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

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Editor	Reviewers
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1. Round 1

1.1. Reviewer 1

Reviewer:

The discussion of resilience, particularly the statement, "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)", should include additional perspectives on resilience-building interventions tailored for ADHD populations.

The study does not account for potential confounding variables such as ADHD medication use, comorbid psychiatric disorders, or variations in symptom severity. These factors should be acknowledged as potential limitations.

The correlation matrix in Table 2 reports significant relationships but does not provide confidence intervals. Adding confidence intervals would strengthen the reliability of the reported relationships.

The statement, "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)," should clarify whether these are moderate or strong relationships based on established guidelines for interpreting correlation coefficients.

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Since the study is cross-sectional, it is not possible to establish causal relationships. The discussion should explicitly acknowledge this limitation and suggest that a longitudinal study design would provide stronger causal evidence.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The study lacks a clearly stated theoretical framework. While there is reference to previous studies, explicitly grounding the study in self-determination theory or another psychological model of resilience and self-advocacy would enhance the conceptual rigor.

In the methods section, the measurement of self-advocacy using the Self-Advocacy Measure for Youth and Adults (SAMYA) is mentioned. However, the explanation of how this scale aligns with the study's specific definition of self-advocacy is unclear. Additional justification for the chosen instrument would be beneficial.

The assumptions for multiple regression (normality, linearity, homoscedasticity, and multicollinearity) are tested, but there is no mention of possible violations. Were any transformations or robustness checks performed?

The finding that "self-advocacy had a significant negative predictive effect (B = -0.09, p = 0.024)" contradicts the initial hypothesis that self-advocacy would enhance adaptive behavior. A deeper discussion of why this unexpected result occurred and how it aligns with previous research is necessary.

The result that "resilience (B = -0.022, p = 0.502) was not a significant predictor" raises questions about the role of resilience in adaptive behavior. Could this be due to a specific moderating variable, such as executive functioning deficits? Further exploration is warranted.

The study primarily attributes adaptive behavior to self-advocacy and resilience, but executive functioning and emotional regulation also play critical roles. The discussion should integrate these additional factors for a more comprehensive interpretation.

The conclusion suggests "fostering self-advocacy skills in adults with ADHD to enhance adaptive functioning". However, without experimental evidence, the recommendation remains speculative. A clearer link between the study's findings and evidence-based interventions would strengthen its applicability.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.

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