

## Risky Behavior in Teens with AD/HD

The first article in this two-part series reviewed and described the vulnerability teenagers with AD/HD experience due to their difficulty developing effective self-discipline, self-regulation, and self-control. **AD/HD acts as a catalyst, increasing the probability that “non-thinking” behavior will lead teens with AD/HD to experience risks similar to their peers but at a significantly higher rate.** As discussed in my earlier article, this isn't a problem of not knowing what to do. For example, researchers have demonstrated that teenagers with AD/HD clearly understand the risks of school failure, driving, sexual activity, and substance use. Rather, these teens seem unable to efficiently regulate their behavior and safely negotiate what for them is a gauntlet of adolescence. This article will provide a brief overview of several types of risky behaviors teenagers with AD/HD typically engage in.

### Struggling in School

Growing up with AD/HD appears to take a significant toll on many teenagers' educational functioning and final educational attainment. **Within the educational realm, disciplinary problems are common in youth with AD/HD. Sometimes these problems result from purposeful behavior, but often their actions are not intentional.** Citizenship grades are marked down and disciplinary action taken when youth with AD/HD are repeatedly late to class, lose textbooks, speak out of turn in class, or cause other minor disruptions. Such behavior occurs when youth with AD/HD struggle with conduct problems that may be fueled by poor impulse control.

Teenagers with AD/HD are more likely to repeat a grade, receive extra tutoring, under-perform relative to their intellect and academic abilities (as measured by group achievement tests), drop out of school earlier and be suspended from school for disciplinary problems, they are expelled at a rate two-and-a-half times that of unaffected teenagers. **Youth with AD/HD fail to complete high school at a rate that is four times the norm** (nearly 40% versus 9%). Their class rankings are usually in the bottom third and their grade point averages in the bottom half. In one longitudinal study of youth receiving treatment for AD/HD, only 20% of teenagers with AD/HD attempted a college program of any sort and just 5% completed a college degree compared to 40% or more of normal teens entering college and 35% eventually completing some form of college degree. (Study by Dr. Russell Barkley and colleagues in Milwaukee.)

It appears that growing up with AD/HD takes a significant toll on educational functioning and final educational attainment; which ultimately affects the occupational status and life stability of these individuals in adulthood.

### Dangerous and Distracted Driving

Teenagers diagnosed with AD/HD in clinic settings who were followed over a three- to five-year-period were found to experience a significantly higher rate of

automobile accidents, moving violations (particularly speeding), and license revocations and suspensions compared to unaffected teenagers. **The reaction times of teens with AD/HD (as measured on driving simulators) are also slower than those of their unaffected peers. Slower reaction times certainly increase risk for accidents.** Parents have rated their teens with AD/HD as using less sound driving practices than other teenagers, which likely leads to this pattern of vulnerability. Some accidents may be the result of driving too fast (due to poor impulse control) or daydreaming (due to inattention) rather than attending to the road. This is an emerging field of study and thus there are many unanswered questions about the driving behavior of teenagers with AD/HD.

### **Sexual Activity**

Although at this time there is limited scientific research concerning the sexual behavior of teenagers with AD/HD, preliminary studies that have followed teenagers with AD/HD into young adulthood have found a higher rate of sexual activity at a younger age and with more sexual partners. The young adults with AD/HD studied reported that, throughout their teen years and into young adulthood, they were less likely to use contraception and more likely to have conceived a teenage pregnancy. In the Milwaukee study just cited, nearly 40% of teens with AD/HD were involved in an unwed pregnancy. They were also more likely to have contracted a sexually transmitted disease (not HIV).

### **Substance Abuse**

It has been demonstrated that up to 50 percent of teens with AD/HD, particularly in the late teen years, abuse substances such as alcohol, marijuana, and cocaine; many of them become dependent upon such substances. **Some of these youth may be self-medicating in an effort to improve their attention span while others may be trying to escape their unhappiness.** Still others, due to their lack of inhibition, may be unable to stop doing something that provides pleasure.

However, youth consistently treated for AD/HD with medication have been found to be less vulnerable for subsequent substance use and dependence. This may be the added protection offered by medication treatment or may reflect other variables such as factors that predict which families will take the time and spend the resources to make certain their teens with AD/HD receive the appropriate treatment.

### **Juvenile Delinquency**

The exact relationship between AD/HD and antisocial and criminal behavior has not been well studied. Early studies found a high incidence of such behavior in teens with AD/HD. However, many of those studies did not take into consideration co-existing problems such as Conduct Disorder (CD) or chronic delinquency. When these variables are controlled for, AD/HD may be one of many risk factors leading to juvenile justice problems. For the moment it can be reported that **teenagers with AD/HD, either because of the AD/HD alone or**

**because of a combination of AD/HD and other disorders, are much more likely to find their way into juvenile court repeatedly.** Unfortunately, the penal system generally provides punishment but little support to help these youth develop more effective and efficient life skills and success in daily life and thus the ability to stay out of trouble.

### **Meeting the Challenge**

AD/HD appears to be associated with significant risk for global impairment in all major areas of life for affected teenagers. Yet some teens with AD/HD fare significantly better than others. **The key appears to be approaching treatment from a long-term perspective, balancing symptom relief with strategies to help teens with AD/HD develop stress management skills and resilient qualities.** Symptom relieving treatments for AD/HD, including medication, educational, and therapeutic interventions are necessary to ensure present day success for teens with AD/HD.

However, symptom relief, while necessary, is not sufficient to help these teenagers transition happily and successfully into adult life. Teenagers with AD/HD also need help if they are to develop safe and sound driving habits, learn responsible sexual behavior, and achieve educational success. Such help is often provided by multiple professionals (e.g., counselors and educators) in a variety of settings. Best of all, parents can play a large part in helping their teens with AD/HD develop a resilient mindset and avoid high-risk behaviors. I will explore effective parenting strategies in the [next article in this series](#).

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#### **Other Resources**

## **Books**

Teenagers with ADD and ADHD: A Guide for Parents and Professionals (second edition)

<http://www.amazon.com/exec/obidos/ASIN/1890627313/ref=nosim>

By Chris Zeigler Dendy, M.S.

## **Websites**

Sam Goldstien.com

The Role of Psychotherapy in the Treatment of ADHD

<http://samgoldstein.com/template.php?page=postings!!type=articles!!id=60>

NIH-National Institute on Alcohol Abuse and Alcoholism

Severe Childhood ADHD May Predict Alcohol, Substance Use Problems in Teen Years

<http://www.niaaa.nih.gov/NewsEvents/NewsReleases/ADHD-study.htm>

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