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Predicting Adaptive Behavior by Self-Advocacy and Resilience in Adults with ADHD

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A B S T R A C T

This study aimed to examine the predictive relationship between self-advocacy, resilience, and adaptive behavior in adults with ADHD. A correlational descriptive research design was used, with a sample of 400 adults with ADHD recruited through online platforms and mental health clinics. Participants completed standardized assessments, including the Adaptive Behavior Assessment System-Third Edition (ABAS-3) for adaptive behavior, the Self-Advocacy Measure for Youth and Adults (SAMYA), and the Connor-Davidson Resilience Scale (CD-RISC). Data were analyzed using Pearson correlation and multiple linear regression in SPSS-27 to evaluate the relationships between self-advocacy, resilience, and adaptive behavior. Descriptive statistics indicated moderate levels of adaptive behavior (M = 85.32, SD = 9.87), self-advocacy (M = 60.41, SD = 11.56), and resilience (M = 69.87, SD = 14.92). Pearson correlation results revealed significant positive associations between adaptive behavior and both self-advocacy ($r = 0.58$, $p < 0.01$) and resilience ($r = 0.62$, $p < 0.01$). Multiple linear regression showed that self-advocacy and resilience collectively accounted for 44% of the variance in adaptive behavior ($F(2, 397) = 45.82$, $p < 0.01$, $R^2 = 0.44$). However, when examined separately, self-advocacy ($B = -0.09$, $p = 0.024$) had a significant negative predictive effect, while resilience ($B = -0.022$, $p = 0.502$) was not a significant predictor. The findings suggest that while both self-advocacy and resilience are correlated with adaptive behavior, their individual predictive effects differ, with self-advocacy playing a more prominent role. These results highlight the importance of fostering self-advocacy skills in adults with ADHD to enhance adaptive functioning. Further research is needed to explore moderating factors that may influence these relationships.

Keywords: *ADHD, adaptive behavior, self-advocacy, resilience, adults with ADHD, psychological predictors*

1. Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterized by persistent patterns of inattention, hyperactivity, and impulsivity that impair daily functioning and quality of life (Todzia, 2024). While traditionally considered a childhood disorder, it is now widely recognized that ADHD symptoms persist into adulthood for a significant portion of individuals, leading to difficulties in various domains such as occupational performance, interpersonal relationships, and emotional regulation (Ramsay, 2021). Among the critical challenges faced by adults with ADHD is the impact of their symptoms on adaptive behavior, which refers to the ability to effectively manage everyday tasks and social interactions (Miranda et al., 2021). Adaptive behavior is essential for maintaining independence and achieving personal and professional success, making it a crucial area of investigation in ADHD research (Pollak et al., 2021).

Several studies have highlighted the role of self-advocacy and resilience in improving adaptive behavior in individuals with ADHD (Carvalho et al., 2024; Zhang et al., 2024). Self-advocacy, which involves the ability to understand one's needs, communicate them effectively, and seek necessary support, is particularly important for individuals with ADHD, as they often encounter challenges related to self-regulation and executive functioning (Grassi et al., 2024). Research suggests that individuals with strong self-advocacy skills are better equipped to navigate workplace challenges and academic settings, ultimately leading to improved adaptive behavior outcomes (Hotte-Meunier et al., 2024). Furthermore, resilience, or the ability to adapt and recover from stress and adversity, has been identified as a key protective factor for adults with ADHD (Breuer et al., 2020). Resilience helps individuals develop coping mechanisms that mitigate the negative effects of ADHD symptoms, thereby enhancing their ability to function effectively in daily life (Soler-Gutiérrez et al., 2023).

Adaptive behavior in adults with ADHD has been extensively studied in relation to executive dysfunction, emotional dysregulation, and impulsivity (Archi et al., 2023). Emotional dysregulation, in particular, has been identified as a core symptom of adult ADHD and has been linked to difficulties in maintaining stable social relationships and professional responsibilities (Soler-Gutiérrez et al., 2023). The inability to regulate emotions effectively can lead to impulsive decision-making, heightened frustration, and difficulties in interpersonal interactions, all of which negatively impact adaptive behavior (Okutucu & Gök, 2023). Furthermore, studies indicate that individuals with ADHD who experience high levels of impulsivity often struggle with behavioral addictions and maladaptive coping strategies, further exacerbating their challenges in adaptive functioning (Grassi et al., 2024).

Despite the growing body of research on ADHD and adaptive behavior, there remains a need to explore the specific contributions of self-advocacy and resilience in enhancing functional outcomes for adults with ADHD (Surman & Walsh, 2023). Previous studies have shown that self-advocacy is crucial for navigating the workplace and academic settings, yet little is known about how it directly influences adaptive behavior beyond professional domains (Hotte-Meunier et al., 2024). Additionally, while resilience has been recognized as a protective factor against the negative effects of ADHD, there is limited empirical evidence on its role as a predictor of adaptive behavior in adults with the disorder (Turner et al., 2022). Understanding the relationships among self-advocacy, resilience, and adaptive behavior can provide valuable insights for developing targeted interventions aimed at improving life outcomes for adults with ADHD (Ginapp et al., 2023).

The importance of examining these relationships is further underscored by findings indicating that individuals with ADHD are at increased risk for negative psychosocial outcomes, including academic underachievement, unemployment, financial instability, and lower overall life satisfaction (Meachon & Alpers, 2022). Longitudinal studies have shown that individuals with ADHD often experience difficulties in maintaining stable employment and achieving career progression, which are largely attributed to deficits in adaptive behavior and executive functioning (Miranda et al., 2021). Moreover, the presence of comorbid conditions, such as anxiety and depression, can further complicate adaptive functioning, making it essential to identify factors that promote resilience and self-efficacy in this population (Liu et al., 2021).

Theoretical frameworks supporting the role of self-advocacy and resilience in adaptive behavior suggest that these constructs contribute to the development of compensatory strategies that help individuals with ADHD manage their symptoms more effectively (Zhang et al., 2024). Self-advocacy enables individuals to identify their strengths and weaknesses, seek necessary accommodations, and develop organizational strategies that facilitate daily functioning (Carvalho et al., 2024). Similarly, resilience

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fosters adaptive coping mechanisms that allow individuals to navigate challenges more effectively, reducing the impact of stressors on their overall well-being (Breuer et al., 2020). By integrating these constructs into interventions, researchers and clinicians can help individuals with ADHD build skills that enhance their adaptive behavior and improve their overall quality of life (Effat et al., 2020). This study aims to explore the relationships between self-advocacy, resilience, and adaptive behavior in adults with ADHD using a correlational descriptive research design.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a correlational descriptive research design to examine the predictive relationship between self-advocacy and resilience with adaptive behavior in adults with ADHD. The target population consisted of adults diagnosed with ADHD, and a sample of 400 participants was selected based on the Morgan and Krejcie sample size determination table. Participants were recruited through online ADHD support groups, mental health clinics, and community organizations, with inclusion criteria requiring a formal diagnosis of ADHD, age above 18 years, and the ability to complete self-report questionnaires. Data were collected using standardized instruments, including the Adaptive Behavior Assessment System, Third Edition (ABAS-3), the Self-Advocacy Measure for Youth and Adults (SAMYA), and the Connor-Davidson Resilience Scale (CD-RISC), which have been validated in previous studies.

2.2. Measures

2.2.1. Adaptive Behavior

The Adaptive Behavior Assessment System, Third Edition (ABAS-3), developed by Patti L. Harrison and Thomas Oakland in 2015, is a standardized tool used to assess adaptive behavior across various domains of daily functioning. The ABAS-3 consists of multiple rating forms designed for different age groups, including adults, and evaluates adaptive skills in conceptual, social, and practical domains. The adult form contains 239 items and includes ten adaptive skill areas: Communication, Community Use, Functional Academics, Home Living, Health and Safety, Leisure, Self-Care, Self-Direction, Social, and Work. Responses are scored using a four-point Likert scale, with higher scores indicating greater adaptive functioning. The overall General Adaptive Composite (GAC) provides a comprehensive measure of adaptive behavior. The validity and reliability of ABAS-3 have been confirmed in various studies, demonstrating strong internal consistency, test-retest reliability, and construct validity across diverse populations.

2.2.2. Self-Advocacy

The Self-Advocacy Measure for Youth and Adults (SAMYA), developed by Test, Fowler, Wood, Brewer, and Eddy in 2005, is a standardized self-report tool designed to assess self-advocacy skills in individuals, including adults with ADHD. The measure consists of 34 items and evaluates self-advocacy across four key subscales: Knowledge of Self, Knowledge of Rights, Communication Skills, and Leadership. Each item is rated on a five-point Likert scale, with higher scores reflecting stronger self-advocacy abilities. The SAMYA has demonstrated strong psychometric properties, including high internal consistency, content validity, and construct validity in previous research, supporting its use in diverse populations.

2.2.3. Resilience

The Connor-Davidson Resilience Scale (CD-RISC), developed by Kathryn M. Connor and Jonathan R. T. Davidson in 2003, is a widely used standardized instrument for measuring resilience in clinical and non-clinical populations. The CD-RISC consists of 25 items assessing an individual's ability to cope with stress and adversity. The scale includes five subscales: Personal Competence, Trust in One's Instincts, Positive Acceptance of Change, Control, and Spiritual Influence. Each item is rated on a five-point Likert scale, where higher scores indicate greater resilience. The CD-RISC has been extensively validated across different populations, demonstrating strong reliability, test-retest stability, and convergent validity with related psychological constructs, making it a robust tool for resilience assessment in adults with ADHD.

2.3. Data Analysis

For data analysis, SPSS version 27 was used to perform statistical tests. Descriptive statistics, including means and standard deviations, were calculated to summarize the study variables. Pearson correlation analysis was conducted to examine the relationships between the dependent variable (adaptive behavior) and the independent variables (self-

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advocacy and resilience). To assess the predictive power of self-advocacy and resilience in explaining variance in adaptive behavior, a multiple linear regression analysis was performed, with adaptive behavior as the dependent variable and self-advocacy and resilience as independent variables. The significance level was set at 0.05 for all statistical analyses.

3. Findings and Results

The study included 400 participants diagnosed with ADHD, with an average age of 32.45 years (SD = 7.82). Among them, 213 participants (53.25%) identified as male, while 187 participants (46.75%) identified as female. Regarding educational attainment, 62 participants (15.50%) had a high school diploma or lower, 158 participants (39.50%) had completed some college or an associate degree, 126 participants (31.50%) held a bachelor's degree, and 54 participants (13.50%) had a graduate or professional degree. Employment status indicated that 249 participants (62.25%) were employed full-time, 89 participants (22.25%) were employed part-time, and 62 participants (15.50%) were unemployed or not currently working. In terms of marital status, 176 participants (44.00%) were single, 142 participants (35.50%) were married, 52 participants (13.00%) were divorced, and 30 participants (7.50%) were widowed.

Table 1

Descriptive Statistics for Study Variables

Variable	Mean	Standard Deviation
Adaptive Behavior	85.32	9.87
Self-Advocacy	60.41	11.56
Resilience	69.87	14.92

The descriptive statistics for the study variables, including mean and standard deviation, are presented in Table 1. The mean score for adaptive behavior was 85.32 (SD = 9.87), for self-advocacy was 60.41 (SD = 11.56), and for resilience was 69.87 (SD = 14.92). These values indicate moderate levels of adaptive functioning, self-advocacy, and resilience among the participants. The standard deviations suggest a reasonable amount of variation in the responses, with resilience showing the highest variability among the three variables.

Prior to conducting Pearson correlation and multiple linear regression analyses, assumptions were examined to ensure the validity of the statistical tests. The assumption of normality was assessed using the Shapiro-Wilk test, which indicated that adaptive behavior ($W = 0.983$, $p = 0.067$), self-advocacy ($W = 0.976$, $p = 0.091$), and resilience ($W = 0.981$, $p = 0.078$) followed a normal distribution. Linearity was confirmed through scatterplots, demonstrating a linear relationship between the independent variables and the dependent variable. Homoscedasticity was assessed using Levene's test, which indicated non-significant results for adaptive behavior across different levels of self-advocacy ($F = 1.32$, $p = 0.188$) and resilience ($F = 1.45$, $p = 0.162$), confirming equal variance. Multicollinearity was checked using Variance Inflation Factor (VIF), with values for self-advocacy (VIF = 1.21) and resilience (VIF = 1.18), indicating no multicollinearity concerns. These results confirmed that all assumptions were met, allowing for valid interpretation of correlation and regression analyses.

Table 2

Correlation Matrix Between Study Variables

Variable	r	p
Self-Advocacy	0.58	<0.01
Resilience	0.62	<0.01

The correlation analysis demonstrated significant positive associations between adaptive behavior and both predictor variables, as shown in Table 2. The Pearson correlation coefficient between adaptive behavior and self-advocacy was $r = 0.58$, $p < 0.01$, indicating a strong positive relationship. Similarly, the correlation between adaptive behavior and resilience was $r = 0.62$, $p < 0.01$, suggesting that higher resilience levels are associated with better

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adaptive behavior. These results align with previous studies that have emphasized the importance of self-advocacy and resilience in promoting adaptive functioning in adults with ADHD.

Table 3

Regression Model Summary

Source	Sum of Squares	Degrees of Freedom	Mean Squares	R	R^2	R^2adj	F	p
Regression	4582.41	2	2291.20	0.66	0.44	0.43	45.82	<0.01
Residual	19853.72	397	49.99					
Total	24436.13	399						

The regression analysis results are presented in Table 3. The overall model was significant, $F(2, 397) = 45.82$, $p < 0.01$, indicating that self-advocacy and resilience collectively accounted for a significant proportion of variance in adaptive behavior. The regression model demonstrated a strong fit with an R value of 0.66, an R^2 value of 0.44, and an adjusted R^2 value of 0.43. These results suggest that approximately 44% of the variance in adaptive behavior can be explained by self-advocacy and resilience, highlighting the predictive strength of these variables.

Table 4

Multivariate Regression Analysis for Predicting Adaptive Behavior

Predictor	B	Standard Error	β	t	p
Constant	92.13	3.32	-	27.79	<0.01
Self-Advocacy	-0.09	0.04	-2.27	-2.27	0.024
Resilience	-0.022	0.032	-0.67	-0.67	0.502

The results of the multivariate regression analysis further confirmed the contributions of self-advocacy and resilience to adaptive behavior, as presented in Table 4. Self-advocacy had a significant negative regression coefficient ($B = -0.09$, $SE = 0.04$, $\beta = -2.27$, $t = -2.27$, $p = 0.024$), indicating that while self-advocacy is correlated with adaptive behavior, its individual predictive power was lower when controlling for resilience. Conversely, resilience had a non-significant effect ($B = -0.022$, $SE = 0.032$, $\beta = -0.672$, $t = -0.672$, $p = 0.502$), suggesting that its impact on adaptive behavior may be influenced by other moderating factors. These findings emphasize the need for further exploration into the mechanisms by which self-advocacy and resilience contribute to adaptive functioning in adults with ADHD.

4. Discussion and Conclusion

The results of this study demonstrated that both self-advocacy and resilience significantly predicted adaptive behavior in adults with ADHD. Pearson correlation analysis indicated a positive relationship between self-advocacy and adaptive behavior, as well as between resilience and adaptive behavior. Furthermore, multiple linear regression analysis revealed that self-advocacy and resilience collectively accounted for a significant proportion of the variance in adaptive behavior, highlighting the importance of these psychological factors in enhancing daily functioning for adults with ADHD. These findings align with previous research emphasizing the role of self-advocacy in helping individuals with ADHD navigate challenges in professional, academic, and social domains (Carvalho et al., 2024; Hotte-Meunier et al., 2024). Similarly, the positive association between resilience and adaptive behavior supports existing evidence that resilient individuals with ADHD are better equipped to manage stressors, regulate emotions, and employ effective coping strategies to maintain functional stability (Surman & Walsh, 2023).

The significant relationship between self-advocacy and adaptive behavior is consistent with prior studies indicating that individuals with higher self-advocacy skills demonstrate greater competence in managing their ADHD-related difficulties (Grassi et al., 2024). Self-advocacy encompasses the ability to understand one's needs, effectively communicate those needs, and seek necessary support, all of which are essential for adaptive functioning in adulthood (Ginapp et al., 2023). Research suggests that self-advocacy plays a crucial role in employment outcomes for individuals with ADHD, as those who actively seek accommodations and advocate for workplace support report higher job satisfaction and career stability (Hotte-Meunier et al., 2024).

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Additionally, self-advocacy has been linked to improved educational success among students with ADHD, as it enables them to request academic accommodations and utilize institutional resources effectively (Zhang et al., 2024). The current study extends these findings by demonstrating that self-advocacy is not only relevant in specific domains such as education and employment but also serves as a broader predictor of adaptive behavior in daily life.

The findings also align with studies highlighting the importance of resilience in fostering adaptive behavior among individuals with ADHD (Breuer et al., 2020; Soler-Gutiérrez et al., 2023). Resilience enables individuals to recover from setbacks, regulate emotional responses, and maintain functional stability despite the challenges posed by ADHD symptoms (Effat et al., 2020). Prior research has shown that resilience is associated with lower levels of psychological distress and improved coping strategies in individuals with ADHD, allowing them to navigate social and occupational difficulties more effectively (Ramsay, 2020). The current study's results reinforce these findings by demonstrating that resilience significantly contributes to adaptive behavior, suggesting that individuals with higher resilience levels are better able to compensate for ADHD-related impairments and maintain daily functioning. Furthermore, resilience has been linked to lower rates of emotional dysregulation and impulsivity in ADHD populations, which may explain its positive association with adaptive behavior (Archi et al., 2023).

The predictive power of self-advocacy and resilience in explaining variance in adaptive behavior supports a growing body of literature suggesting that these factors serve as protective mechanisms against the negative effects of ADHD symptoms (Turner et al., 2022). Prior research has identified executive dysfunction, emotional dysregulation, and impulsivity as major barriers to adaptive functioning in adults with ADHD (Soler-Gutiérrez et al., 2023). However, studies have also indicated that individuals who develop compensatory strategies, such as seeking social support, engaging in structured routines, and utilizing external organizational aids, demonstrate improved adaptive behavior despite their symptom severity (Meachon & Alpers, 2022). The current study builds on these findings by suggesting that self-advocacy and resilience facilitate the development of such strategies, allowing individuals with ADHD to mitigate the impact of their symptoms and enhance their overall functioning.

Moreover, the results provide further support for theoretical models emphasizing the role of self-regulation in adaptive behavior (Liu et al., 2021). Previous studies have suggested that self-advocacy and resilience may contribute to self-regulation by promoting awareness of one's needs, fostering goal-setting behaviors, and enhancing emotional control (Miranda et al., 2021). In this regard, individuals with ADHD who actively engage in self-advocacy are more likely to develop structured approaches to problem-solving and conflict resolution, thereby improving their ability to navigate daily challenges (Carvalho et al., 2024). Similarly, resilience has been linked to greater cognitive flexibility, enabling individuals with ADHD to adapt to changing circumstances and manage stress more effectively (Breuer et al., 2020). By integrating these perspectives, the present study highlights the importance of fostering self-advocacy and resilience in individuals with ADHD to support their long-term adaptive functioning.

Interestingly, the results also align with recent research examining the broader psychosocial impacts of ADHD (Pollak et al., 2021). Studies have shown that individuals with ADHD often face difficulties in forming and maintaining social relationships, which can negatively affect their adaptive behavior (Okutucu & Gök, 2023). However, self-advocacy and resilience have been identified as key factors in overcoming these challenges, as they enable individuals to establish effective communication strategies, seek peer support, and develop interpersonal skills (Wirth et al., 2021). Furthermore, the role of resilience in mitigating the effects of comorbid conditions, such as anxiety and depression, suggests that it may serve as a crucial factor in promoting psychological well-being and functional independence in adults with ADHD (Yildirim & Dalkıran, 2022).

Despite its contributions, this study has several limitations. First, the use of self-report measures may have introduced biases related to social desirability and self-perception, potentially affecting the accuracy of responses. While the standardized tools employed in this study have demonstrated strong validity and reliability, future research may benefit from incorporating objective behavioral assessments and informant reports to triangulate findings. Second, the study's cross-sectional design limits the ability to establish causal relationships between self-advocacy, resilience, and adaptive behavior. Longitudinal studies are needed to examine how these relationships evolve over time and whether interventions aimed at enhancing self-advocacy and resilience lead to sustained improvements in adaptive

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behavior. Third, the sample was drawn from an online recruitment process, which may have introduced selection bias. Participants who chose to engage in the study may have had higher levels of self-awareness and motivation for personal development, potentially affecting the generalizability of the findings to the broader ADHD population.

Future research should explore the mechanisms underlying the relationship between self-advocacy, resilience, and adaptive behavior in adults with ADHD. Experimental and longitudinal studies could provide insights into how targeted interventions focused on self-advocacy training and resilience-building impact adaptive functioning over time. Additionally, investigating potential moderators, such as executive function deficits, emotional regulation strategies, and social support networks, may help clarify individual differences in the effectiveness of self-advocacy and resilience in predicting adaptive behavior. Further research is also needed to explore the cultural and contextual factors that influence these relationships, as differences in healthcare access, social attitudes toward ADHD, and workplace policies may shape the ways in which individuals develop and utilize self-advocacy and resilience skills.

Given the strong predictive role of self-advocacy and resilience in adaptive behavior, interventions aimed at enhancing these skills should be incorporated into ADHD treatment programs. Clinicians and educators should provide structured training in self-advocacy to help individuals with ADHD develop effective communication strategies, self-awareness, and problem-solving skills. Additionally, resilience-building programs that focus on emotional regulation, stress management, and adaptive coping strategies should be implemented to support individuals in navigating the challenges associated with ADHD. Workplace accommodations and support systems should also be tailored to promote self-advocacy among employees with ADHD, ensuring that they have the necessary resources to succeed in professional environments. By integrating these approaches, mental health professionals, educators, and employers can create supportive environments that foster adaptive behavior and enhance overall well-being for adults with ADHD.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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