ADHD – its links to criminal justice and how practitioners can reduce the risk

Sergeant Steve Brown & Phil Anderton, PhD
A day in the life of Lancashire Constabulary

• Over 3,500 police officers, 368 special constables and nearly 1,900 non-police staff

  – get 4366 calls
  – deal with 415 crimes
  – arrest 185 people
  – go to 15 road accidents
  – responds to 2,111 incidents
  – handle 21 motorway breakdowns
  – breathalyse 28 people
  – solve 124 crimes
  – recover £28,610 worth of stolen goods
Phil Anderton / Steve Brown

- Over 50 years combined police service
- Qualified police trainers
- Qualified academically
- Have been working in the field of mental health disorders and crime for the past 9 years
• 2003 Lone voice – little understanding and lots of prejudice
• 2004 CHADD as first police speakers
• 2005 Advised Prime Minister on ADHD and crime
• 2006 Invited to speak to all police youth experts and chief officers in UK
• 2007 National article in UK leading police journal (on invitation)
• 2008 Youth Crime Action Plan
A phone call recently...

- Accountant
- Step daughter
- 12 years old
- At their wits end
- Feeling abandoned and alone
- “Nowhere to go”
Choice...?
And here’s what we have done

- Direct one to one with a parent support group
- Asked the couple to prepare their ladder
- Put them in touch with ADDISS
- Provided them with some literature
The relevance to today...

- Bright parents
- Confused
- Unable to provide advocacy
- Increasing the risk for their child
- Unaware of all of the risks
- Doubting their own abilities.
And tackling quite a lot...

YEA - I DID IT!
SO?

My FAMILY is TEMPERAMENTAL
half TEMPER,
half MENTAL.
Which if not gripped goes wrong...
ADHD and crime patterns - Phil

Likelihood of being arrested

- 20% in control group
- 48% in ADHD group (inc’ CD)

(Barkley, Secnik, Swenson, Buesching, Fisher and Fletcher)
Arrest prevalence...

**ADHD and arrest profiles**

- Control group 2.1 arrests
- ADHD cohort 6.4 arrests

(Barkley, Secnik, Swenson, Buesching, Fisher and Fletcher)
Which leads us to conclude...

- Twice as likely to be a criminal
- Three times as many offences each
- Prolific, predictable and therefore ultimately preventable

- Satterfield also concludes that when ADHD is combined with conduct disorder:

  “Hyperactive subjects have significantly higher arrest, conviction and incarceration rates compared to controls”

AFTER MONDAY AND TUESDAY EVEN THE CALENDAR SAYS WTF

BART SIMPSON
The conduct of the ADHD sufferer

• Just imagine:

  – You’re struggling to get to work on time tomorrow

  – Your next piece of work, maybe a report, will be rejected by you line supervisor / the board, you know this

  – Your peers are shunning you, more and more

  – You know you will be alone at lunchtime

  – You have never felt part of the team
Growing conflict

• You feel alone

• You feel misunderstood

• EVERY DAY

• You are also confused as how you can change this – is this ‘me’ you ask yourself
And that’s you as a grown adult

• What about the ADHD child?
  
  – Immature
  
  – No friends at these important times
  
  – No ‘future’ or feelings of self worth
And let’s just look at maturity

- Delayed emotional development by a third
- Synaptic pruning is delayed
- Desire to challenge
- Thrill seeking, ‘the neural buzz’
But conduct disorder is NOT inevitable

• We can work with these children

• We can alter their pathway

• We can make things better for them

• And if we don’t…
We have some startling facts...

5% / 25%
So if this is the case un-medicated

• It can only get better...

• On meds parents and children report a ‘controlling of symptoms’ we know this...
A case study

• “I was a regular burglar, druggy, thief and once I was described as an utter shit. I did everything, you name it, I did it. No one understood me, including myself. The cops all knew me, I was in and out of prison from the age of 10. I had a social services record that is unbelievable.

• Then someone diagnosed my ADHD, now I understand ‘me’ – and as long as I comply with my treatment regime I am OK – a good guy. A good father, husband and I know how sorry I am now, I really do”
GO AHEAD DOWN. YOU'LL MISS ALL THOSE TREES.

YOU CAN DO IT. YOU'LL STOP BEFORE YOU GO OVER THAT LEDGE AT THE BOTTOM.

YOU WON'T GO INTO THAT POND. besides, THE ICE IS PROBABLY REAL THICK ANYWAY. GO AHEAD DOWN.

MY BRAIN IS TRYING TO KILL ME.
But what about girls?

• From a ‘good background’
• Was not understood by her parents
• Took cocaine and heroine
• Earned money through prostitution
• Married and divorced at the age of 20
• Incarcerated for her own well being at the age of 23
• Was diagnosed with ADHD at the age of 28
• Now runs a successful international photography business
Or...
And families...

- ‘His Dad was a problem’
- ‘We have been expecting him to be a problem and he is’
- What will his kids be like?
- ADHD is an inheritable as height
And lets get some basics out there...

It is safe to describe ADHD-ers as:

• Difficult at times

• Confrontational

• Risk takers

• “Unable to learn”
But for the ADHD-er its easy - Phil
And maybe it’s time to look at behaviours...

- And the effects this can have, long term on parents

- Who may well have the disorder

- Who may well be disorganised themselves

- And may well be confrontational, it’s a trait..
But we need to know why...

And only then can we truly treat ADHD
And they struggle to function...

Executive functioning is often described as:

• Organising and prioritising work
• Focus and sustaining a task focus
• Regulating alertness
• Managing frustration
• Utilising working memory
• Monitoring self regulatory action
And to use a simple example...
And these all produce vulnerability...

- Loneliness
- Abandonment feelings
- Vulnerable to predators
- Unable to correctly gauge risk
Which are component parts of offending behaviour...Steve

• Drug taking and abuse
• Criminal behaviour
• Driving risks
• Suicide risks
Drug taking and abuse

In adults with ADHD at least 20 – 30% abuse drugs (Willens 2004)

Over use of nicotine leads to self treatment and acceleration to harder drugs (Biederman (1991))
Drug taking and abuse

Adults with ADHD

• Alcohol abuse/dependence 45% against 17% in general population
• Drug abuse/dependence 30% against 9% in general population

Wilens E.A. Harv Rev Psychiatry 1995;3;160-162
Criminal behaviour

- Easily led etc
- Impulsive
- Risk taking
- Need ‘friends’
Criminal behaviour

Reports of criminal activity

- Arson – 15% v 6%
- Runaway – 31% v 16%
- Assault – 22% v 7%
- Stealing money – 50% v 36%
- Burglary – 20% v 8%
Driving risks

Young drivers with poorly treated ADHD are:

• 2 to 4 more likely to have traffic accidents \(^1\-^3\)
• 3 times as likely to have injuries \(^2\)
• 4 times as likely to be at fault \(^1\)
• 7 times more likely to be in two or more incidents \(^1\)

Driving risks

• Driving at age 17 is NOT a right that we should accept without mitigating the risks

• Deferring a few years maybe safer

• In clinical settings, this could be discussed
Driving risks - medication

Inappropriate braking when car is in 35 mph (56 km/h) and 45 mph (72 km/h) acceleration zones (p=0.04)

Number of instances

Time

Number of instances

2pm 5pm 8pm 11pm

Time

IR MPH TID Long lasting MPD

0.5
1.0
1.5
2.0
2.5

Inappropriate braking when car is in 35 mph (56 km/h) and 45 mph (72 km/h) acceleration zones (p=0.04)
Driving risks - medication

Percentage of missed stop lights and stop signs, \((p<.02)\)

![Bar chart showing the percentage of missed stop lights and stop signs between 2pm and 11pm.](chart.png)

- **IR MPH TID**
- **Long lasting MPD**

- **2pm:** 2 missed
- **5pm:** 0 missed
- **8pm:** 2 missed
- **11pm:** 18 missed
And here’s what we have done to help
Suicide risk

• Children diagnosed with attention deficit hyperactivity disorder (ADHD) at ages 4-6 face a 3 times greater risks for depression and suicide at ages 9 – 18

*Archives of General Psychiatry* - October 2010
A true suicide story

"I don't feel sorry for myself and I'm not looking for you to care. The fact is that I'm glad I tried it [killing himself] and glad it didn't work because it showed me one thing. No one else has ever really believed in me--I mean I know my parents say they love me, but I'm not stupid, I know what they talk about and that they are scared to death I'm going to be a failure. I'm too big a pain for teachers and I don't blame them for the way they treat me. I never believed in myself, but when I realized that I had the guts to do it, it was really weird. It showed that I had a side to me that gave a **** about myself and that there is something good in there."
So, for clinicians...

- You have patients that are at risk of criminal behaviour
- Patients who are vulnerable to the extreme
- And patients whose families are often unable to advocate or support them
And that’s where we need to focus...

• On more than treating symptoms

• On more than judging performance from exclusively reviewing rating scales

• And focus entirely on increasing the outcomes for the patient and their families
The patient / carer ladder...Phil

- A simple model
- Patient and family focused
- Easy to use and understand
My example from last week

- Absolutely no respect
- Ineffective sleep pattern
- Sexually active
And examine each in turn...

Ineffective sleep pattern

• Cannot get to sleep
• Cannot wake up
• Wakes up very oppositional
• Consequently doesn’t take her meds till late
• And missed first three periods of school
And her regime?

• 72 mgs longer lasting methylphenidate

• No coaching, counselling or support

• No CBT at all

• Nothing but the one pill
A lot more can and should be done...

• Led by clinical practice

• In partnership with those around us
  – Youth offending teams on prevention
  – School nurse on pastoral care
  – The social worker in Childrens’ Services
  – The parents and parent support
And this should all have an aim...

- To reduce the child / adolescents risk profile
- To increase the well being of the family environment
- To decrease the overall costs to society of ADHD
- To increase the outcomes for the individual sufferer
For example...

- If the child is smoking a lot – what are your thoughts

- If the child is starting to drive – they are at risk

- If the child is not socialising fully – they are at risk

- There is a social outcomes aspect to medication regimes – thinking of the patient / carer ladder
And here’s what we have done to help #1 ...
And here’s what we have done to help #2 ...
And here’s what we have done to help #3 ...
And here’s what we have done to help #4 ...

We are live

ADHD & Guardian Angel

Download on the App Store
The app’s relationship

Angel

Mood
Medication reminders
Behaviours
Explanations
Web links

Guardian
And a few final words

What can you do?

• Raise awareness of the app and web site

• Manage the risks for parents and sufferers

• Seek better outcomes
'Michael can’t sit still, Michael can’t be quiet, Michael can’t focus,'

"Your son will never be able to focus on anything."
www.adhdandjustice.co.uk

ADHD Angel and Guardian in the app store - free