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ADHD and Lifetime Behavior: The Relationship Between ADHD and Lifetime Behavior

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ADHD and Lifetime Behavior:

The Relationship Between ADHD and Behavioral Issues

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Background Literature

01

Predicting Issues

ADHD continues to predict academic, professional, psychological and financial issues in adults

02

Age of Diagnosis

117 adolescents, 62 with a “late diagnosis' and 55 with an “early diagnosis'' examined for their levels of self-esteem and loneliness

The results showed that those with a “late diagnosis” had lower levels of self-esteem and higher levels of loneliness

03

Treatment

According to a study, women with ADHD were 41% less likely to commit criminal offenses when taking prescribed drugs as treatment and men with ADHD were 32% less likely to commit criminal offenses

Background Literature

04

Criminal Behavior

It has been found that the boys with ADHD had significantly more arrests (47%) compared to those who did not have ADHD (24%). This led the researchers to conclude that ADHD "increases the risk for...criminal behavior" in adulthood

05

Symptom Severity

204 people were interviewed with Gambling Disorder regarding criminal offenses

It was found that there was a greater presence of ADHD symptoms in those with Gambling Disorder who had reported criminal behavior

It could be lightly inferred that those with a more severe form of ADHD may be more likely to commit memorable crimes than those with a more mild form of ADHD.

General Strain Theory

Relatively new theory by Robert Agnew (2002) encompassing the strain of negative experiences on individuals and how they may lead to negative, often specifically criminal behavior

Explores diffferent types of strain that may lead to “delinquency” or negative behavioral patterns

General Strain Theory

01 Prevention of the individual from achieving positively valued goals

02 Removal (or a threat to remove) of positively valued stimuli

03 Experience (or threat of experience) of a particularly toxic negative situation

increase the likelihood of a range of negative emotions rising to the surface which creates pressure for "corrective action" (ex: self medicating with alcohol)

Can lead to outbursts and criminal behavior, especially in those with high negative emotionality and low constraint (Agnew et. al., 2002); both of which are symptoms of ADHD, suggesting the lesser ability to cope with strain in comparison to the rest of the average population. (Johnson & Kercher, 2007).

Hypotheses

01 People with ADHD are more likely to report a higher severity of behavioral issues in comparison to those without ADHD.

02 A person treated for ADHD is less likely to report severe behavioral issues in comparison to an untreated person with ADHD.

03 The older a person with ADHD is diagnosed with the disorder, the more likely they are to report behavioral issues.

03 The severity of the symptoms that a person with ADHD is reported to experience has a positive relationship with the severity of the behavioral issues they have experienced.

Scales

01

ASRS (Adult ADHD Self-Report Scale)

ADHD symptoms measured through the ASRS Scale (Kessler et al., 2005)

– Scale uses a Likert-like response format

Ex Questions:

- How often do you have difficulty getting things in order when you have to do a task that requires organization?
- How often do you have problems remembering appointments or obligations?

– Higher number indicates more intense symptoms

- a 6 on Part A of scale indicates possible ADHD

– Test/retest reliability was .88

– Construct validity was .84

Scales

02 SRP III (Self Report Psychopathy Scale)

Behavioral Issues were measured by two sub scales in SRP III - the first being the ASB and the second being the ELS (Bussche et al., 2015)

— Scale uses a Likert-like response format measuring from 1 (disagree strongly) to 5 (strongly agree)

— Higher number indicates psychopathic tendencies, or in this case, severity of negative actions/behave

— Test/retest reliability was .86

Scales

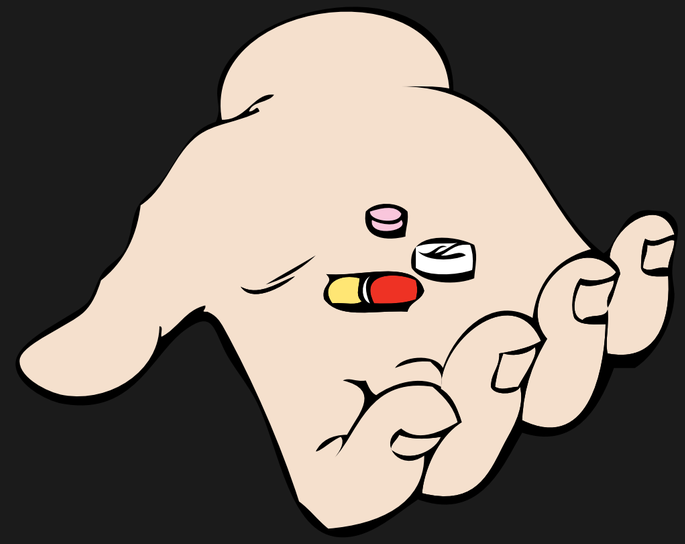
02

SRP III (Self Report Psychopathy Scale) Erratic Life Style Subscale

Examples of statements in the survey include:

“I have taken illegal drugs (eg. marijuana, ecstasy)”

“I rarely follow the rules”



Scales

02

SRP III (Self Report Psychopathy Scale) Anti-Social Behavior Subscale

Examples of statements in the survey include:

"I have tricked someone into giving me money"

"I have assaulted a law enforcement official or social worker"

Partipants

- 49 Chapman Undergrad Psych Students recruited through the SONA system
- 66 recruited through social media & a CSDU recruitment database for research (n=115)

24 men (20.9%)
85 women (73.9%)
5 non-binary (4.3%)

- mean age was 22.17 (SD = 4.6) years range of 18 – 46 years
- 20 participants (17.4%) officially had been diagnosed with ADHD

The race/ethnic breakdown was as follows:

- 46.1% self-identified as White/Caucasian.
- 9.6% self-identified as Black/African American.
- 13.9% self-identified as Asian American.
- 4 (3.5%) self identified as North African/Middle Eastern
- 5 (4.3%) self identified as Indigenous
- 21% self identified as Hispanic/Latino(a)/Latinx
- .9% self identified as Caribbean
- 2.6% self identified as Mexican

Procedures

- Recruitment (SONA, Social Media, and CSUB research page)
- Informed Consent
- 5 questionnaires
  - Demographics
  - General Inquiry Questions
  - ELS
  - ASRS
  - ASB
- Compensation:
  - Non-Chapman students entered into a raffle for $15 gift card
  - Chapman Students offered 0.25 research credits via the SONA system.

Hypothesis 1: People with ADHD will report a higher severity of behavioral issues within adolescence and adulthood in comparison to those without ADHD.

Measures Used: Demographic of self-report of a diagnosis with ADHD & two sub scales of SRP-III Scale (Bussche et al., 2015)

Hypothesis A & B: Mean scores of the two sub scales within the SRP-III will be compared to the group with diagnosed ADHD and the group without diagnosed ADHD

Hypothesis B & C: Mean scores of the two sub scales within the SRP-III were compared to the group scoring a high enough score on the ASRS to be considered to have ADHD and those with lower scores

Hypothesis 2: A person medically treated for ADHD will report less severe behavioral issues in comparison to a person with ADHD who has not been treated medically.

Measures Used: Demographic of self-report of medical treatment for their ADHD & SRP-III Sub Scales '(ASB & ELS) (Bussche et al., 2015)

Scores of the SRP-III scale were compared in an independent T-test between the group of ADHDers that have been treated and the group that haven't been treated.

Hypothesis 3: The later in life a person with ADHD is diagnosed with the disorder, the more severe their reported behavioral issues will be within their adolescence and adulthood.

Measures Used: Demographic of self-report of age of diagnosis with ADHD & SRP-III Scale (Bussche et al., 2015)

Scores Indicated by the total score on the scores of the SRP-III scale were compared in a correlation test with when the participants (if applicable) were diagnosed ADHD

Hypothesis 4: The severity of ADHD symptoms that a person experiences has a positive relationship with the of the behavioral issues they have experienced.

Measures Used: Within ADHD having demographic, the results of the ASRS (Kessler et al., 2005) & the SRP-III Scales (Bussche et al., 2015)

SRP-III scales were compared through a correlation test to the group of individuals with high ADHD symptom severity via the ASRS (scaled for severity) and how severe their symptoms of ADHD are.

Results

Hypothesis 1: People with ADHD will report a higher severity of behavioral issues within adolescence and adulthood in comparison to those without ADHD.

The answer: Hypothesis 1 is partially supported

Hypothesis 1A: There was not a statistically significant difference in scores on the ASB ($t(112)=1.3$, $p=.104$) between those diagnosed with ADHD ($n=20$; $M=2.6$, $SD= 0.4$) and those who were not diagnosed with ADHD ($n=94$; $M=2.5$, $SD= 0.5$).

Hypothesis 1B: There was a statistically significant difference in scores on the ELS ($t(113)=2.9$, $p=.003$) between those diagnosed with ADHD ($n=20$; $M=3.1$, $SD= 0.5$) and those who were not diagnosed with ADHD ($n=95$; $M=2.8$, $SD= 0.4$).

Small but significant findings

Results

Hypothesis 1: People with ADHD will report a higher severity of behavioral issues within adolescence and adulthood in comparison to those without ADHD.

Hypothesis 1 is fully supported without official diagnosis

Hypothesis 1C: There was a statistically significant difference in scores on the ASB ($t(112)=2.8$, $p=.003$) between those whose scores on the ASRS lined up with that of someone with ADHD ($n=61$; $M=2.6$, $SD=0.4$) and those whose scores did not ($n=53$; $M=2.4$, $SD=0.4$).

Hypothesis 1D: There was a statistically significant difference in scores on the ELS ($t(113)=3.5$, $p<.001$)between those whose scores on the ASRS lined up with that of someone with ADHD ($n=61$; $M=3.0$, $SD=0.4$) and those whose scores did not ($n=54$; $M=2.7$, $SD=0.4$).

Small but significant results

Results

Hypothesis 2: A person treated for ADHD will report less severe behavioral issues in comparison to a person with ADHD who has not been treated.

Not supported

Hypothesis 2A: There was not a statistically significant difference in scores on the ASB ($t(18)=1.7$, $p=.057$) between those treated for ADHD ($n=16$; $M=2.7$, $SD= 0.3$) and those untreated for ADHD ($n=4$; $M=2.3$, $SD= 0.8$).

Hypothesis 2B: There was not a statistically significant difference in scores on the ELS ($t(18)=-0.1$, $p=.460$) between those treated for ADHD ($n=16$; $M=3.1$, $SD= 0.5$) and those untreated for ADHD ($n=4$; $M=3.1$, $SD= 0.4$).

No significant results

Results

Hypothesis 3: The later in life a person with ADHD is diagnosed with the disorder, the more severe their reported behavioral issues will be within their adolescence and adulthood.

Not supported

Hypothesis 3A: There was not a significant correlation (r=-0.1, p=.330) between age of diagnosis (M=15.4, SD=7.5) and score on the ASB (M=2.6, SD=.4).

Hypothesis 3B: There was not a significant correlation (r=-0.003, p=0.494) between age of diagnosis (M=15.4, SD=7.5) and score on the ELS (M= 3.1, SD=0.5).

No significant results

Results

Hypothesis 4: The severity of ADHD symptoms that the participant reported is positively correlated with the severity of the behavioral issues they reported.

Partially supported!

Hypothesis 4A: There was not a significant correlation (r=0.2, p=.059) between severity of symptoms (M=55.3, SD=11.8) and score on the ASB (M=2.5, SD=0.5).

Hypothesis 4B: There was a significant positive correlation (r=0.5, p< .001) between severity of symptoms (M=55.3, SD=11.8) and the score on the ELS (M= 2.8, SD=0.4).

Small but significant positive results with the ELS

Discussion

Two out of four of my hypotheses were partially supported! (Hypotheses 1 & 4)

To recap, hypothesis 1 was supported, implying that those diagnosed with ADHD report a more erratic lifestyle (eg. enjoying taking risks, high speed driving, gambling) than those who are not diagnosed.

Data also implies that those with high probability of ADHD report more anti-social behaviors (eg. being convicted of a crime or assaulting a police officer) along with a more erratic lifestyle.

Discussion

Hypothesis 4 was also partially supported, implying that those who report a higher severity of ADHD symptoms also report a more erratic lifestyle.

Findings were definitely small but also were significant! I'd like to see this study recreated with a larger number of individuals with diagnosed ADHD

Limitations

- Small pool of people with diagnosed ADHD
- Mostly straight, white, young individuals represented
- Large number of woman identified individuals in participant pool
- Not much time to workshop kinks in the survey
    - Recommend a different scale that is specifically used for ADHD symptom severity
    - Hard to measure severity of behavioral problems due to all behavior issues being ranked the same on the SRP III so either creating a new scale or figuring out a better way to identify and assess behavioral issues

Implications

- Could be used as a foundation for future research to explain why individuals with ADHD have the behavioral issues they do! If we know that a higher severity of symptoms may lead to more problem behavior- also identifying what specific symptoms correlate with that could help us identify why

- If utilized for interventions, this research could also be helpful in reducing the delay in treatment for those with ADHD. If we know that this group of people are predisposed to problem behavior (sometimes criminal in nature) treatment of it becomes more important! Although I was unable to support my hypothesis that treatment reduces severity of problem behavior.

Thank you for listening!

Any Questions?