

Risky Behaviors Associated with ADHD

THIS RESEARCH UPDATE focuses on risky behaviors associated with ADHD and what can be done to help mitigate these potential risks.

What is the connection between risk-taking and ADHD?

The first paper reviews research focused on risk-taking behavior in adolescents and adults with ADHD, including the connection between risk-taking and ADHD, underlying factors explaining this connection, and treatment for risk-taking in individuals with ADHD. According to the review, ADHD can be related to a higher risk for dangerous driving, substance use, aggressive and criminal behavior, earlier and more unsafe sexual practices, gambling, financial problems, and unhealthy eating. Underlying factors which appear to (at least partially) explain the connection between risk-taking and ADHD include comorbid behavior disorders, sensation-seeking tendencies, executive functioning and decision-making difficulties, reluctance to invest effort in challenging tasks, peer pressure, and limited parental monitoring.

Fortunately, evidence-based interventions appear promising for reducing risk-taking in adolescents and adults with ADHD. To begin, research to date suggests that stimulant medication may reduce the risk of substance use, driving accidents, conduct problems, crime, and aggression in individuals with ADHD. In addition, behavioral treatment appears to improve conduct prob-

lems in youth with ADHD. Finally, initial research suggests that a parent-teen driving intervention program modified for adolescents with ADHD may help encourage adolescent driving independence.

Pollak, Y., Dekkers, T. J., Shoham, R., & Huizenga, H. M. (2019). Risk-Taking Behavior in Attention Deficit/Hyperactivity Disorder (ADHD): A Review of Potential Underlying Mechanisms and of Interventions. *Current Psychiatry Reports*, 21(5), 33.

What increases the risk of self-injury in girls? How can we intervene?

The second paper discussed factors that contribute to increased risk of nonsuicidal self-injurious (NSSI) behavior during preadolescence, which has been associated with ADHD. Risk factors identified include being female, impulsive, and being exposed to maltreatment during childhood.

The authors highlight that despite the long-term mental and physical health risks associated with NSSI, and even with evidence-based treatments expanding for teens and young adults with similar problems, there are relatively few interventions specifically targeting preadolescents. This is partly due to difficulty identifying children who carry all three risk factors for NSSI.

The authors go on to articulate key interventions that could be useful in both preventing and treating these risks in preadolescents. They emphasize the importance of preventive efforts given the neurobiology research, which demonstrates that early exposure to maltreatment can fundamentally alter neural systems over the lifespan. They suggest two primary avenues for intervention: with caregivers and with the youth themselves.

Given that parents are the primary means through which children are socialized, especially prior to adolescence, helping parents be most effective at teaching and modeling emotion regulation, disciplining their children, and facilitating positive interactions is known to improve resilience in children. Various parent training programs have been shown to be effective at enhancing these exact skills (for example, *The Incredible Years*).



Additionally, early intervention with youth who are showing symptoms of psychopathology and peer difficulties is key to preventing more severe symptoms later in adolescence. More specifically, providing intervention for difficulties in emotion regulation, rather than impulsivity, has been shown to be more effective, given that the former is more amenable to environmental influence.

Beauchaine, T.P., Hinshaw, S.P., & Bridge, J.A. (2019). Nonsuicidal self-injury and suicidal behaviors in girls: The case for targeted prevention in preadolescence. *Clinical Psychological Science*, 7(4), 643-667. Doi: 10.1177/2167702618818474

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