

Attention Research Update

July 2013

"Changes in Friendship Quality over time for Children with ADHD"

A consistent finding in studies that identify children at risk for negative developmental outcomes is that peer relationship difficulties predict a number of subsequent problems.

Unfortunately, many children with ADHD struggle in their relations with peers and in establishing and maintaining high quality and supportive friendships. This is problematic because good friendships serve a number of important functions for children including providing companionship, enabling feelings of self-validation, contributing to emotional security, creating a context for self-disclosure, offering guidance and support, and serving as a reliable ally. Children whose development occurs in the absence of good friendships miss out on these important supports, and may experience a greater number of adjustment difficulties as a result.

Despite the documented importance of healthy friendships for children's positive development, and the difficulty in peer relations experienced by many children with ADHD, important questions about the friendship characteristics in children with ADHD remain unanswered. In particular, there has been essentially no research that investigates how friendships for children with ADHD change over time and how this compares to friendship changes for other children.

A study published recently in the *Journal of Abnormal Child Psychology* [Normand et al., (2013). Continuities and changes in the friendships of children with and without ADHD: A longitudinal observational study. *Journal of Abnormal Child Psychology*, DOI 10.1007/s1082-013-9753-9] provides an interesting initial look at this issue. In this study, the researchers examined how the friendships of 87 children with ADHD and 46 comparison children (76% boys overall) aged 7-13 years changed over a 6 month period. All participants were recruited from pediatric clinics, ADHD clinics, and community schools in Ottawa, Canada. Nearly 70% of the children with ADHD were on medication and participated in the procedures described below while on medication.

At the start of the study, children with ADHD and comparison children came into the lab with a friend of their choosing. During this visit, each child and his or her friend completed a Friendship Quality measure that assessed both positive and negative friendship features. They also played several competitive and cooperative games so that their style of interaction with one another could be observed. These interactions were videotaped and subsequently coded by trained research assistants.

Six months later, each child and his/her friend returned to the lab for a second visit that involved identical procedures to the initial visit. This enabled the researchers to not only compare the friendships of children with and without ADHD at baseline, but also to compare changes in those friendships over time.

Results

Baseline - At the initial visit, children with ADHD perceived fewer positive features and more negative friendship features than comparison children; not surprisingly, they were less satisfied with their friendships overall.

During the competitive game with their friend, children with ADHD were more likely to break the rules and tended to behave in a more controlling manner. In cooperative games where children had to determine how to share prizes and rewards, children with ADHD made more 'self-centered' proposals than other children.

Six month follow-up - Given that the friendships of children with ADHD were less positive to start with, and children with ADHD behaved less prosocially towards their friend (this was the case even though the majority were observed while on medication), it is reasonable to expect that their friendships may have deteriorated over time. What did the researchers observe during the follow-up visit?

First, at the 6-month follow-up, children with ADHD were more likely than comparison to no longer be friends with the child they have brought in the first time. Thus, overall, their friendships were more likely to end during this interval.

For those who returned with their friend, a striking finding was that there were clear differences in how children with ADHD and their friend perceived the friendship. The friends of children with ADHD reported less positive friendship quality than they had 6 months earlier and their satisfaction with the friendship had declined significantly. In contrast, children with ADHD reported no similar decline in the quality of the friendship.

Differences over time in the friendships of comparison children relative to children with ADHD were also evident. First, unlike the friends of children with ADHD, friends of comparison children reported fewer negative friendship features than they had 6 months earlier and tended to report greater overall satisfaction with the friendship. In other words, there was evidence that these friendships were growing stronger.

Observations of the dyadic interactions revealed that comparison children engaged in fewer rules violations during the competitive game than they had 6 months earlier while those with ADHD broke rules even more often than they had initially. Comparison children, but not children with ADHD, also reduced the number of self-centered and insensitive statements they made during the interaction.

Summary and Implications

Results from this study highlight the difficulties that children with ADHD are prone to experience in their friendships. Even when selecting the friend to participate with them, the quality of their friendships was less positive initially. This may have been because children with ADHD were observed to violate rules more often during competitive games and to make more controlling and self-centered comments during more cooperative activities. This was true even though the majority

were observed while on medication.

Over time, the quality of friendships for children with ADHD declined - at least from the perspective of their friends who were less satisfied with the friendship during the second visit than they had been initially. The behavior observed during the dyadic interactions, i.e., breaking rules more often, making more insensitive remarks - assuming it was representative of what occurred outside the lab setting - provides a good understanding of why this would have occurred.

It is striking that children with ADHD themselves did not report a similar deterioration, suggesting that they did not consistently pick up on the dissatisfaction experienced by their friend. This is problematic because a child who is not tuned in to frustrations his/her friend is experiencing may lack awareness of the need to modify their behavior to improve the friendship.

It is important to note that the findings reported above reflect average differences in the friendships of children with and without ADHD, and certainly don't apply to every child with ADHD. Thus, although children with ADHD as a group would be expected to struggle consistent with the findings reported above, some get along quite well with peers and do not experience these problems. This is a reminder that difficulties at the group level may not apply to all members of that group, and that when it comes to intervention, it is the individual child's experience that is important.

An important clinical implication of these findings is parents and professionals should not assume that a child with ADHD who reports that he/she is getting along fine with friends is necessarily providing an accurate appraisal. This is not to suggest that children with ADHD are being deliberately deceptive; instead, they may not be picking up on the cues of frustration and dissatisfaction that their friends are giving off. There may thus be value in observing children interacting with peers to obtain a direct sense of how things are going and seeing what a child is doing that could be alienating to peers.

Parents may then be better able to function as 'friendship coaches' for their child, helping their child become aware of things he or she may be doing that is troubling to friends and coaching them on how they can interact in ways that friends will find more rewarding. Helping parents function effectively in this 'coaching' role is an area where an experienced child mental health professional could be quite helpful.

You can find what I think is interesting information on parents as coaches at www.parentcoachcards.com (Please note that I have no relationship with this site and list it here for informational purposes only.)

David Rabiner, Ph.D.
Research Professor
Dept. of Psychology & Neuroscience
Duke University
Durham, NC 27708

(c) 2013 David Rabiner, Ph.D. Information presented in Attention Research Update is for informational purposes only, and is not a substitute for professional medical advice. Although newsletter sponsors offer products and services that I

believe will be of interest to subscribers, sponsorship of Attention Research Update does not constitute a specific endorsement or guarantee of any company's product or services.