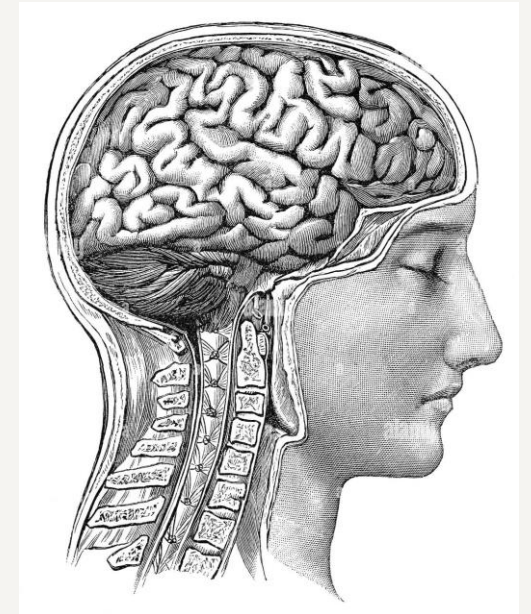


Contents

- Background of the study
- Rationale, Aims and research question(s)
- Methodology
 - Participants
 - Design
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- Conclusion



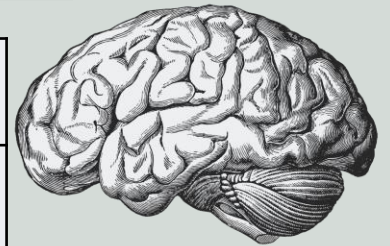
Background to the study

Attention Deficit Hyperactivity Disorder (ADHD) - A neurodevelopmental condition, a pattern of inattention and/or hyperactivity-impulsivity behaviour (American Psychiatric Association, 2013).

- 3-4% Adults and 5% Children in the UK

Dyslexia - is neurobiological, having struggles with accurate word recognition, difficulties with written expression, decoding and spelling (APA, 2013)

- 10% of the population (BDA,2010)



EARLY DYSLEXIA	EARLY ADHD
• Improved learning strategies/adjustments • Self-acceptance and belief • Improved behavioural understanding	• Cognitive and social improvements • Improved self-understanding – improved behaviour management
LATE DYSLEXIA	LATE ADHD
• Low self-esteem, questioning capabilities and often misunderstood (Kirkegaard, 2022) • Discrimination in employment – mistakes referred to their dyslexia not human error • Fear of disclosure (Wissel et al.,2022)	• Often misunderstood and low self-esteem (Jones and Hesse, 2018) • Low confidence and feeling inadequate (Watters et al.,2018) • Increased self-understanding yet restricted opportunities (Hansson et al.,2015)

Rationale: the reasoning for conducting the study

- Explore the impact early and late diagnosis of ADHD and Dyslexia has on an individual
- Issues with time of diagnosis

Aims

To investigate differences in impact that receiving an early or late diagnosis of ADHD or Dyslexia has on self-esteem, educational experience and social relationships

Research question

How does the timing of an ADHD or Dyslexia diagnosis impact an individual's educational experiences, social relationships and self-esteem?

Hypothesis

Predicted that those with a late diagnosis will have lower self-esteem (Watters et al., 2018, Kirkegaard, 2022) and those that received an early diagnosis would be higher.

Methodology: Participants

Early or late diagnosis of ADHD or Dyslexia

- Demographic information
 - Gender
 - Current age
 - Type of diagnosis
 - Age of diagnosis
 - Highest level of education

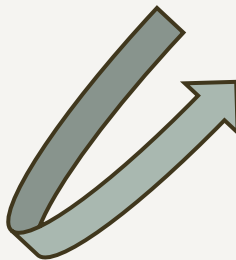


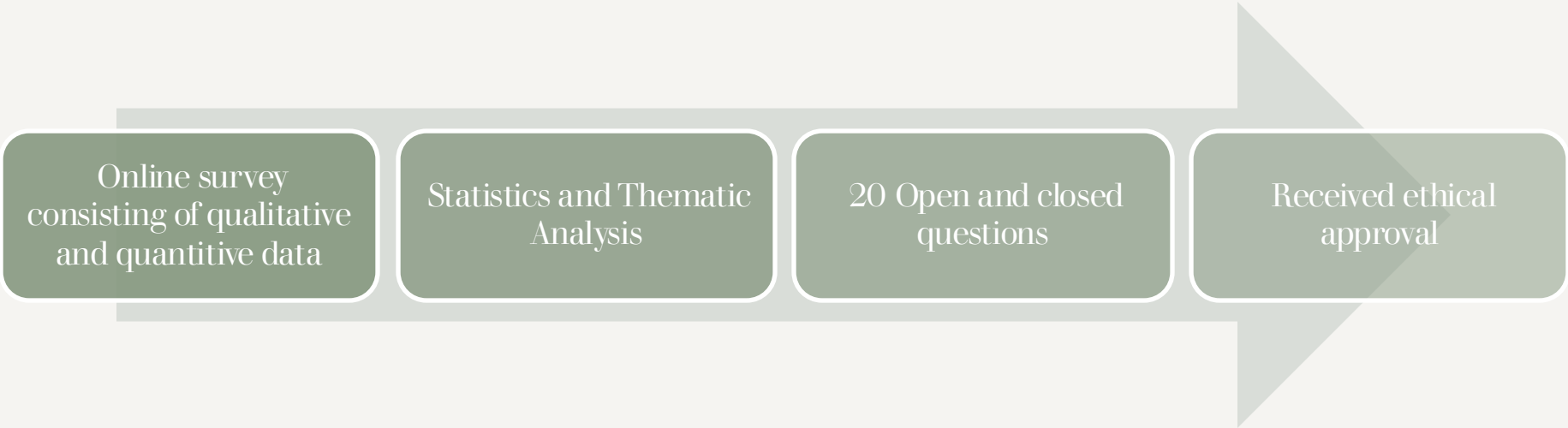
Table 1

Sample Demographic Characteristics Table

Demographic characteristics, frequency and percentage of participants involved in this research project

Sample Characteristics	Category	Frequency	Percentage (%)
Gender	Male	30	43.5%
	Female	38	55.1%
	Non-binary	1	1.4%
Type of diagnosis	ADHD	33	47.8%
	Dyslexia	36	50.7%
Highest educational level	GCSE or equivalent	21	30.4%
	A-level	19	27.5%
	Undergraduate study	22	31.9%
	Postgraduate study	2	2.9%
	Further education	1	1.4%
	NVQ	2	2.9%

Methodology: Design



Quantitative	Qualitative
Rosenburg Self-esteem scale Results were analysed through a two-way independent ANOVA to establish whether there was a significant difference between early or late diagnosis of ADHD or Dyslexia on self-esteem levels	10 open-ended questions Results were analysed through the Braun and Clarke (2017) six stages of Thematic Analysis 1.Familiarisation, 2. Generating codes, 3.Gathering themes, 4.Review of themes, 5.Name and define, 6.The write up

Independent variables - Time of diagnosis (early and late) Type of diagnosis (ADHD or Dyslexia)
Dependent variable – Self-esteem

Methodology: Materials



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Demographic Information

Please indicate your gender, current age, the age in which you received your diagnosis (to the best of your knowledge), the type of diagnosis you received and highest level of education obtained.

Gender

(Male)

(Female)

(Transgender)

(Nonbinary)

(prefer not to say)

Current age

(....)

Age that you received your diagnosis (to the best of your knowledge)

(please state here)

Type of diagnosis

- Attention Deficit Hyperactivity Disorder (ADHD)
- Dyslexia

Highest level of education obtained

(Below GCSE)

(GCSE)

(A-level)

(Undergraduate study)

(Postgraduate study)

(Further Education eg. Masters)

Other - (please indicate the education you received)

Part 1 – Self-Esteem Scale

The following scale will relate to how you feel regarding your self-esteem levels. By answering a 4-point scale of 1. Strongly agree, 2. Agree, 3. Disagree or 4. Strongly disagree to the following ten statements. All responses are anonymous and will not be traced back to you.

STATEMENT	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I feel that I am a person of worth, at least on an equal plane with others.	☐	☐	☐	☐
2. I feel that I have a number of good qualities..	☐	☐	☐	☐
3. All in all, I am inclined to feel that I am a failure.	☐	☐	☐	☐
4. I am able to do things as well as most other people.	☐	☐	☐	☐
5. I feel I do not have much to be proud of.	☐	☐	☐	☐
6. I take a positive attitude toward myself.	☐	☐	☐	☐
7. On the whole, I am satisfied with myself.	☐	☐	☐	☐
8. I wish I could have more respect for myself.	☐	☐	☐	☐
9. I certainly feel useless at times.	☐	☐	☐	☐
10. At times I think I am no good at all.	☐	☐	☐	☐

Part 2 - Open-ended survey

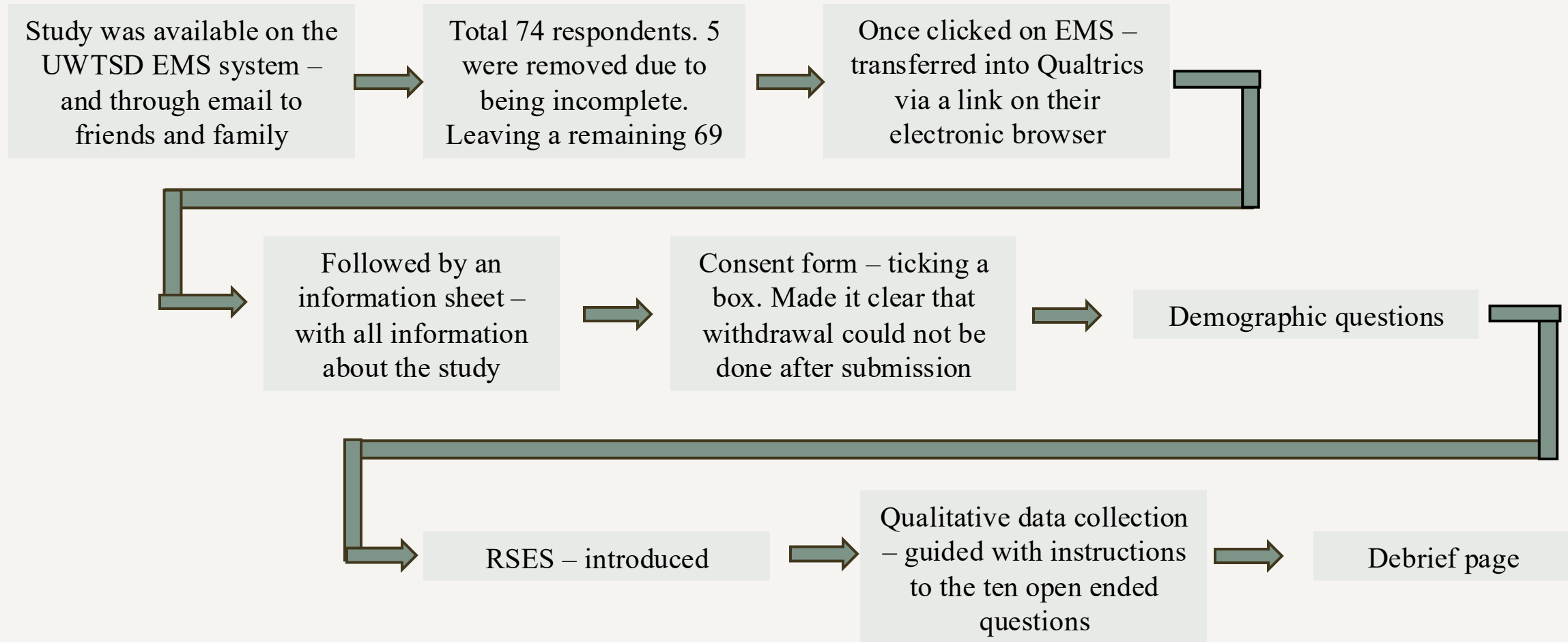
The following ten open-ended questions relate to your experiences within education and the impact on your social relationships. All responses will be anonymous and will not be traced back to you, with no pressure to answer anything that you do not wish to disclose.

1. How did the timing of your diagnosis impact your learning?
2. How did the timing of your diagnosis impact your educational experience?
3. How much academic support did you receive for your diagnosis?
4. Where or by whom, did you receive the best support for your diagnosis?
5. How did your diagnosis impact your academic work?
6. How has your diagnosis impacted your friendships?
7. How has your diagnosis impacted your relationships?
8. How did you feel upon receiving your diagnosis?
9. If your diagnosis could have been received at a different time, how could this have helped you?

10. What could be improved/could have been done, to improve your academic experiences, support or social relationships?

Methodology: Procedure

Duration: 10-15 minutes



Results of the study - ANOVA

Results from the two-way independent ANOVA

The mean and standard deviations of self-esteem levels were very similar. A two-way independent sample ANOVA was conducted which examined time of diagnosis and type of diagnosis on self-esteem.

No significant main effects for time of diagnosis or type of diagnosis.

Time: $F(1,65) = .000, p = .999; \eta^2 = .000$, indicating a small effect, (Early: $M = 22.86, SD = 1.80$; Late: $M = 22.84, SD = 2.48$). Type: $F(1,65) = .042, p = .839, \eta^2 = .001$, indicating a small effect, (ADHD: $M = 22.79, SD = 2.30$; Dyslexia: $M = 22.92, SD = 1.98$).

The ANOVA also found no significant interaction between time and type of diagnosis on self-esteem, $F(1,65) = .360, p = .551; \eta^2 = .006$, indicating a medium effect.

Table 2

Diagnosis	Type	<i>M</i>	<i>SD</i>
Early	ADHD	22.62	1.41
Early	Dyslexia	23.05	2.06
Late	ADHD	22.94	2.95
Late	Dyslexia	22.73	1.91

*““extra help” is pushed
to one side” (Early
Dyslexia)*

*“it was some what a relief.
Because i thought i was
just troubled” (Early
ADHD)*

Results of the study – Thematic Analysis

Results from the Thematic Analysis

Early diagnosis

1.Conflicted understanding 2.Alienation (lacking sense of belonging and feeling unsupported by teachers) 3.Ambivalence

Late diagnosis

1.Misunderstood 2.Judgement and understanding (fear of being judged/treated differently and improved understanding of self) 3.Regret and Restraint (feeling regretful upon past experiences and restrained from reaching full potential)

Early and late diagnosis

1.Suggested improvements

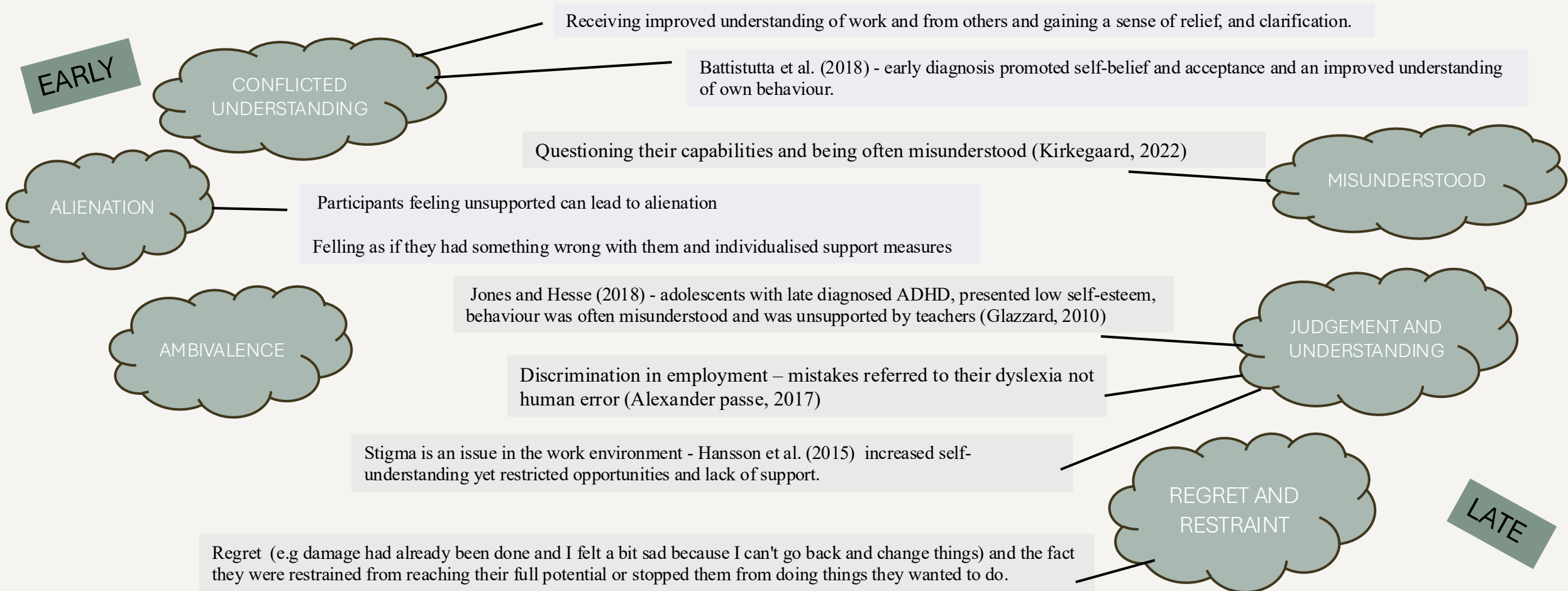
*“thought I would not be
able to be successful in the
future. It definitely had an
effect on my self esteem”
(Early Dyslexia)*

*“I told the supporting
teacher i think I might
have it she told me I
didn't want that label”
(Late ADHD)*

*“if it was a lot earlier...i
definitely would be a
different person now,
more confident and
probably a lot happier”
(Late Dyslexia)*

Discussion

- Explored the differences in impact early and late diagnosis of ADHD and Dyslexia has on self-esteem, educational experience and social relationships.
- The results indicated that there was no significant differences between early and late diagnosis on self-esteem levels, contradicting the study hypothesis predicting that those with a late diagnosis will have lower self-esteem and those with an early diagnosis would be higher.
- Comparably, the ten open-ended questions mentioned little impact on self-esteem and on social relationships though indicated a larger impact on educational experience.



Evaluation

Strengths



- Good amount of participation (final total of 69 of the aimed 60)
- Presented that the social element is little affected – bigger impact educationally

Limitations



- Small sample size to gain a greater insight into the impact – especially on other areas of life
- Potential faults/biases with self-report measures (RSES)
- Early and late age categories (early prior to the age of 18, late after 18)
some participants referred their diagnosis being early prior to the age of 18 which made their diagnosis time hard to differentiate
- Adulthood vs Childhood
- Memory of diagnosis (guessing)

Future research



Investigating educational support – greater indication of present strategies in place.

- Applying a well-being scale – more detailed representation of how participants felt about the impact of their time of diagnosis
- conducting an interview.

Implications



- Lack of support for both ADHD and Dyslexia
- The common classroom methods of learning do not work as efficiently, and individualised measures are required due to individual differences
- Teachers need to adopt flexible approaches to learning which can aid challenges in the future

Practical application

- Programs to be created to help individuals get diagnosed securely with no judgement (all ages).
- General social support groups (a space to express their true selves and not feel a need to change)
- larger publicity – especially to workforces and education. (improved understanding to employers of extra adjustments)
- Social media – reaching the next generation and changing future perceptions

Conclusion

- Lack of support for both ADHD and Dyslexia and there has been little improvement over recent years (Glazzard,2010) and thirteen years later by Wissell (2023).
- The education curriculum is not supplying the necessary adjustments for these individuals – and employers
- Little literature with comparison between the two times
- There is a need for an urgent change in support for individuals with ADHD and Dyslexia
- There shouldn't be judgement or a justification of their skills capacity just because they get given this label
- It's simply a different form of learning, not a human fault
- A need for more assistance - have been continuously unacknowledged

APA reference list

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Ai – acknowledgments

I acknowledge the use of Google Scholar [<https://scholar.google.com/>] on 10th May – 19th May to research. I used the prompt(s):

- ADHD early diagnosis
- Dyslexia early diagnosis
- ADHD late diagnosis
- Dyslexia late diagnosis

I confirm that I have not presented any AI generated text as my own work. I confirm I Alisha Phillips have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.