

Psychosocial theory and social learning theory application for adhd



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Identification of the description of the Problem (15 pts)

This paper will examine the effects of attention deficit hyperactivity disorder also known as ADHD – in early childhood ages 3 to 12. Furthermore, this paper will examine ADHD through the lense of Erickson’s Psychosocial Theory and Bandura’s Social Learning Theory. This paper will further discuss an existing intervention that relates to ADHD.

According to *Human Behavior in the Social Environment: Perspectives on Development and the Life Course*, Anissa T. Rogers (2016) defines attention deficit hyperactivity disorder (ADHD) as a brain disorder associated with learning disabilities and is marked by an ongoing pattern of inattention, hyperactivity, and impulsivity that interferes with the individual’s functioning and/or development. Children with ADHD may display numerous and various combinations of symptoms that can range from “[being] easily bored, [having] trouble focusing on tasks and activities, [children] [may] demonstrate high level of activity, [they] [may] also show an unwillingness or inability to think before acting, or they may exhibit low levels of impulse control (Rogers, 2016, pp. 255)”.

As reported by the *Diagnostic and Statistical Manuel of Mental Disorder (DSM-5)(2013)*, children with ADHD have poor neuropsychological functioning compared to their typically developing peers. The DSM-5 indicates that symptoms of ADHD are first identified in school-aged children (approximately at ages three and six), and on average is later diagnosed at age seven. Furthermore, there is no clear factor that identifies the specific causes of ADHD; however, there is evidence that genetics is one factor that

contributes to ADHD and other factors that scientists consider are premature birth, brain injury and mother smoking, using alcohol, or having extreme stress during pregnancy (American Psychiatric Association, 2013).

In terms of scope and severity, the article Attention-Deficit/Hyperactivity Disorder (ADHD) (2013) from the *Center for Disease Control and Prevention (CDC)* website, posted a parent report from 2016 and found that 9.4 percent of children from the ages 2 to 17 have ever been diagnosed. The 2016 report also explained that among children between the ages 2 to 17 had ADHD accompanied with a behavior and conduct problem such as anxiety, depression, autism spectrum disorder and Tourette Syndrome (ADHD, 2013). Furthermore, the data also reported that 62 percent of children in the United States between the ages 2 to 17 are taking ADHD medications, 47 percent received behavioral treatment, and 77 percent received a combination of both the medication and behavioral treatment or one treatment alone (ADHD, 2013).

In discussion about the significance of ADHD within specific at-risk ethnic/racial groups and subpopulations, the report 2011 to 2013 data brief of the *National Center for Health Statistics (NCHS)*, Patricia Pastor, Cynthia Reuben, Catherine Duran, and Lajeana Hawkins (2015) reported that children ages four to five, 2.8 percent non-Hispanic white children were diagnosed with ADHD while 3.2 percent were non-Hispanic black children, and 2.2 percent were Hispanic children. Prevalence among the next age group of ages 6 to 11 was much higher than the younger children, while the third age group of 12 to 17 was much greater overall (Paster et al., 2015).

Another factor that contributes to ADHD according to Pastor et al (2015) indicates that children ages 4 to 17, the prevalence of ever diagnosed with ADHD was higher among children with public insurance compared to children with private insurance. In agreement with Pastor et al., Abigail Russell, Tasmin Ford, and Ginny Russelle (2015) claim that health insurance is related associated with socioeconomic status. In a longitudinal study of 8, 132 parents and children, Russell et al. (2015) explore the relationship between socioeconomic disadvantages in childhood and ADHD. As a result, the study concluded that “ financial difficulties, housing tenure, maternal age at birth of [the] child, marital status [and] [parental] [involvement]” has a direct and indirect impact on a child’s risk of ADHD (Russell et al., 2015, pp. 5). In other words, both home and environmental factors are all associated with the greatest increased odds for ADHD among children.

ADHD often appears to run in the family, but researchers and studies have suggested that the causes of ADHD may be a genetic component that is hereditary among the family. Non-genetics causes such as abnormal brain development, brain injury, and/or environmental factors are also believed to play a role in the disorder (Muenke, 2014). Furthermore, the Mayo Clinic (2018) also suggests that certain environmental factors such as lead poisoning may also increase the risk of developing ADHD; as well as, developmental problems that deal with the central nervous system. In addition, maternal drug use, alcohol use, smoking during pregnancy and premature birth are other risk factors that may also contribute to ADHD (Mayo Clinic, 2018).

Mayo Clinic (2018) states that ADHD does not cause other psychological or developmental problem, but children with ADHD are more likely than others to experience learning disabilities in which includes problems with understanding and communicating. ADHD may also contribute to anxiety disorders which may cause overwhelming worry and nervousness; depression, which frequently occurs in children with ADHD; disruptive mood dysregulation disorder which is characterized by irritability and problem tolerating frustration; oppositional defiant disorder (ODD), conduct disorder, a behavior that is marked by being antisocial; bipolar disorder and Tourette syndrome (Mayo Clinic, 2018).

Children with ADHD may not only impact their academic performance at school, but it may also impact their social scene as well. Children with ADHD may have trouble making friends, they may have challenges keeping relationships, they may struggle with verbal communication and they may have a lack of self-control over their behavior (Mayo Clinic, 2007). In addition to Mayo Clinic's findings, the ADHD Institute (2017) found that ADHD can have a significant social impact by disruption education and academics, employment, finances, family life and relationships, and they may experience impulsivity and increased risk-taking behavior that may lead to adults breaking societal rules and norms (ADHD Institute, 2017).

Cultural background is a common variable in receiving appropriate medical attention in today's society. As maintained by H. Starr (2007), ethnicity and race influence how a patient and/or the family responds to a diagnosis of ADHD and it's treatments. According to the report, 48 percent of Hispanics and 49 percent of African-American children with ADHD used medication <https://assignbuster.com/psychosocial-theory-and-social-learning-theory-application-for-adhd/>

compared to 61 percent of white children (Starr, 2007). Furthermore, it is also stated that there has been a higher degree of acculturation that is associated with an improved ability to recognize symptoms of ADHD (Starr, 2007). Starr (2007) states that the Hispanic population faced many challenges that may interfere with the diagnosis and treatment of ADHD due to the greater stigma regarding mental disorders and less frequent use of mental health specialist. Another issue in which the Hispanic community may not seek immediate medical attention is due to their folk medicine (*curanderismo*) and/or the use of a less acculturated approach of self-treatment (Starr, 2007). Due to limited studies on African-Americans with ADHD, there is not efficient research on this article that explains how the African-American culture affects receiving the diagnosis and treatment to ADHD; however, Starr (2007) notes that this community is also in need in education and awareness about ADHD. On the contrary, Carol Siegel, Eugene Laska, Joseph Wanderline, Jennifer Hernandez, and Rachel Levenson (2016) confirms that African-American parents may not respond to their children experiencing ADHD symptoms. This culture may not view hyperactivity as a medical problem in which reduces that parent's motivation to mention it to their child's primary care provider (Siegal et al, 2016).

Application of theories (60 pts)

ADHD can affect individuals of all ages and can have an impact on their behavior, learning and social skills development. However, in respect to this paper and topic, I will be focusing in early childhood of ages 3 to 12 using Erikson's Psychosocial Theory and Bandura's Social Learning Theory. More specifically, I will be focusing on two of Erikson's stages which are stage <https://assignbuster.com/psychosocial-theory-and-social-learning-theory-application-for-adhd/>

three: initiative versus guilt (ages 3 to 6) and stage four, industry versus inferiority (ages 6 to 12).

Erik Erikson's theory of psychosocial development evolves from Freud's psychodynamic theory, where Erikson focuses on the social dynamics of human behavior. Moreover, Erikson's theory is based on the epigenetic principle, which states that " people have a biological blueprint that dictates how [the] [individual] grow[s] and [how] [the] [individual] reach[es] maturity" (Rogers, 2016). Furthermore, Erikson also states that each of the eight stages is characterized by " Psychosocial crises" that is based on physiological development. Crises in each stage should be resolved by the *ego* in order for development to proceed correctly. Resolving each stage is critical because it develops positive qualities that allow the individual for growth and supports the exploration of the self and the environment (Rogers, 2016).

To briefly mention the eight stages to Erikson's stages of psychosocial development, stage one is trust versus mistrust (birth to 18 months), stage two: autonomy versus shame and doubt (18 months to three years of age), stage three: initiative versus guilt (three to six), stage four: industry versus inferiority (six to age twelve), stage five: identity versus identity confusion (adolescence), stage six: intimacy versus isolation (young adulthood), stage seven: generativity versus stagnation (adulthood) and stage eight: integrity versus despair (old age) (Rogers, 2016).

Using knowledge from Erikson's theory, it provides a useful developmental guide to use on individuals with ADHD to determine which stage their

developmental milestones should be at. For example, a child age three should be in stage three, initiative versus guilt, according to Erikson's stages of psychosocial development. During the initiative versus guilt stage, children begin to assert their power and control over the world through direct play and other social interaction. Children who take initiative enables them to make plans and set goals without the fear of failure. While mistakes are inevitable in life, children who have developed a sense of initiative will understand that mistakes happen and may need to try again. On the other hand, children who are discouraged will show a lack of confidence upon interests and will not take the initiative to shape their lives (Rogers, 2016). Essentially, children who fail to develop a sense of initiative in this stage may develop the fear to trying new things and exploring new things; and ultimately, interpret the mistake as a sign of personal failure and may be left with the sense that they are doing something wrong or that they are "bad".

While children do not successfully master the previous stage of initiative versus guilt, they continue to move through Erikson's fourth stage, industry versus inferiority. During this stage, school and social interactions play is an important component in this stage and in the child's life. More specifically, friends and classmates are a vital role in how children progress through the industry versus inferiority stage. Succeeding at play and schoolwork, children are able to develop a sense of competence and pride in their abilities. By feeling competent and capable of, children are able to form a strong concept of themselves. Children who discover that they are not as capable as their peers who are can result in feelings of inadequacy and inferior to their peers (Rogers, 2016).

In addition to using Erikson's psychosocial theory, I will also use Albert Bandura's social learning theory to discuss the disorder in terms of the theory and to explain how ADHD can be used in the design of the intervention. Bandura's social learning theory posits that people learn from one another, via observation, imitation, and modeling. Moreover, by observing other's behaviors, one sees the consequences and the rewards for that particular behavior (Rogers, 2016). In other words, people learn by other's successes and failures. In addition, an important component that Bandura identifies in his theory is self-efficacy in which is defined as, "people's expectations that they can perform a task successfully" (Rogers, 2016, pp. 95). Bandura argues that successful experiences in life are necessary to build self-efficacy, seek new opportunities that lead them to successful outcomes, in which as a result leads to feeling competent (Rogers, 2016).

Though Bandura's social learning theory does not directly address ADHD, his theory can be applied to individuals of all ages who have ADHD, by offering a guidance about how these individuals can achieve their self-efficacy and improve their social behaviors. ADHD is a disorder that interferes with individuals social learning due to their hyperactivity and inattentive in which as a result limits their ability to observe and imitate positive behavior from role models, especially in classroom setting where student with the same or similar behavior problems do not have a positive role model to whom they can imitate "acceptable" behavior (Rogers, 2016). These individuals also have problems with social skills and interactions with others, they experience challenges in the education field such as school and academics. Here, and

anywhere else, the individual may experience a low level of self-efficacy, especially when they are told that they cannot control their own behavior (Rogers, 2016).

So, question is, how can parents, educators, relatives, and many others do to take an extra step to model a positive behavior they want to see in children with ADHD rather than only focusing on correcting the behavior? Well, teaching children basic skills, encouraging independence and self-autonomy can help these children develop self-efficacy. Self-efficacy can encourage children to take control of their behavior by developing healthy coping mechanisms, followed by a treatment plan and improve impulse control.

Design of Intervention

There are numerous of intervention that children with ADHD can benefit from if they are used properly and accurately. According to Caroline Miller (2018), behavioral interventions do not specifically target the core symptoms of ADHD, but these types of therapies teach children skills that they can use to control their behavior. Children with severe ADHD ultimately benefit from behavioral therapy alongside medication (Miller, 2018). Miller (2018) also points out that the importance of behavioral therapy is to teach children skills that will continue to benefit them as they grow older. Some parent to child interventions that Miller (2018) listed are Parent-Child Therapy (PCIT), Parent Management Training (PMT), and the Positive Parenting Program (Triple P). These interventions involve both the parent and the child working together by training the parent how to appropriately interact with their child, in order to elicit desirable behavior on the part of the child and discourage

behavior that causes problems and conflicts. In these interventions, a psychiatrist usually trains parents to use praise, positive reinforcement, rewards, more effectively as well as using consistent consequences when children do not comply with instructions. As a result, this intervention results in better behavior among children, by decreasing tantrums, decreasing parental stress, and increasing parental-child interaction (Miller, 2018). This intervention can relate to Erikson's fourth stage of industry versus inferiority because children are learning to perform complex tasks with the positive enforcement, children are encouraged by the parents to develop a feeling of competency and belief in their abilities. If this intervention failed, children with ADHD will doubt their abilities and continue to fail other stages of Erikson.

Behavioral therapy is another intervention that is used among children with ADHD; however, is it most effective in young children when it is delivered by the parents and who are not taken medication before the age of six (CDC, 2018). Similarly, to the parent-child therapy, behavior therapy is used to improve the child's behavior, self-control and increase self-esteem, in which leads to improving functioning at home, school, and in social relationships (CDC, 2018). This type of therapy is provided by psychologists, social workers, licensed counselors and even paraprofessionals who meet with the family on a regular basis at the family home to teach, monitor, implement, and provide support to the family. In between session, parents practice behavioral skills taught by the paraprofessional to reinforce positive behavior at all times. This intervention is also beneficial because it reinforces positive behavioral by the family's behavioral model. More specifically, this

intervention works with the entire family or those who want to be involved in, reinforcing family members to always be the positive role model in their love one's life. Having the individual observe his role models at home, benefits from imitating positive behavior; thus, decreasing unwanted behavioral and increasing communication, positive reinforcement, structure and discipline.

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