



Participation in leisure activities among boys with attention deficit hyperactivity disorder

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ABSTRACT

ADHD is a neural developmental disorder expressed in various life settings. Yet, previous studies have focused mainly on children's function in school and academic achievement. The purpose of the present study was, therefore, to examine participation patterns in outside formal school activities among boys with ADHD compared to typical boys. Participants included 25 boys aged 8–11 years with ADHD and 25 age-matched typical boys. All participants completed the Children's Assessment of Participation and Enjoyment (CAPE). Several aspects of participation were examined: diversity, intensity, enjoyment, place, and partners in 49 extra curricular activities. The findings indicate that boys with ADHD reported significant lower intensity rates of participation in most activity domains. Furthermore, boys with ADHD also reported higher diversity scores and lower enjoyment in 'formal' activities. Yet, no significant differences were found with regard to activity place and partners. These findings enhance the importance of providing therapy that refers to after school activities. Accordingly, CAPE can be useful for assessing boys with ADHD and planning appropriate intervention programs.

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1. Introduction

ADHD (Attention Deficit/Hyperactive Disorder) is a neurobehavioral developmental disorder characterized by patterns of inattention and/or hyperactivity as well as poor impulse control and distractibility (American Psychiatric Association, 2000). Though prevalence of ADHD is still unclear, latest data indicate prevalence of ADHD is about 9% of the population in the United States (Froehlich et al., 2007).

The new International Classification of Functioning Disability and Health (ICF) framework (WHO, 2001) emphasizes that diagnosis should refer to the relationship between disability and the individual's everyday performance and participation. According to ICF, 'participation' is defined as involvement in life situation encompassing nine life domains: personal maintenance; mobility; information exchange; social relationships; home life; and community, social and civic life (WHO, 2001). Participation is important for the development of skills and competencies, interactions with others, and for the sense of purpose and fulfillment (Engel-Yeger, Jarus, & Law, 2007; Law, 2002). Thus, disabilities or difficulties that limit participation may consequently cause a lower sense of wellbeing (Engel-Yeger, Jarus, Anaby, & Law, 2009; King et al., 2006).

Previous research regarding physical disabled children shows different patterns of participation in outside school activities as compared to typical developing children. The differences are particularly expressed in social, spontaneous, and informal activities (Engel-Yeger et al., 2009; King et al., 2006; Law et al., 2006). Children with ADHD normally study in the

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regular educational system, therefore expected to participate in everyday activities and occupations like their typical peers. Though Symptoms of ADHD are expressed in at least two different life settings, such as home and school (American Psychiatric Association, 2000), studies focused mainly on school settings. These studies found that children with ADHD have difficulties in school adjustment and in academic achievement (Frazier, Demaree, & Youngstrom, 2004; Frazier, Youngstrom, Glutting, & Watkinz, 2007; Rapport, Kofler, Alderson, Timko, & DuPaul, 2009).

Little is known at present on the issue of how children with ADHD participate in extra curricula activities. For example, studies on participation in computer games showed that children with ADHD are at risk in developing addiction to the internet and spend more time playing computer games than typical children (Bioulac, Arfi, & Bouvard, 2008; Chan & Rabinowitz, 2006; Yoo et al., 2004). Other studies that examined the social life reported that children with ADHD have poor social skills and inadequate behavior affecting their participation in various social activities (Cordier, Bundy, Hocking, & Einfeld, 2009; Hurt, Hoza, & Pelham, 2007; Leipold & Bundy, 2000). Several studies indicated that children with ADHD may also have motor difficulties that affect their participation in sports activities (Beyer, 1999; Harvey & Reid, 1997, 2003; Kiluk, Weden, & Culotta, 2009; Piek, Pitcher, & Hay, 1999; Pitcher, Piek, & Hay, 2003).

The above reviewed studies may explain why overtime, the difficulties that accompany ADHD children can dramatically affect self-esteem, wellbeing and participation in daily activities. Although the studies provide interesting data on children's participation in outside school activities, the studies are limited in the range of activities examined, both in terms of diversity and intensity. These issues emphasize the need to investigate participation patterns of children with ADHD in other life settings, especially with regard to activities performed after school hours.

The purpose of the present study was, therefore, to compare participation patterns between non-medicated children with ADHD and typical peers in everyday activities that take place after school hours. Our hypothesis is that compared to typical boys, boys with ADHD will show a unique, different pattern of participation in everyday activities following school hours.

In order to assess participation, the Children's Assessment of Participation and Enjoyment (CAPE) was developed by King et al. (2004). The CAPE is based on the child's self-report, derived from the client-centered approach. As it is the child who experiences his/her participation in activities, it is best understood from his/her perspective. This approach leads to a greater involvement of the child in his therapy and goal setting (Imms, 2008; Law & Mills, 1998).

2. Method

2.1. Participants

The study included 50 Israeli boys ages 8–11 years (96–130 months), equally divided into 'study' and 'comparison' groups. The study group comprised 25 non-medicated boys with ADHD (age range in months 96–127; mean 110.48; SD 8.92) with either: hyperactive-impulsive, inattentive or combined type. Participants were recruited from several clinics in the north of Israel as a convenient sample. Diagnosis of ADHD subtype was given by neurologists according to the DSM-IV criteria, using among other clinical assessments, the Conners Parent Rating Scales-revised CPRS-r (Conners, 1997). The comparison group included 25 typically developing boys (age range in months 96–130; mean 110.0; SD 10.09) who were recruited randomly to pair with the study group.

All participants attended mainstream elementary schools, had normal IQ, were Hebrew speaking and came from diverse socio-economic backgrounds. The study group and the control were matched by age, socio-economic background, place of living and religion (Table 1). Boys with known chronic health conditions (except for the ADHD), with uncorrected sensory impairments (as glasses), with an associated formally diagnosed other disorder such as depression or anxiety (DSM-TR) or those who take medications on a daily basis were excluded from the study. Since it was expected that time spending as well as ADHD symptoms are attentively different among boys compared to girls (Biederman et al., 2002; Gaub & Carlson, 1997) the study focused on boys only.

2.2. Instruments

2.2.1. Demographic questionnaire

Demographic questionnaire pertaining to participants' personal data such as: age, school grade, socio-economic level, learning difficulties, and health status.

2.2.2. Children's Assessment of Participation and Enjoyment (CAPE) (King et al., 2004)

This instrument is designed to elicit participation patterns of children and youth, ages 6–21 years, outside mandated school activities. In the present study the CAPE version included 49 activities, drawn on cards. The activities are classified into two domains: (1) formal activities – 14 structured activities, which involve rules or goals, and have a formal designed coach, leader, or instructor (e.g. art or dance lessons, sports, or schoolwork tutors); (2) informal activities – 35 activities that have little or no planning and are often initiated by oneself (e.g. reading, playing cards, etc.). The CAPEs activities are further categorized in terms of the type of activity (recreational, active-physical, social, skill based, and self-improvement). Participants were asked to indicate which activities they participated in, how often they engaged in the activities during the past 4 months, and how much they enjoyed them. In addition, they were asked if those activities were performed alone or with others, and if those activities were performed at home or not.

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