

האוניברסיטה העברית בירושלים

הפקולטה למדעי הרוח

החוג לחינוך

המגמה ללקויות למידה

**The link between perceptions of social norms and risky behavior among adults with ADHD**

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**By**

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**הקשר בין תפיסת נורמות חברתיות והתנהגות סיכונית**

**בקרב מבוגרים עם הפרעת קשב**

**עבודת גמר**

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**ע"י**

**ספיר כהן**

**תאריך הגשה עברי ירושלים תאריך הגשה לועזי**

**Abstract**

Attention deficit hyperactivity disorder (ADHD) is a childhood onset developmental disorder, which frequently persists into adulthood. Pervious researches found a strong association between ADHD and risky behavior. People with ADHD are more likely to be involved in risky behaviors in different life domains compared to people without ADHD. The aim of this study was to examine if there is a relationship between perception of social norms and risky behavior among adults with ADHD. The first hypothesis is that Adults with high level of ADHD symptoms performing more risky behaviors than adults with lower level of ADHD symptoms. The second hypothesis is that there is a positive relationship between perception of norms and risky behavior. The third hypothesis is that there is a negative relationship between level of ADHD symptoms and perception of norms. Finally, the fourth hypothesis is that the relationship between ADHD and risky behavior is mediated by perception of norms.

The study recruited 87 participants who are students aged 18-40, who study at universities and colleges across the country (Israel). To examine the hypotheses, participants were asked to complete three questionnaires: Adult ADHD Self Report Scale (ASRS-v1.1), assessing the severity of ADHD symptoms; SDQ, aims to examine the strength and the difficulties of each subject and Adult Risk Taking Inventory (ARTI), to examine the subject's likelihood of engaging in 40 risky behaviors and her/his perception of descriptive and injunctive norms. I tested significance levels and the directions of the connections between the variables: I used multiple regression and PROCESS (Hayes, 2013) to examine the link between ADHD and risk behavior, ADHD and perception of social norms amd the link between risk behavior and perception of social norms among adults with ADHD.

The first two hypotheses were confirmed. However, the third hypotheses was partly confirmed and hence, hypotheses number four was not tested.

**Introduction**

**ADHD**

Attention deficit hyperactivity disorder (ADHD) is a childhood onset developmental disorder, which frequently persists into adulthood. ADHD occurs in approximately 3-7% of the childhood population and in 2.5-4% of the adult population, with boys being over-represented, on average, approximately 3:1 (Asherson, Raz & Leykin 2015; Barkley 1997; Barkley 1990). ADHD is characterized by pervasive and developmental inappropriate difficulties with impulsivity, hyperactivity and attention (DuPaul, Weyandt & Janusis 2011). ADHD has a tendency to significantly affect human behavior and cognitive functions. ADHD is associated with high risk for low academic performance, poor peer and family relationships, conduct problems and delinquency, driving accidents and speeding violations and early substance experiments and abuse (Barkley 1997). In addition, could be associated with mental illness, interpersonal problems and delinquency, creating a substantial burden on families, social cares, health and criminal justice systems (Sonuga-Barke et al, 2013).

ADHD in adults has become a central focus of investigation and controversy, especially when that longitudinal data have established that a lot of children with ADHD continue to show persistent problems in adulthood, including notable impairment in occupational and social functioning (Nigg, Stavro, Ettenhofer, Hmabrick, Miller & Henderson, 2005).

**Risky behavior and ADHD**

Risky behavior is defined as "engagement in behavior that is associated with some probability of undesirable results" (Boyer, 2006). ADHD is associated with specific risky behaviors such as dangerous driving and involvement in traffic accidents, smoking, gambling, unprotected sex and substance abuse (Pollak, Dekkers, Shoham, & Huizenga, 2019).

**Driving** Adults with ADHD are more frequently characterized by adverse driving outcomes. In addition, it was found that childhood ADHD predicted driving-related to risk taking behavior such as driving under the influence of alcohol, driving without a license and traffic violations (Barkley & Cox, 2007).

**Unprotected sex** ADHD is associated with earlier sexual activity, more sex outside of relationships, a higher number of sexual partners, more sexually transmitted diseases and more partner pregnancies and teenage parenthood (Pollak, Dekkers, Shoham, & Huizenga, 2019).

**Substance abuse** ADHD is associated with nicotine use in adolescence and with alcohol use disorder in adulthood (Charach, Yeung, Climans & Lillie, 2011). In addition adults with ADHD are more likely to develop dependence/abuse of alcohol, nicotine, marijuana and cocain (Lee et al, 2011)

**Gambling** There is a small but significant correlation between ADHD symptoms and gambling severity, with a prevalence of 18% of ADHD in problematic gamblers and a prevalence of 12% of problematic gambling in ADHD (Theule et al, 2016).

These findings, and other risky behavior variables, led to the conclusion that people with ADHD are risk-takers in a general sense (Shoam, Sonuga-Barke, Yaniv & Pollak, 2019).

The relationship between ADHD and risky behavior could be explained by executive dysfunctioning. The assume is that risky behavior in ADHD is caused by impaired impulse control, due to deficiencies in inhibition of prepotent responses, stopping of ongoing responses after feedback on errors and interference control (Groen, Gaastra, Lewis-Evans & Tucha, 2013). Other variables that have been studied and may explain the relationship between ADHD and risky behavior are the perception of the consequences of these behaviors as particularly attractive or less dangerous (Shoham et al, 2016), peer influences (Dekkers et al, 2020) and psycho-social factor such as parental monitoring (Shoham et al, 2020). In the current study I suggest a different variable that have not been studied yet, the relationship between perception of norms and risky behavior.

**Norms**

The definition of norms is "a norm exists in a given social setting to the extent that individuals usually act in a certain way and are often punished when seen not to be acting in this way" (Alexord, 1986). According to to Svensson & Larsson (2012) the social-legal definition of norms is based on three essential arttibutes:

1. Norms are individuals' perceptions of surrounding expectations regarding their own behavior.
2. Norms are materialized expressions that are socially reproduced and thus can be studied empirically.
3. Norms are carriers of normative messages.

A social norm is a rule that is accepted by a group of people and that defines behavior as appropriate or inappropriate. A norm is based on the assumption that there must be harmony between the developments of society on the one hand, and the impulses and personal desires of the individual on the other.

Every human being is part of the social context and therefore, influences other people and in addition, is influenced by the social environment in which he is. Interaction between individuals in society enables mutual decision-making. Social norms can guide the actions of the individual and the social interaction that is created between individuals in the group. Thus, by this definition, a social norm is conditional on the existence of two conditions: first, recognition of the norm among a group of people, and second, enforcing the norm through social sanctions.

It is important to note that legal and constitutional changes can create differences that will lead to a change in social norms. On these cases, people can rethink their minds about proper and inappropriate behavior, thereby adapting and / or adopting other behaviors (Svensson & Larsson 2012).

Deutsch & Gerard (1995) distinguished between two different kinds of norms, descriptive norms and injunctive norms. The distinction between the two kinds of norms is important, because these are separate sources of motivation. Descriptive norms reflect the existing procedure, what is commonly done. In fact, descriptive norms attend with the perceptions about other people attitude and behaviors (what I think that other people do Deutsch & Gerard, 1995). Injunctive norms, on the other hand, focus on what is desirable and what needs to be done. These norms include the perceived expectations of others about a given behavior (what I think others expect me to do). These norms will most often be defined with reference to a group of people who are significant to the person. For example, upon walking into a meeting, an individual may observe that most others are quiet and attentive (refer to descriptive norm), and hence he or she may perceive, correctly, that transgressions of this norm will result in some social sanction (refer to injunctive norm) (Rimal, Lapinski & Real, 2005).

According to the social norms' theory, human behavior will often be influenced by the way their peers behave. The social norms' theory was first applied in the 1980s, in collages in United States, to address with heavy alcohol use by students. The researchers found that when students on campuses believed that heavy alcohol use was an accepted social norm, they used to drink more alcohol (Scholly et al, 2010). Moreover researchers found that peer tolerance is an injunctive norm, and it indicates the peer group's perception of the same risky behavior. The study aims that descriptive norms predict the performance of risky behavior at a given time, whereas injective norms predict participation in long-term risky behavior and the consequences of that behavior (Larimer, 2004).

Glass and Flory's research (2010) provides additional evidence for a link between perception of peers norms and peer influences, and risky behavior. Glass and Flory present in their research that perception of social norms and ADHD symptoms were significant predictors of smoking over time. In addition, young people with ADHD were more likely to report having friends who smokes, which was also linked to increases rates of cigarette smoking and/or nicotine dependence.

**The research question**

Is there a relationship between perception of social norms and risky behavior, in adults with ADHD?

**Hypotheses**

1. A positive association will be found between ADHD and risky behavior, with adults with high level of ADHD symptoms performing more risky behaviors than adults with low level of ADHD symptoms.

2. A positive relationship will be found between perception of norms and risky behavior.

3. A negative (positive?) relationship will be found between level of ADHD symptoms and perception of norms.

4. Perception of norms will be found as an intermediate factor between attention deficit disorder and risky behavior.

**Method**

**Participants**

The study sample includes 110 students aged 18-40, who study at universities and colleges across the country (Israel). All the students have high command of the Hebrew language.

Students will answer all the questionnaires in the study. Subjects will be recruited through the distribution of questionnaires on the social media and by e-mail. The questionnaires will be available online or in print, depending on the subject's preference.

**Procedure**

In the current research I will use a quantitative research method, and five questionnaires will be used:

1. **ADHD questionnaires:**

This questionnaire includes 18 questions, and aims to examine the onset of ADHD symptoms, according to the student's self-report. In this questionnaire, the subject rates her/his behavior in the last six months, on a scale that ranges from "never" to "very often" (Kessler et al., 2005(.

This questionnaire has high internal reliability of α = 0.79. The questionnaire includes two sub-questionnaires, attention deficit (α = 0.84) which contains 10 items, and hyperactivity (α = 0.76) which contains 8 items.

1. **SDQ:**

This questionnaires includes 25 questions, aims to examine the strength and the difficulties of each subject. The questions refer to emotional, social and behavioral aspects, and each item is rated on a three-point scale (incorrect, partially true and very true (Goodman, 1997).

This questionnaire has internal reliability of α = 70, and reliability of retest after four to six months stood at 62.0.

1. **ARTI**:

This questionnaire includes three sub-questionnaires, the purpose of which is to examine the subject's likelihood of engaging in 40 risky behaviors and her/his perception of descriptive and injunctive norms regarding these behaviors (DOSPERT: Blais, & Weber, 2006; Weber et al., 2002).

1. This questionnaire includes 40 questions, aims to examine the likelihood of engaging in each risky behavior by the subject himself. In this questionnaire the subject should rate the degree of likelihood on a scale that ranges from "certainly not" to "certainly yes". This sub-questionnaire developed for previous study, and has good internal consistency (α = 0.89) and a high re-test reliability (r = 0.88).
2. This questionnaire includes 40 questions, aims to examine the perceived likelihood of engaging in each risky behavior by the subject's friends, using a similar likelihood scale. This sub-questionnaire developed for the current study.
3. This questionnaire includes 40 questions, aims to examine the subject's perceived degree of the surroundings' tolerance, regarding engaging in each risky behavior. In this questionnaire the subject will rate the surroundings' tolerance on a scale that ranges from "not at all" to "very high". This sub-questionnaire developed for the current study.

**The research process**

The research will begin after the approval of the research proposal by the Ethics Committee of the Seymour Fox School of Education at the Hebrew University. At the beginning of the meeting the subject will fill out a form of informed consent to participate in the study.

ADHD symptoms

Perception of norms

Risky behavior

**Data processing**

**Sample characteristics**

87 subjects, ages 18-60, nine subjects were not included because they answered the questions too fast (less than 2 seconds per question). There was one subject that was not included because his age was less than 18. In addition, nine subjects were not included because they did not reply the ASRS questionnaire.

Table 1 show that most of the subjects were women (57, 66.3%)

**Table 1**: *Gender*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Frequency | Percent | ValidPercent | Cumulative Percent |
| Valid | 1 | 29 | 33.3 | 33.7 | 33.7 |
|  | 2 | 57 | 65.5 | 66.3 | 100.0 |
|  | Total | 86 | 98.9 | 100.0 |  |
| Missing | System | 1 | 1.1 |  |  |
| Total |  | 87 | 100.0 |  |  |

Table 2 show that most of the subjects were between the ages 25-30 (40, 46%)

**Table 2**: *Age*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Frequency | Percent | ValidPercent | Cumulative Percent |
| Valid | 2 | 35 | 40.2 | 40.2 | 40.2 |
|  | 3 | 40 | 46.6 | 46.0 | 86.2 |
|  | 4 | 7 | 8.0 | 8.0 | 94.3 |
|  | 5 | 5 | 5.7 | 5.7 | 100.0 |
|  | Total | 87 | 100.0 | 100.0 |  |

**Gender and risky behavior**

In table 3, there is significant effect between gender and risky behavior: Lower levels of risky behavior were reported by the female group (sig = .005).

**Age and risky behavior**

There is a correlation between age and risky behavior: there are lower levels of risky behavior as the subjects get older. This correlation is not significant.

**ADHD and risky behavior**

As expected, there is a significant correlation between ADHD symptoms and risky behavior (sig = .000), Adults with high level of ADHD symptoms performing more risky behaviors than adults with low level of ADHD symptoms.

In addition, there is non-significant correlation between ADHD symptoms of the subjects and the risky behaviors levels of their peers (sig = .061) and the subject’s perceived degree of the surroundings’ tolerance (sig = .052). Adults with higher level of ADHD symptoms report about higher levels of their peer’s risky behavior, and about higher degree of the surroundings’ tolerance for risky behavior.

**Table 3**: *Correlation*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Age | Gender | Mean\_ARTIV\_likelihood | Mean\_ARTIV\_descriptive | Mean\_ARTIV\_injunctive | ASRS\_all |
| Gender | Pearson correlation | 1 | -.012 | -.286\*\* | -.126 | -.276\* | .092 |
|  | Sig. (2-tailed) |  | .910 | .008 | .246 | .010 | .398 |
|  | N | 86 | 86 | 86 | 86 | 86 | 86 |
| Age | Pearson correlation | -.012 | 1 | -.298\*\* | -.188 | -.201 | -.265\* |
|  | Sig. (2-tailed) | .910 |  | .005 | .081 | .062 | .013 |
|  | N | 86 | 87 | 87 | 87 | 87 | 87 |
| Mean\_ARTIV\_likelihood | Pearson correlation | -.286\*\* | -.298\*\* | 1 | .699\*\* | .672\*\* | .373\*\* |
|  | Sig. (2-tailed) | .008 | .005 |  | .000 | .000 | .000 |
|  | N | 86 | 87 | 87 | 87 | 87 | 87 |
| Mean\_ARTIV\_descriptive | Pearson correlation | -.126 | -.188 | .669\*\* | 1 | .709\*\* | .202 |
|  | Sig. (2-tailed) | .246 | .081 | .000 |  | .000 | .061 |
|  | N | 86 | 87 | 87 | 87 | 87 | 87 |
| Mean\_ARTIV\_injunctive | Pearson correlation | -.276\* | -.201 | .672\*\* | .709\*\* | 1 | .209 |
|  | Sig. (2-tailed) | .010 | .062 | .000 | .000 |  | .052 |
|  | N | 86 | 87 | 87 | 87 | 87 | 87 |
| ASRS\_all | Pearson correlation. | .092 | -.265\* | .373\*\* | .202 | .209 | 1 |
|  | Sig. (2-tailed) | .398 | .013 | .000 | .061 | .052 |  |
|  | N | 86 | 87 | 87 | 87 | 87 | 87 |

\*\*. Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).

**Reliability and distribution of the scales**

Using the Cronbach’s alpha test, we found that the 3 ARTI questionnaires have high reliability (R = .891). In addition, we found that the ASRS questionnaire have high reliability (R = .880)

All the variables in the ASRS and the ARTI questionnaires are normal distribution.

The SDQ questionnaire- includes five scales:

Emotional symptoms Scale- For higher level of reliability, we didn’t analyze question number three (R = .684).

Conduct Problems Scale- The reliability of this scale is not consistent (R = -.317).

Hyperactivity Scale- For higher level of reliability, we didn’t analyze question number three because the question unsuitable for adults (R = .630).

Peer Problems- The reliability of this scale is not consistent (R = .444).

Prosocial scale- The reliability of this scale is consistent (R = .741).

**Correlations between variables**

Using Spearman’s rho correlation analyses between age, gender and ASRS, it was found that there is a significant correlation between ASRS and age (sig .013) In addition; it was found that there is a high correlation between gender and SDQ questionnaire. Females have a higher level of Emotional problems compare to males.

There is a significant correlation between ASRS and ARTI likelihood (sig = 000). Hence, Adults with high levels of ADHD symptoms performing more risky behavior.

It was found that there is no correlation between prosocial problems and ADHD symptoms.

There is a significant correlation between SDQ and ARTI. It was found that there is a correlation between Hyperactivity and likelihood (sig = .007). In contrast, there is no correlation between likelihood and emotional symptoms (sig = .773). It was found that risky behavioral was not predicted by Emotional symptoms. As a result of these findings, we didn’t further analyze the emotional symptoms scale.

In conclusion, it was found that ADHD is the most significant predictor (95%), then gender and age.

**Hypotheses testing**

**Hypotheses number 1**

In the first block, multiple linear regressions were used to test if age and gender significantly predicted ADHD symptoms. The overall regression was statistically significant (R2 = .162], F(df regression, df residual) = [2], p = [.001). It was found that age and gender did significantly predict risky behavior (β = 16.2%], p = [.001]).

In the second block multiple linear regressions was used to test if ADHD symptoms significantly predicted risky behavior. The overall regression was statistically significant (R2 = .287], F(df regression, df residual) = [4], p = [.000]). It was found that ADHD symptoms significantly predicted risky behavior, above and behind age and gender, which further explained an additional 12.4% of the variance [Response variable] (β = 12.4% = [.001]).

In addition, I wanted to examine whether risk behavioral is more related to Hyperactivity or inattention symptoms. It was found that Attention variable is not a significant predictor (B=.011). In addition, Hyperactivity was found as a significant predictor of risky behavior (B=.408). In other words, risky behavior was significant predicted by ADHD symptoms, above and behind attention symptoms.

**Hypotheses number two**

In the first block, multiple linear regressions were used to test if age and gender significantly predicted norms (injective and descriptive).

The overall regression was statistically significant (R2 = [.162], F(df regression, df residual) = [2], p = [.001). It was found that age and gender did significantly predict risky behavior (β = 16.2%], p = [.001]).

In the second block multiple linear regressions were used to test if injective and descriptive norm significantly predicted risky behavior. The overall regression was statistically significant (R2 = 595], F(df regression, df residual) = [4], p = [.000]).

It was found that injective and descriptive norm significantly predicted risky behavior which further explained an additional 43% of the variance [response variable] (β = 43% = [.000]).

**Hypotheses number three**

**Descriptive norm**

In the first block, multiple linear regressions were used to test if age and gender significantly predicted descriptive norm and in the second block, were used to test if ADHD symptoms predicted descriptive norm.

The overall regression was statistically significant (R2 = [.052], F(df regression, df residual) = [2], p = [.108]). It was found that age and gender did not predict descriptive norm (β = 52%], p = [.108]).In addition, it was found that ADHD symptoms did not predict descriptive norm (β = 32%], p = [.244]).

**Injective norm**

In the first block, multiple linear regressions were used to test if age and gender significantly predicted injective norm, and in the second block, were used to test ADHD symptoms predicted injective norm.

The overall regression was statistically significant (R2 = [.116], F(df regression, df residual) = [2], p = [.006]). It was found that age and gender did predict injunctive norm (β = 11.6%], p = [.006]). In contrast, it was found that ADHD symptoms did not predict injunctive norm (β = 36%], p = [.189]).

For conclusion, norms are not intermediate factor between attention deficit disorder and risky behavior. Hence, hypotheses number four was not tested.

**Discussion:**

Pervious work identifiedthatADHD is associated with specific risky behaviors such as dangerous driving, smoking, gambling, unprotected sex and substance abuse (Pollak, Dekkers, Shoham, & Huizenga, 2019).

The goal of the current study was to examine the link between perceptions of social norms and risky behavior among adults with ADHD. The first hypothesis was that there is a positive association between ADHD and risky behavior- adults with high level of ADHD symptoms performing more risky behaviors than adults with low level of ADHD symptoms. The second hypothesis was that there is a positive relationship between perception of norms and risky behavior. The mediate hypothesis was that the relationship between ADHD and risky behavior will mediate by perception of norms. The results were partially confirmed. It was found that there is association between ADHD and risky behavior and between perception of norms and risky behavior. However, it was found that the relationship between ADHD and risky behavior is not mediate by perception of norms.

**ADHD and risky behavior**

According to the results, the first hypothesis was confirmed. It was found that there is a positive association between ADHD and risky behavior. The research findings replicating the findings of various studies (Pollak, Dekkers, Shoham, & Huizenga, 2019; Boyer, 2006; Groen, Gaastra, Lewis-Evans & Tucha, 2013; Shoham et al, 2016 etc). ADHD is associated with specific risky behaviors such as dangerous driving and involvement in traffic accidents, smoking, gambling, unprotected sex and substance abuse (Pollak, Dekkers, Shoham, & Huizenga, 2019). The relationship between ADHD and risky behavior could be explained by executive dysfunctioning. The assume is that risky behavior in ADHD is caused by impaired impulse control, due to deficiencies in inhibition of prepotent responses, stopping of ongoing responses after feedback on errors and interference control (Groen, Gaastra, Lewis-Evans & Tucha, 2013). In contrast, in this study we want to suggest another theory that claims that the relationship between ADHD and risky behavior could be explained by perception of norms.

In addition, pervious researches indicate that a higher level of ADHD symptoms- both inattention and hyperactivity-impulsivity was related to a greater engagement of variety of risky behaviors. Furthermore, both inattention and hyperactivity-impulsivity was found direct and indirect relationship with risky behavior. In addition, a recent study reviewed several differences that can explain this association such as comorbid disorders, sensational seeking and high sensitivity to peer pressure. Moreover, researchers have found that there is a decision-theory variables that may characterize individuals with ADHD, such as suboptimal utility maximization, increased benefit perception, steep temporal discounting, and deficient feedback processing, may also account for their increased engagement in risky behaviors. In the current study, we found that inattention is not a significant predictor for risky behavior. In addition, Hyperactivity was found as a significant predictor of risky behavior. In other words, risky behavior was significant predicted by ADHD symptoms, above and behind attention symptoms.

**Norms and risky behavior**

The definition of norms is "a norm exists in a given social setting to the extent that individuals usually act in a certain way and are often punished when seen not to be acting in this way" (Alexord, 1986). Deutsch & Gerard (1995)distinguished between two different kinds of norms, descriptive norms and injunctive norms. The distinction between the two kinds of norms is important, because these are separate sources of motivation. Descriptive norms reflect the existing procedure, what is commonly done. Injunctive norms, on the other hand, focus on what is desirable and what needs to be done (Rimal, Lapinski & Real, 2005).

Various studies found that there is a positive association between norms and risky behavior. For example, it was found that people with ADHD are more affected by the relationship between the perceptions of norms by their peers, in the context of risky behavior. The researchers found that peer tolerance is an injunctive norm, and it indicates the peer group's perception of the same risky behavior. The study aims that descriptive norms predict the performance of risky behavior at a given time, whereas injective norms predict participation in long-term risky behavior and the consequences of that behavior (Larimer, 2004). In the current research the variable norms was measured by ARTI questionnaire which includes three sub-questionnaires, the purpose of which is to examine the subject's likelihood of engaging in 40 risky behaviors and her/his perception of descriptive and injunctive norms regarding these behaviors (DOSPERT: Blais, & Weber, 2006; Weber et al., 2002). Two parts were added to the questionnaire to examine the perceived likelihood of engaging in each risky behavior by the subject's friends and the subject's perceived degree of the surroundings' tolerance. According to the study results, the second hypothesis was confirmed. It was found that there is a positive association between Norms and risky behavior.

**ADHD and Perception of norms**

Various studies found that there is a positive association between ADHD symptoms, perception of norms and risky behavior. For example,Eck, Markle, Dattilo & Flory (2014) found in their research that people with ADHD are more affected by the relationship between the perceptions of norms by their peers, in the context of risky behavior. The study aims that descriptive norms predict the performance of risky behavior at a given time, whereas injective norms predict participation in long-term risky behavior and the consequences of that behavior (ECK, 2014).

Glass and Flory's research (2010) provides additional evidence for a link between perception of peers norms and peer influences, and risky behavior. They present in their research that perception of social norms and ADHD symptoms were significant predictors of smoking over time.

Following these researches, the current study assumed that a negative relationship will be found between level of ADHD symptoms and perception of norms. According to the results of the current study, it was found that ADHD symptoms did not predict descriptive or injective norm. As we can see, these results are contradictory to the results that were found in pervious researches (Eck, Markle, Dattilo & Flory, 2014). There are few possible reasons to the differences between the researches results:

In the first hand, it is possible that the research hypothesis was wrong. In other hand, as stated above, my hypothesis partially corresponding to pervious researches that examine the relationship between ADHD symptoms and perception of norms. Hence, there is a second possibility that claims that the hypothesis was correct but the measure methods were not accurate. One of the possibilities is that Several clinical limitations of this study may affect the study's results. For example, the sample of the research was too small and it affected the results. According to the research results it was found that there is a correlation between ADHD symptoms and perception of norms but this correlation was not significant. As a result, the effects of this correlation were smaller than expected and the correlation is not significant. Other option is that in other researches one kind of risky behavior was used and I used few kinds of risky behavior in my questionnaire. Therefore, it could be difficult to distinguish between behaviors that mediate by perception of norms and behaviors that not mediate by perception of norms. As a result of those problems my third hypotheses was not confirmed. Following these results, hypotheses four was not examined.

**Conclusions and clinical implications**

This study found an association between high level of ADHD symptoms and risky behavior. We also found association between perception of norms and risky behavior. However, it was found that ADHD symptoms did not predict perception of norms. Moreover, following these results, hypotheses four was not examined. These results are contradictory to the results that were found in pervious researches. Therefore, there is a possibility that the hypothesis was correct but some of the measure methods in the study were not accurate because of several clinical limitations. Further research should investigate the same hypothese with larger sample of subjects or use different ways of measure method. Another suggestion for further research is to examine other factors that can mediate the relationship between ADHD symptoms and risky behavior.

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**Appendices**

1. ASRS-vl.l (ADHD questionnaire):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| לעיתים תכופות מאד | לעיתים תכופות | לפעמים | לעיתים רחוקות | אף פעם לא |  |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה להשלים את הפרטים הקטנים של פרויקט, מהרגע בו החלקים המאתגרים הסתיימו?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה ליצור סדר בדברים, כאשר את/ה מבצע/ת משימה המצריכה ארגון?
 |
|  |  |  |  |  | 1. באיזו תקיפות את/ה מתקשה בזכירת פגישות או התחייבות?
 |
|  |  |  |  |  | 1. כאשר מוטלת עלייך משימה המצריכה חשיבה מרובה, באיזו תכיפות את/ה נמנע/ת או דוחה את התחלתה?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתפתל/ת או מניע/ה בקוצר רוח את ידייך או רגלייך, כאשר עליך לשבת במקומך למשך זמן ארוך?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מרגיש/ה פעיל/ה יתר על המידה או מרגיש/ה צורך לעשות דברים, כאילו את/ה פועל/ת על-ידי מנוע?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מבצע שגיאות הנובעות מרשלנות, כאשר עלייך לעבוד על פרויקט משעמם או קשה?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה בשמירה על ריכוז, כאשר את/ה

מבצע/ת עבודה משעממת או עבודה החוזרת על עצמה? |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה להתרכז במה שאנשים אומרים לך, אפילו כאשר הם מדברים אלייך באופן ישיר?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מאבד/ת חפצים או מתקשה במציאתם, בעבודה או בבית?
 |
|  |  |  |  |  | 1. באיזו תכיפות דעתך מוסחת על-ידי פעילות או רעש בסביבתך?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה קם/ה ממושבך במהלך פגישה או בכל

סיטואציה אחרת, בה מצופה ממך להישאר במקומך? |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מרגיש/ה חסר/ת-מנוחה או קצר/ת-רוח?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה להירגע ולהשתחרר כאשר יש לך זמן לעצמך?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מוצא/ת את עצמך מדבר/ת יותר מידי כאשר את/ה בסיטואציה חברתית?
 |
|  |  |  |  |  | 1. כאשר את/ה במהלך שיחה, באיזו תכיפות את/ה מוצא/ת את עצמך מסיים/ת משפטים של האנשים עימם את/ה מדבר/ת, לפני שהם מסיימים אותם בעצמם?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה לחכות לתורך בסיטואציות בהן את/ה נדרש/ת לכך?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מפריע/ה לאחרים כאשר הם עסוקים?
 |

1. Strength and Difficulties Questionnaire (SDQ):

|  |  |  |  |
| --- | --- | --- | --- |
| נכון | די נכון (נכון חלקית) | לא נכון | בחצי שנה האחרונה |
|  |  |  | 1. אני משתדל/ת להיות נחמד לאנשים אחרים. אכפת לי מהרגשות שלהם.
 |
|  |  |  | 1. אני חסר/ת מנוחה, אני מתקשה לשבת לאורך זמן
 |
|  |  |  | 1. אני סובל מכאבי ראש, כאבי בטן, או תחושת חולי
 |
|  |  |  | 1. בדרך כלל אני מתחלק/ת עם אחרים בדברים שלי כמו אוכל או שתיה.
 |
|  |  |  | 1. הרבה פעמים אני מתרגז/ת מאד ולעיתים קרובות אני מאבד את העשתונות.
 |
|  |  |  | 1. אני מעדיף להיות לבד מאשר עם אנשים אחרים
 |
|  |  |  | 1. לרוב אני מוכן לעשות מה שאחרים מבקשים ממני
 |
|  |  |  | 1. אני דואג/ת הרבה.
 |
|  |  |  | 1. אם מישהו פגוע, מוטרד או מרגיש חולה, אני אעזור לו.
 |
|  |  |  | 1. אני כל הזמן נמצא בתנועה.
 |
|  |  |  | 1. יש לי לפחות חבר אחד טוב.
 |
|  |  |  | 1. אני רב/ה הרבה עם אחרים. אני יכול/ה לגרום לאנשים אחרים לעשות מה שאני רוצה.
 |
|  |  |  | 1. לעיתים קרובות אני לא שמח/ה. אני מדוכא/ת או בוכה.
 |
|  |  |  | 1. אנשים אחרים בדרך כלל אוהבים אותי.
 |
|  |  |  | 1. דעתי מוסחת בקלות, קשה לי להתרכז.
 |
|  |  |  | 1. אני עצבני/ת במצבים חדשים. אני מאבד/ת בקלות את הביטחון שלי.
 |
|  |  |  | 1. אני נחמד/ה לילדים.
 |
|  |  |  | 1. הרבה פעמים מאשימים אותי בשקר או ברמאות.
 |
|  |  |  | 1. אנשים אחרים מתגרים בי או מתנהגים כלפיי באלימות.
 |
|  |  |  | 1. לעיתים קרובות אני מציע/ה לעזור לאנשים אחרים (בני משפחה, חברים, עמיתים).
 |
|  |  |  | 1. אני חושב/ת לפני שאני עושה דברים.
 |
|  |  |  | 1. אני לוקח/ת דברים שאינם שלי מהבית, מהעבודה או ממקום אחר.
 |
|  |  |  | 1. אני מסתדר/ת יותר טוב עם מבוגרים מאשר עם אנשים בגיל שלי.
 |
|  |  |  | 1. יש לי הרבה פחדים, אני נבהל אותי בקלות.
 |
|  |  |  | 1. אני מבצע/ת את העבודה שלי (או דברים שאני צריך/ה לעשות) עד הסוף. יש לי יכולת ריכוז טובה.
 |

1. ARTI

|  |
| --- |
| עבור כל אחד מההיגדים הבאים, אנא ציין מה הסבירות **שאת/ה** היית עוסק/ת בפעילות או בהתנהגות המתוארת אילו היית נמצא/ת בסיטואציה רלוונטית. |
|  | בטוח שלא | די בטוח שלא | כנראה שלא | לא בטוח | כנראה שכן | די בטוח שכן | בטוח שכן |
| 1. לטוס לחו"ל עם אדם שהכרת דרך האינטרנט למטרת טיול משותף.
 |  |  |  |  |  |  |  |
| 1. ללכת לבד בשעת לילה מאוחרת באזור לא בטוח של העיר.
 |  |  |  |  |  |  |  |
| 1. לשתף במידע מזהה ברשתות החברתיות (כגון: כתובת מגורים, טלפון).
 |  |  |  |  |  |  |  |
| 1. להשתמש פעם אחת בסמים קשים.
 |  |  |  |  |  |  |  |
| 1. לתפוס צד בריב של שני חברים טובים שלך.
 |  |  |  |  |  |  |  |
| 1. לצאת עם בן/בת זוג שמשפחתך לא אוהבת.
 |  |  |  |  |  |  |  |
| 1. לנסוע לראות שיטפונות.
 |  |  |  |  |  |  |  |
| 1. לא לגבות נתונים, מסמכים ומידע בענן (cloud) או בדיסק קשיח - hard disk.
 |  |  |  |  |  |  |  |
| 1. לעשן מדי פעם מריחואנה ו/או חשיש.
 |  |  |  |  |  |  |  |
| 1. לעשות צניחה חופשית.
 |  |  |  |  |  |  |  |
| 1. לנהוג במצב של חוסר ערנות פיזי (כגון: חסך שינה, תרופות).
 |  |  |  |  |  |  |  |
| 1. פעם בשבוע לשתות 5 יחידות משקה אלכוהולי במהלך יום אחד (1 יחידה = פחית בירה / כוס יין / כוסית אלכוהול).
 |  |  |  |  |  |  |  |
| 1. לקנות כרטיס לוטו.
 |  |  |  |  |  |  |  |
| 1. חצות כביש בין-עירוני שלא במעבר חצייה.
 |  |  |  |  |  |  |  |
| 1. לקיים יחסי מין לא מוגנים.
 |  |  |  |  |  |  |  |
| 1. להביע דעה פוליטית-חברתית בעבודה המנוגדת לדעה הרווחת במקום העבודה.
 |  |  |  |  |  |  |  |
| 1. לא להתכונן לפגישה מקצועית חשובה.
 |  |  |  |  |  |  |  |
| 1. להימנע מבדיקות רפואיות על אף כאב מתמשך או הוראת רופא.
 |  |  |  |  |  |  |  |
| 1. לחרוג ממסגרת האשראי בהיקף של למעלה ממשכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לקחת טרמפים עם אנשים לא מוכרים.
 |  |  |  |  |  |  |  |
| 1. להמר על משכורת שבועית במשחקי הימורים.
 |  |  |  |  |  |  |  |
| 1. להשתזף מבלי למרוח קרם הגנה.
 |  |  |  |  |  |  |  |
| 1. להחליט לחלוק דירה עם אדם שאתה לא מכיר היטב.
 |  |  |  |  |  |  |  |
| 1. לגלות סוד של חבר למישהו אחר.
 |  |  |  |  |  |  |  |
| 1. לקפוץ בנג'י.
 |  |  |  |  |  |  |  |
| 1. לנהוג בניגוד להוראות החוק (כגון: נהיגה מעל המהירות המותרת / אי ציות להוראות, תמרורים ורמזורים).
 |  |  |  |  |  |  |  |
| 1. לקנות מניות ספקולטיביות (השקעה בסיכון גבוה) בסך של משכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לעשן 5 או יותר סיגריות ביום.
 |  |  |  |  |  |  |  |
| 1. לעשות ספורט אתגרי אקסטרים (כגון: סנוו-בורד, פארקור).
 |  |  |  |  |  |  |  |
| 1. ללכת ברחוב לבוש בבגדים לא קונבנציונליים.
 |  |  |  |  |  |  |  |
| 1. לחלוק על הבוס שלך בעניין מקצועי בנוכחות עמיתים לעבודה.
 |  |  |  |  |  |  |  |
| 1. להשקיע ביוזמה עסקית חדשה בסדר גודל של משכורת שנתית.
 |  |  |  |  |  |  |  |
| 1. לרדת ממצוק בדרגת קושי גבוהה מעבר ליכולת שלך.
 |  |  |  |  |  |  |  |
| 1. להקשיב למוסיקה רועמת מעל 100 דציבלים ( 30 דציבל = לחישה ; 120 דציבל = מוסיקת מועדונים).
 |  |  |  |  |  |  |  |
| 1. לקנות אגרות חוב (השקעה בסיכון נמוך) בסך של משכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לא לענות לחבר בוואטס-אפ למרות שהוא רואה שאתה מחובר.
 |  |  |  |  |  |  |  |
| 1. לנהוג במכונית מבלי לחגור חגורת בטיחות.
 |  |  |  |  |  |  |  |
| 1. לשתות מעבר למקובל באירועים חברתיים המאורגנים על ידי מקום העבודה.
 |  |  |  |  |  |  |  |
| 1. לשתות לפחות 4 כוסות קפה מדי יום.
 |  |  |  |  |  |  |  |
| 1. לעשות דיאטות רצח, לקחת גלולות הרזיה.
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| עבור כל אחד מההיגדים הבאים, אנא ציין מה הסבירות  **שאחד מחברייך (או יותר)** היה עוסק בפעילות או בהתנהגות המתוארת אילו היית נמצא בסיטואציה רלוונטית. |
|  | בטוח שלא | די בטוח שלא | כנראה שלא | לא בטוח | כנראה שכן | די בטוח שכן | בטוח שכן |
| 1. לטוס לחו"ל עם אדם שהוא הכיר דרך האינטרנט למטרת טיול משותף.
 |  |  |  |  |  |  |  |
| 1. ללכת לבד בשעת לילה מאוחרת באזור לא בטוח של העיר.
 |  |  |  |  |  |  |  |
| 1. לשתף במידע מזהה ברשתות החברתיות (כגון: כתובת מגורים, טלפון).
 |  |  |  |  |  |  |  |
| 1. להשתמש פעם אחת בסמים קשים.
 |  |  |  |  |  |  |  |
| 1. לתפוס צד בריב של שני חברים טובים שלך.
 |  |  |  |  |  |  |  |
| 1. לצאת עם בן/בת זוג שמשפחתו לא אוהבת.
 |  |  |  |  |  |  |  |
| 1. לנסוע לראות שיטפונות.
 |  |  |  |  |  |  |  |
| 1. לא לגבות נתונים, מסמכים ומידע בענן (cloud) או בדיסק קשיח - hard disk.
 |  |  |  |  |  |  |  |
| 1. לעשן מדי פעם מריחואנה ו/או חשיש.
 |  |  |  |  |  |  |  |
| 1. לעשות צניחה חופשית.
 |  |  |  |  |  |  |  |
| 1. לנהוג במצב של חוסר ערנות פיזי (כגון: חסך שינה, תרופות).
 |  |  |  |  |  |  |  |
| 1. פעם בשבוע לשתות 5 יחידות משקה אלכוהולי במהלך יום אחד (1 יחידה = פחית בירה / כוס יין / כוסית אלכוהול).
 |  |  |  |  |  |  |  |
| 1. לקנות כרטיס לוטו.
 |  |  |  |  |  |  |  |
| 1. חצות כביש בין-עירוני שלא במעבר חצייה.
 |  |  |  |  |  |  |  |
| 1. לקיים יחסי מין לא מוגנים.
 |  |  |  |  |  |  |  |
| 1. להביע דעה פוליטית-חברתית בעבודה המנוגדת לדעה הרווחת במקום העבודה.
 |  |  |  |  |  |  |  |
| 1. לא להתכונן לפגישה מקצועית חשובה.
 |  |  |  |  |  |  |  |
| 1. להימנע מבדיקות רפואיות על אף כאב מתמשך או הוראת רופא.
 |  |  |  |  |  |  |  |
| 1. לחרוג ממסגרת האשראי בהיקף של למעלה ממשכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לקחת טרמפים עם אנשים לא מוכרים.
 |  |  |  |  |  |  |  |
| 1. להמר על משכורת שבועית במשחקי הימורים.
 |  |  |  |  |  |  |  |
| 1. להשתזף מבלי למרוח קרם הגנה.
 |  |  |  |  |  |  |  |
| 1. להחליט לחלוק דירה עם אדם שאתה לא מכיר היטב.
 |  |  |  |  |  |  |  |
| 1. לגלות סוד של חבר למישהו אחר.
 |  |  |  |  |  |  |  |
| 1. לקפוץ בנג'י.
 |  |  |  |  |  |  |  |
| 1. לנהוג בניגוד להוראות החוק (כגון: נהיגה מעל המהירות המותרת / אי ציות להוראות, תמרורים ורמזורים).
 |  |  |  |  |  |  |  |
| 1. לקנות מניות ספקולטיביות (השקעה בסיכון גבוה) בסך של משכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לעשן 5 או יותר סיגריות ביום.
 |  |  |  |  |  |  |  |
| 1. לעשות ספורט אתגרי אקסטרים (כגון: סנוו-בורד, פארקור).
 |  |  |  |  |  |  |  |
| 1. ללכת ברחוב לבוש בבגדים לא קונבנציונליים.
 |  |  |  |  |  |  |  |
| 1. לחלוק על הבוס שלו בעניין מקצועי בנוכחות עמיתים לעבודה.
 |  |  |  |  |  |  |  |
| 1. להשקיע ביוזמה עסקית חדשה בסדר גודל של משכורת שנתית.
 |  |  |  |  |  |  |  |
| 1. לרדת ממצוק בדרגת קושי גבוהה מעבר ליכולת שלו.
 |  |  |  |  |  |  |  |
| 1. להקשיב למוסיקה רועמת מעל 100 דציבלים ( 30 דציבל = לחישה ; 120 דציבל = מוסיקת מועדונים).
 |  |  |  |  |  |  |  |
| 1. לקנות אגרות חוב (השקעה בסיכון נמוך) בסך של משכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לא לענות לחבר בוואטס-אפ למרות שהוא רואה שאתה מחובר.
 |  |  |  |  |  |  |  |
| 1. לנהוג במכונית מבלי לחגור חגורת בטיחות.
 |  |  |  |  |  |  |  |
| 1. לשתות מעבר למקובל באירועים חברתיים המאורגנים על ידי מקום העבודה.
 |  |  |  |  |  |  |  |
| 1. לשתות לפחות 4 כוסות קפה מדי יום.
 |  |  |  |  |  |  |  |
| 1. לעשות דיאטות רצח, לקחת גלולות הרזיה.
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| עבור כל אחד מההיגדים הבאים, אנא ציין מהי מידת הסובלנות של החברה לגבי העיסוק בפעילות או בהתנהגות המתוארת. השתמש בסולם הדירוג שלפניך הנע בין "כלל לא" לבין "גבוהה מאד" |
|  | כלל לא | די בטוח שלא | כנראה שלא | לא גבוהה | די גבוהה | גבוהה | גבוהה מאד |
| 1. לטוס לחו"ל עם אדם שהכרת דרך האינטרנט למטרת טיול משותף.
 |  |  |  |  |  |  |  |
| 1. ללכת לבד בשעת לילה מאוחרת באזור לא בטוח של העיר.
 |  |  |  |  |  |  |  |
| 1. לשתף במידע מזהה ברשתות החברתיות (כגון: כתובת מגורים, טלפון).
 |  |  |  |  |  |  |  |
| 1. להשתמש פעם אחת בסמים קשים.
 |  |  |  |  |  |  |  |
| 1. לתפוס צד בריב של שני חברים טובים שלך.
 |  |  |  |  |  |  |  |
| 1. לצאת עם בן/בת זוג שמשפחתך לא אוהבת.
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| 1. לנסוע לראות שיטפונות.
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| 1. לא לגבות נתונים, מסמכים ומידע בענן (cloud) או בדיסק קשיח - hard disk.
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