useful to give the child a warning and be very clear about what is going to happen, instead of confronting the child with a big change. Helping the child during these transition times can help the child feel more in control when there is a change in the routine (Roe, 1998).

Encourage autonomy

Help these children develop a sense of personal competence by encouraging them make their own decisions and choices by providing support, encouragement and by helping the students evaluate themselves. Help promote the child's feelings of success by letting them know that making decisions is part of feeling good about yourself and being less dependent on other people (Boehlke, 1994).

Recognize achievement

Reinforcing and acknowledging acceptable behavior when a child is caught doing something good is very important. Many parents, caretakers, or educators get caught up in disciplining, which makes the child believe that he/she does everything wrong. This

way the child learns what is appropriate, at the same time receiving positive feedback for good behavior (Roe, 1998).

Offering the child rewards over short periods of time is a great way to work on one or two behaviors at a time. Behavioral charts work well because the child knows exactly what behavior to work on, i.e. not hitting other children. Then when they are rewarded, they know specifically why they are being rewarded. These charts, such as star charts, can be used with children from about four years and on, but only work for a shorter time with younger children, sometimes only about two weeks or less (Roe, 1998).

Take the extra time to encourage good behavior through the use of stars and stickers, awards, positive time outs, clapping and teaching them that self-approval is important (Boehlke, 1994). Make it a goal to provide positive feedback to the child about what they have done right. Try to make it a habit of finding something positive to say about what the child is doing (Garber, Garber & Spizman, 1990).

Focus on past successes

When a child is caught doing something good or was successful at something. Don't forget it! It is important to always remind the child of their past successes and let them know that repeating past successes are equally important to moving forward and learning new tasks.

Focusing on improvement is more important than focusing on the product. Let these students know that progress is equally important, especially when they are making progress with a difficult task (Boehlke, 1994).

Make modifications by thinking outside of the box

A lot of times a child will have difficulty managing certain stimuli. Changing the environment may help. For example, a child having difficulty remembering to bring his lunchbox home could be introduced to using paper bags. A child who forgets to bring her mittens home from school could benefit from mitten clips that clip to her jacket. By looking specifically at the problem, one can see if there is any other, more beneficial and adaptive way of doing things (Roe, 1998).

Many times parents and caretakers are on a busy time schedule. They often demand their child to complete a task when it is convenient for them. Children have things *they* would like to do, too. It might be helpful to steer the child in the direction the parent wants, demonstrate if necessary what is needed to be done, and allow the child to complete the task on their own time, with a lot of encouragement, and then reinforcement. Usually when a child is forced to do something is when the most problems and confrontations occur (Roe, 1998).

Managing a child with ADHD can be very difficult, especially for parents. Then parents can try keeping a Good Behavior Diary of their child to strengthen the habit of delivering positive feedback. Every time the child does something right the parent can keep a record of in a small notebook that is easy to carry around. At the end of the week, or even at the end of the day, parent and child can sit together and review it. This book can be a tool to help both parties feel good about themselves (Garber, Garber & Spizman, 1990).

Accept that you are human

Be aware of your own shortcomings and modify them to help the child. There will be times when teacher and student personalities do not click. That is all right, it is going to happen once and while. The teacher should not take it personally. However, when this happens, the teacher should try to stay open to the idea of adapting new ways of teaching. Teachers should always be sure to read student files so they have a better idea of how to make accommodations. Many times it is useful to seek help from other sources, students last year teacher may be helpful. The teacher should not be afraid to ask for help because it may have a big influence on the child's self-esteem and how they view themselves (Barkley, 2000).

Encourage exercise

Run, play, rollerblade or swim to blow off steam. Exercise is great for everyone. It is especially good for students who deal with more frustrations than others. Serotonine, a natural, feel good hormone is released into the body during exercise, increasing positive thoughts.

Create a sense of belongingness

Help create a sense of belonging to these children be encouraging them to explore responsibilities through group memberships and encouraging acceptance and inclusion of other children. This can be achieved through cooperative learning or small group projects (Boehlke, 1994). Try to avoid things that generate competitiveness.

Create a sense of purpose

A sense of purpose and achievement can be created when these children can get a sense of their purpose and progress. Try not to concentrate so much on the child's concrete grades, but more so on what they learned (Boehlke, 1994). Asking the teacher to be more descriptive on report cards can help you gain a better understanding for where your child is at achievement wise. Sometimes letter grades can be very limiting (Beal, 1998).

Color-code to make organization more attainable

Color-code folders and book covers so children can more easily recognize what items they need to bring to school or to class. Children should be taught to always put the books back in the same spot so they know where to find them the next time (Beal, 1998).

Teach positive self-talk

Teach positive self-talk by creating positive signs in the classroom or around the house. Place them in obvious places so that they can be reminded of their achievements. Make a commitment to yourself and your students that, for every "put down" that occurs, two more "put ups" are required. Also, try to encourage the children to partake in positive talk before they begin tasks (Boehlke, 1994).

Think about the child's location within the classroom

Avoid placing the child near distracting stimuli, such as: other distracting students, air conditioners, heaters, windows or high traffic areas. It may be a good idea to strategically place these children near other students who are good role models. Placing the child in the front row may help the teacher notice when the child is off task. By

decreasing the distractions that may impair successful learning you can help increase their chance of learning (Lerner et al, 1998).

Teach children to accept criticism

Teach children to accept criticism in a positive way. Let them know that it is a difficult, but important part of life. Help teach the child to repeat the negative statement (acknowledge it) and make a statement to correct it. This statement should indicate that the criticism had nothing to do with him as a person and it should inspire them to make the correction for next time (Garber, Garber & Spizman, 1990).

Talk with the teacher

Teachers should always be aware of the child's ADHD. Encourage the teacher to communicate with the parent and child with the most common frustrations. Parents and teachers can work collaboratively this way to help make success for the student more attainable through modifications and extra time for more difficult tasks (Beal, 1998).

Provide Tutoring

It is important to remember that many of these children have academic difficulty; therefore tutoring must be available. Tutoring can be provided by teachers, adult volunteers, peer tutoring, learning centers and through the use of remedial centers (Boehlke, 1994). Parents can also call the teacher to find out homework assignments and how to help the child extra at home.

A homework spot

All children, not only children with ADHD, should have a special, designated homework spot that is distraction free. The area should be well lit, stocked with all necessities to complete homework. Keep pens and pencils, white-out, a dictionary,

thesaurus and calculator handy. If possible, keep copies of school texts in case the child forgets them at school (Beal, 1998).

A homework spot can be provided in the classroom too. However, it is important that this stimuli-reduced area be accessible to all students too so that the child with ADHD does not feel different (Beal, 1998).

Make learning tangible

In general, it is important to make learning attainable for these children by utilizing a number of creative ideas. Help the student make an accomplishment album, which lists their accomplishments. Encourage the child to make a checklist of their skills, things they like to do and what they are good at. Making a flowchart can also be a great way to help teach academic concepts (Boehlke, 1994).

It is important to making learning tangible by setting realistic goals and expectations. Do not set the child up for failure since self-esteem is measured by what the child feels she should be and what she actually is. When a child falls short of what she feels they should have accomplished it will harm their self-esteem more. Many times children have unreal expectations of what they think they can accomplish, do not exacerbate them by setting the child up for failure. Get to know the child's limits, and live by them (Garber, Garber & Spizman, 1990).

<u>What does not work in managing a child with ADHD</u>

Understandably, people who care for children with ADHD can become overwhelmed and frustrated by the consistency of the child's behaviors. When frustration happens, it is important to think about how to respond appropriately in the

situation. It is extremely important to avoid specific behavioral responses because they will only exacerbate the child's behavior.

Avoid Shouting

Shouting is one way that caretakers should not communicate with children with ADHD. Shouting can only confuse and make the child angrier. Many children with ADHD need help focusing in on the speaker before he is asked to do something. One way of discipline is to help the child to learn 'selective deafness' and to respond continuously less and less to extraneous stimulation (Roe, 1998).

Avoid saying NO too often

Many parents and caretakers get into the habit of saying 'no' too much. Try thinking about whether it is really necessary to say 'no' and try more positive ways of getting the message across. Try answering the question with a 'maybe', making another suggestion, or redirecting the child by saying, 'Now it is time for dinner, but afterwards we can try that out.'

Keep hands to self

Unfortunately, many parents have the impression that hitting is an acceptable punishment for bad behavior. Most of the time this is the adult's way of coping with *their* frustration, more than a way to discipline their child. Hitting sends a message to the child that says hitting is all right as long as you are bigger, and more powerful than the other person. Hitting a child is very likely to make them more defiant, and soon, more force becomes necessary.

Do not overdo it

Many times a child with ADHD will portray a variety of annoying or upsetting behaviors. When disciplining them, it is important to try to focus on one, maybe two behaviors at a time instead of trying to change them all at once. This will only discourage the child. Make success attainable by using small steps whenever necessary (Roe, 1998).

Try to look at the big picture

In the midst of a hectic and crazy day when emotions are overrunning, try to look at the big picture. Remember why it is you became a parent or teacher. Love the child unconditionally, even if they are running you ragged. When we get caught up in the craziness of a hectic moment we forget that the child does not know we care about them, unless we show it (Boehlke, 1990).

Potential strengths of individuals with ADHD

As mentioned, throughout the review, ADHD can have a taxing affect on a child's self-esteem. This is why it is important for individuals with ADHD to learn to accept, and even be proud of their being different since most of the time it is their deficits that are focused on. It is very easy for these individuals to get caught up in a vicious cycle of failure and frustration and to forget about the things they are good at. These individuals need to learn how to recognize and be proud of the many different potential strengths they may be exhibiting everyday, but do not take the chance to realize them. It is also important to note that all children with ADHD do not exhibit the same symptoms, trait, strengths and problems. Some of their traits may be hindering, however a combination of

personality, intelligence, temperament and experience shapes them into their own, unique and individual packages.

Children with ADHD should be more in tune to their potential strengths and characteristics instead of their deficits. These children should feel special knowing that they are uniquely different from other children who do not possess these strengths associated with ADHD.

Katherin West, author of *Twenty Six Positive Things about ADD and Forty Six Famous People with ADD* agreed that the negative aspects of ADD are often solely focused on. She thought it was necessary to generate a list of positive attributes she found in individuals with ADHD. The following is the list that she posted on the ADD/ADHD homepage for *Lesson Tutor*, a web site that gives teaching and adaptive suggestions for teachers teaching students with ADHD (West, 2003).

For example, there are children who have difficulty with focusing on one task at a time. This deficit can also be viewed as an ability. These individuals have the ability to adjust to constantly changing situations. Many of these children get bored easily and are constantly on the move. This energy and competitiveness can then be channeled into high-focus, high-energy activities such as sports, and scientific research. These students also can be more resilient and hardworking (West, 2003).

Sometimes these children can be labeled as daydreamers. This energy can be channeled in to creative and artistic means where they can show their expressiveness. These children also tend to be imaginative and can create words on paper or canvas in their imagination at ease (Beal, 1998).

Some children with ADHD can also be slow workers when it comes to homework or other involved tasks. However, they also tend to be very detail oriented, very observant, and careful. They have also been know to be very insightful and determined (Beal, 1998).

Often, these children tend to be withdrawn. Contrastly, although they are withdrawn they tend to be more critical, careful, or deep thinkers. They often tend to scan the environment and process the information rapidly (Beal, 1998).

These children can be witty, charismatic and charming individuals. They are fun loving, spontaneous and usually not boring. Some of these individuals can hold conversations for hours (Bauer, 1999).

Sometimes children with ADHD are mores sensitive, which causes them to get their feelings hurt easily. However, they are also more tuned in to other people's feelings and needs (Beal, 1998). They are also more tolerant of other people's shortcomings. These individuals also have been found to have a trusting nature and are know to be more warm-hearted. These empathetic characteristics may stem from the experiences and frustration they have had (West, 2003).

Judgmental and impatient are two characteristics that are often used to describe these children. However, these individuals are committed to justice and fairness, in addition to being problem solvers and solutions (Beal, 1998).

Finally, other characteristics are used to describe individuals with ADHD are: determined, trusting, open-minded, compassionate, enthusiastic, mechanically inclined, kinesthetic, resourceful and interested in many things (West, 2003).

Summary

There is a generous amount of information about ADHD and self-esteem available. Thus far, a review of some of the literature measuring correlation between the ADHD and self-esteem has been examined. Techniques for parents and educators to assist children in becoming more successful have been explored in addition to ways to help the child raise his or her self-esteem and increase learning. Finally, strengths and positive characteristics were provided to portray the many positive traits that a child with ADHD can possess.

CHAPTER THREE

Summary, Conclusions and Recommendations

Summary

ADHD is one of the most common behavioral disorders of childhood affecting three to six percent of school-aged children. When the major symptoms of ADHD (inattention, hyperactivity and impulsivity) become a barrier to the child across a wide range of contexts the child will likely suffer from low self-esteem.

Children with low self-esteem are at risk for having a pattern of poor school performance, unsuccessful or conflicted peer relationships, a poor self-concept, feelings of inadequacy, and a lack of self-confidence. The purpose of this literature review was to make parents, educators, and those who are in a position to participate in helping these children keep the child's self-esteem from plummeting.

Conclusions

Throughout the review of research there were many articles supporting a relationship between children with ADHD and low self-esteem. The studies revealed that children with ADHD have difficulty developing strong self-esteem and have more intense feelings of discomfort, isolation, less social involvement, more dependence and an avoidance of decision-making. These children also seem to hold negative views of their environment, as well as negative views of themselves.

With low self-esteem these children are not able to respond as healthfully to stressful situations as those without ADHD. This can lead to problems communicating and processing their feelings, which can turn to anger that can eventually lead to alienation from peers.

These children have also been found to hold a more external, global and stable attributional style, which can often distort their perception of events. These individuals can often feel as though they have no control over their life.

Children with ADHD can have difficulty with thought processing and learning new concepts. Poor decision-making skills, error prone decision-making, deficits in conversations, as well as poor emotional regulation can also become problematic. The general consensus is that children diagnosed with ADHD experience difficulty in a number of areas.

There is little contrasting literature that does not support the relationship between low self-esteem and ADHD. For purposes of this paper the writer concludes that there is a relationship between ADHD and low self-esteem because of the overwhelming amount of supporting information.

Recommendations

Many researchers emphasize the importance of paying closer attention to children's individual personality structures. This may assist in understanding the behaviors of children with ADHD and in planning good interventions to facilitate and improve their abilities and functioning. There are many things that work to help manage an ADHD child's behavior and there are many things that frustrated parents and caretakers do that do not work and only exacerbate preexisting problems.

When children contribute, they feel needed. Those who are needed feel they belong. Those who belong develop high self-esteem. Children with high self-esteem have much to contribute. It is a wonderful circular process in which each part reinforces the other. Parents and caretakers are the most influential people in teaching the child how

to act responsibly. Evidence has shown that resiliency in children is found when their sense of confidence and self-esteem have been maintained by promoting their feelings of optimism, personal control, and ownership. These feelings can be nurtured and enhanced through charismatic adults who provide experiences that reinforce competence and self worth, and by people who believe in them. When parents, educators, and caretakers partake in the child's life by actively praising them and helping them manage their stressors, they help the child feel better about him/her self. This also helps improve the parent/child relationship and increases the opportunities for successful social and academic functioning.

As a result of this study, the following recommendations are made which are focused upon parents and educators:

1. First, it is important for parents, educators, and anyone else who works with children with ADHD to be patient. All children are uniquely different, and these children may require more of the individual's time than he or she is used to. This is similar to those who are hard of hearing requiring other individuals to adapt to their needs, and speak louder. There really is no difference.
2. The parent or educator should pay close attention to what the child is trying to communicate, verbally, physically or behaviorally to weed out any underlying issues. Just because the child is showing symptoms of ADHD, does not mean that there is not something more serious going on with the child. Investigate.
3. Make sure to pay attention to when the child shows most of his or her ADHD symptoms. Is it during a certain time of day? Where is the child when the

symptoms or behaviors occur? Do they occur in the presence of a certain individual or group of individuals?

4. If the child is medicated, the educator should find out when he or she receives the medication and the dosage to monitor the child closely in order to make any behavioral observations or modifications that may help bring more structure and consistency in the child's life. It also does not hurt to become familiar with the different types of meds used with these children.
5. Remember that self-esteem is important in the child's life. School is only one portion of the child's life. Although school is very important, it is not the only measure of a child's success.
6. If the child does not like taking his medication, it is important for the parent or educator to listen to the reasons. Perhaps the child does not want to be singled out and labeled as different. Maybe the medicine needs to be taken with food so the child does not get stomachaches or feel sick. Perhaps the headaches the child is getting means the dosage is too large and the child needs to go back to the doctor for a med adjustment. Do not force the medicine on the child without seriously taking their reasons into consideration and conducting research.
7. Be creative and praise the child at every opportunity
8. If there are changes in the child's behavior it is important for the educator to adhere to strict communication with the parents and any other staff members that regularly interact with this child. Communicate even when there are no changes.

9. Ideally, parents and teachers should be formally educated on childhood ADHD so they do not exacerbate their child's symptoms by responding to them in destructive and inappropriate ways that decrease their levels of self-esteem.
10. Children with ADHD can grow out of some of their symptoms, but not all do. Therefore it is important to provide these children with the tools to make their lives as successful as possible. Parents and educators should show positive support and listen when their children talk to them because they are in the best position to make a difference in the life of the child.
11. Remember, these children did not ask to have a disorder and they do not ask to be treated any differently than other students. It is important for the educator to remember to treat these children how they would want their child treated if they had the disorder.
12. These children have frustrations and feelings too, and do not like to be thought of as different, or a pain to work with. Parents and educators should remember that these children would like people to focus on their positive characteristic traits as opposed to only their deficiencies. For every time a parent or educator reminds the child of their deficits, that is only $1/100^{th}$ of the times *they* think about their deficits.

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