Title: Risk-Taking and Delinquent Behaviors Among Youth with and without Intellectual Disabilities

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Introduction: Youth with intellectual disabilities (ID) demonstrate higher rates of disruptive behavior disorders (DBDs) than youth with typical development (TD). DBDs such as oppositional defiant disorder (ODD) predict higher rates of delinquency during adolescence. Yet, few studies have examined risk-taking and delinquency among youth with ID. The investigations completed to-date find that adolescents with ID demonstrate higher rates of risk-taking and delinquent behavior than peers with typical development (Dickson, Emerson & Hatton, 2005; Emerson & Halpin, 2013; Emerson & Turnbull, 2005). However, each of the aforementioned studies classified participants based on parent-reported “learning difficulties” or classroom placement.

The current study addressed three questions. On a self-report measure of risk-taking and delinquency: (1) Do adolescents with ID differ from adolescents with typical cognitive development? (2) Do adolescents with a childhood diagnosis of ODD differ from TD adolescents? (3) Does having comorbid diagnoses of ID and ODD increase the rate of risk-taking and delinquency relative to either ID or ODD alone? Our study expands on previous research by using standardized instruments to define ID. We also examined a wide range of both delinquent and risk-taking behaviors, thereby simultaneously exploring these distinct yet overlapping concepts. Third, in addition to traditionally delinquent or antisocial behaviors, such as truancy and theft, we examined typical rule-breaking behaviors to see if these also differ by status group and comorbid ODD.

Methods: The data for this study were drawn from a larger longitudinal investigation of children with developmental delays, and participants were followed from age 3 through age 13. The Stanford-Binet IV (Thorndike, Hagen, & Sattler, 1986), Vineland Adaptive Behavior Scales II (Sparrow, Cicchetti, & Balla, 2005) and Weschler Intelligence Scales for Children IV (Wechsler, 2003) were used to classify participants over time. The Diagnostic Interview Schedule for Children IV (Costello, Edelbrock, & Costello, 1985) was used to assess comorbid psychopathology, including the presence of ODD. At youth age 13, we administered a self-report questionnaire to determine whether youth with ID (n=23) reported higher rates of risk-taking and delinquent behavior than their TD peers (n=77). Items from this questionnaire were divided into subscales, representing normative rule-breaking or non-compliant behavior (Rule Breaking subscale), risk-taking (Risk-Taking subscale) and delinquency (Antisocial/Delinquent subscale).

Results: We found that 13-year-old adolescents with ID reported fewer risk-taking behaviors than their TD peers. This was the case for normative rule-breaking/non-compliant behavior (Rule Breaking subscale) as well as true risk-taking behaviors (Risk-Taking subscale). However, adolescents with ID did not differ from TD peers with regard to the Antisocial/Delinquent subscale, and both groups reported relatively low frequencies of these behaviors.

With regard to oppositional defiant disorder (ODD), adolescents who met criteria in early childhood reported higher rates of rule breaking and non-compliance (Rule Breaking subscale) at age 13. However, they did not report engaging in higher rates of risk-taking behavior (Risk-Taking subscale) nor did they report higher rates of antisocial or delinquent behavior (Antisocial/Delinquent subscale). While our results demonstrated main effects of ODD diagnosis and status group, we found no interaction between these two variables on risk-taking and delinquency.

Discussion: If adolescents with ID engage in fewer age-appropriate risk-taking behaviors (as our results suggest), this may place them at risk for being ostracized by peers. To this end, research suggests that adolescents with ID are bullied more often than TD teens (Christensen, Fraynt, Neece & Baker, 2012). In turn, being victimized by peers may place adolescents with ID at risk for internalizing disorders such as depression and anxiety. Social skills interventions may consider addressing this issue, encouraging youth with ID to identify ways of fitting in with peers without engaging in risk-taking and delinquent behaviors.

Our findings suggest that youth with ODD in early childhood continue to report higher rates of non-compliance at age 13. At present, there exist a number of empirically supported treatments for children with DBDs (e.g. Incredible Years, Triple-P Parenting Program, Parent-Child Interaction Therapy). While clinicians may be inclined to attribute most behavior problems to a child’s intellectual disability (called diagnostic overshadowing), research suggests that youth with ID meet criteria for ODD at a higher rate than their TD peers (Christensen & Baker, 2013). Moreover, children with and without ID do not appear to meet criteria for ODD in fundamentally different ways. Accordingly, it is important that clinicians refer youth with diagnoses of ODD to appropriate empirically supported treatments, regardless of whether these children also meet criteria for an intellectual or developmental disability.
References:


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