

# Doctoral Students With LD and/or ADHD: Decision to Disclose and/or Request Accommodations

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*More students with disabilities are entering doctoral programs now than ever before (Welding, 2023). The processes these students must undertake to disclose their disability and request accommodations are complex. The purpose of this study was to examine the factors associated with doctoral students with learning disabilities (LD) and/or attention-deficit/hyperactivity disorder (ADHD) disclosing to the university disability resources office, their instructors, and their faculty advisors. Twenty-one doctoral students with LD and/or ADHD participated in one-hour semi-structured Zoom interviews. The students were asked to describe their experiences in their doctoral program and their rationale for disclosure or non-disclosure and requesting or not requesting accommodations. Findings showed that doctoral students with LD and/or ADHD decide on disclosing their disability and requesting an accommodation when the need outweighs the risk. Doctoral students with LD and/or ADHD disclosed when they needed accommodations in their courses, on comprehensive exams, or for writing research papers and/or their dissertation. Seven students disclosed to their disability resources office to request accommodations in their coursework. The areas in which participants needed the most support were writing research papers and their dissertation. Eighteen of the 21 participants went to their advisor for this support. Those who did not disclose made this choice due to not needing support or fear of how they would be perceived. This research supports Boggs' (2021), Devol's (2022), and Tamjeed et al.'s (2021) findings that doctoral students with disabilities have unique needs that need to be further examined.*

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**Keywords:** doctoral students, learning disabilities, ADHD, faculty advisors

## INTRODUCTION

According to the Postsecondary National Policy Institute (2023), since 2010 the number of graduate students with disabilities has been steadily increasing. This group now comprises 12 percent of the graduate student population (Welding, 2023). Doctoral programs are inherently challenging, with 50% of the general doctoral student population dropping out (Council of Graduate Schools, 2020). Reasons students give for dropping out include problems in their relationship with their advisor, lack of support from mentors, and the lengthy and challenging process required to complete a dissertation (Young et al., 2019). The complexity inherent in pursuing a doctoral degree raises questions for graduate students with LD and/or ADHD about the risks and benefits of disclosure and requesting accommodations (Devol, 2022).

According to the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, a student with disabilities cannot access university accom-

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modations unless they disclose to the assigned university office and provide appropriate documentation. Thus, before requesting accommodations, the individual must go through the disclosure process. Disability disclosure is “a complex and ongoing process requiring decisions about who should know, why they should know, how to inform, what to disclose, and when to inform” (Valle et al., 2004, p. 4). If a student chooses not to disclose, they will not get access to accommodations (Moriña, 2022). Accommodations are important because at the undergraduate level they have been linked to academic success, retention, and mental well-being for students with disabilities (Moriña, 2022).

Individuals with invisible disabilities tend to have more concerns about disclosure than those with more visible disabilities (Goodwin, 2020). Invisible disabilities cannot be observed by others and include diagnoses such as learning disabilities and attention deficit disorder (Goodwin, 2020). Undergraduate students with invisible disabilities have reported choosing not to disclose due to concerns that they will be perceived as gaining an advantage, fear of discrimination, and anxiety about being labeled in a negative or stigmatizing way (Moriña, 2022). Graduate students similarly report not disclosing due to not wanting to be reduced to their disability (Meeks et al., 2022) as well as out of fear of discrimination (Pearson & Boskovich, 2019). Devol (2022) found that graduate students with ADHD did not disclose to peers or faculty due to anxiety about how they would be perceived and concern that they would be stigmatized.

In higher education generally, students with disabilities are reluctant to disclose (Mamboleo et al., 2020). Mamboleo et al. (2020) found that freshmen and sophomores are more likely than upperclassmen to disclose to their professors. The authors asserted that previous experiences with disclosure could impact the likelihood that college students with disabilities would disclose in their junior and senior years. They also found that males were more willing to disclose than females, due to the intersecting oppressions of gender and disability. Previous disclosure experiences that were positive also impacted future disclosure. The perceptions of students with disabilities regarding a faculty member’s willingness to provide an approved accommodation also impacted disclosure.

### ***Requesting Accommodations***

College students with LD and/or ADHD tend to have more difficulty than their non-disabled peers performing well academically in college (Lefler et al., 2023). University disability services is the unit on college campuses that approves accommodations for students with disabilities. Registering with disability services early is a predictor of academic success for college students with disabilities (Chiu et al., 2019).

Accommodations can assist students with LD and/or ADHD in their courses in a manner that levels the playing field (Lefler et al., 2023). Banerjee (2023) reported that accommodations typically provided for college students with ADHD include a distraction-free environment for taking tests/exams, extended time to complete tests/exams, allowance for occasional absences, early registration, and a reduced course load. Common accommodations for college students with LD include a distraction-free environment for taking tests/exams, extended time to complete tests/exams, ex-

tended time on assignments, audio text, a notetaker, early registration, and a reduced course load (Lefler et al., 2023).

Faculty members' willingness to provide accommodations for college students with learning disabilities was based on their personal beliefs and the perceived level of difficulty in providing the accommodations (McCarron, 2020). When professors reflect on providing accommodations, they ask themselves three questions: 1) How well do I understand the laws? 2) How well do I understand the definition of learning disabilities? and 3) How much do I know about implementing the accommodation and how much effort it will take? (McCarron, 2020).

Lefler et al. (2023) found that college students with ADHD and/or LD believed faculty had strong negative beliefs about them due to the stigma of their disability. However, the researchers found that the stigma faculty held toward students with disabilities was not as strong as the students believed (Lefler et al., 2023). The students' perceptions are important because we know students' fear of disclosure and unwillingness to request accommodations are related to anxiety about being stigmatized (Moriña, 2022). Lefler et al.'s (2023) student participants reported difficulty in obtaining accommodations through the disability office due to their lack of knowledge of the correct procedure for making these requests and difficulty making an appointment. Finally, college students with ADHD felt their needs were not being met by the accommodations for which they were approved (Lefler et al., 2023).

The majority of research on doctoral students with disabilities exists in the medical field. Meeks et al. (2022) examined the prevalence of various types of disabilities and clinical accommodations in medical education. The breakdown of disabilities was 77.3% cognitive, 15.7% chronic health, and 7% motor or sensory (Meeks et al., 2022, p. 982). Chronic health represented the largest category of students requesting accommodations at 65.2%, followed by 63.1% of students with motor and/or sensory disabilities. Forty-eight percent of medical students with cognitive disabilities requested accommodations.

In the context of law school, Darby (2023) conducted a case study of 11 law students with ADHD to examine how many law students disclosed their disability and their reasons for disclosing. Five of the law students disclosed while the other six did not. The law students who disclosed explained they did so because they needed accommodations in the classroom, such as a notetaker, a distraction-free room for taking exams, or extended time on tests. Darby (2023) found that of the 11 participants, seven did not disclose, one did disclose, and three law students with LD and/or ADHD had not decided whether to disclose and request accommodations during their residency.

In fields other than medicine or law, Boggs (2021), Devol (2022), and Jain et al. (2020) reported that graduate students with disabilities found accommodations like extra time and a separate room for taking exams to be helpful in their course work. However, female doctoral students with ADHD identified the need for accommodations related to meeting deadlines and completing writing assignments like their dissertation. They felt that their needs were not being met in relation to the writing demands of their graduate programs (Devol, 2022).

The challenges of disclosing to faculty are compounded for students with disabilities in graduate programs as compared to undergraduate programs. Tamjeed et al. (2021) reported on a study that found graduate students with disabilities had a greater need for support than undergraduates because “the academic, social, and emotional demands of graduate work exceeded those at the undergraduate level” (p. 3). Tamjeed et al. (2021) also noted that the accommodations provided for graduate students with disabilities may be ineffective due to the nature of the procedures required to request and receive accommodations and the lack of support specific to the needs of these students.

The purpose of this study is to understand the rationale of students pursuing an Ed.D. or a Ph.D. for disclosing or not disclosing their disability and for requesting or not requesting accommodations through a disability resources office and/or their graduate program. The research questions guiding this study are 1) Are doctoral students with LD and/or ADHD disclosing? 2) If so, to whom are they disclosing? and 3) Are these students accessing disability resources? The goal of this research is to better understand the decision-making process of doctoral students with LD and/or ADHD with regard to disclosure and accessing resources.

## METHODS

Constructivist theory provides the framework for this study. From the perspective of constructivist theory there is no single truth; rather, multiple truths exist and the participants and researcher co-construct meaning (Bhattacharya, 2017). The author of this study informed the participants that she has a learning disability, but she did not reveal whether she had disclosed the disability in her doctoral program. This sharing of knowledge led to the co-construction of the interview experience because both collaborators had their own experiences as doctoral students with LD and/or ADHD.

Twenty-one participants were recruited from universities in the U.S. through social media, listservs, and snowball sampling. This number represented the total number of individuals who agreed to participate. All participants had a diagnosis of LD and/or ADHD and were currently enrolled in a doctoral program. The participants included 15 female, five male, and one nonbinary doctoral students from various universities across the U.S. There was no cluster of participants from one university. The participants’ average age was 28 years old. One Asian American, one Middle Eastern, one Native American, one African American, one Latinx, and 16 Caucasian doctoral students participated in the study.

Participants included four first-year students, four second-years, three third-years, two fourth-years, and eight who were all but dissertation (ABD). Their fields of study ranged from clinical psychology to English. Two participants had a dual diagnosis of LD and ADHD, three were diagnosed solely with LD, and 16 were diagnosed solely with ADHD. Fifteen participants with ADHD indicated that they take medication. The average age of diagnosis of their LD and/or ADHD was 20 years old. Eight were diagnosed during their doctoral studies, while 13 received a diagnosis of LD and/or ADHD before entering their program. Table 1 illustrates participants’ diagnosis and accommodation requests.

**Table 1. Participant Diagnosis and Accommodation Requests**

Pseudonym	Diagnosis	Age of Diagnosis	Requested Accommodations as Undergraduate from DR	Requested Accommodations as Doctoral Student from DR
Angie	LD	20	NA	No
Beau	ADHD	NA	No	Yes
Chelsea	ADHD and LD	11	No	Yes
Deborah	LD	6	NA	Yes
Erika	AHDH	26	NA	No
Evan	ADHD mixed	10	Yes	No
Frances	ADHD mixed	25	NA	No
Ginny	ADHD mixed	23	NA	No
Helen	ADHD inattentive	25	NA	No
Jeremy	ADHD mixed	25	NA	Yes
Jerry	ADHD hyperactive	31	NA	No
Krissy	LD	24	NA	No
Laura	ADHD inattentive	26	NA	No
Lester	ADHD	35	NA	No
Linda	ADHD combined	17	No	No
Mary	ADHD and LD	13	No	No
Rebecca	ADHD	24	NA	Yes
Sabrina	ADHD inattentive	8	Yes	Yes
Stacey	ADHD inattentive	24	NA	Yes
Vanessa	ADHD combined	6	Yes	No
Winifred	ADHD inattentive	28	NA	No

Participation involved an hour-long semi-structured Zoom interview that was part of a larger study on the experiences of doctoral students with LD and/or ADHD. The average length of the interviews was 53 minutes, with a range of 25 minutes to 1 hour and 29 minutes, yielding a standard deviation of 4.5. Participants answered questions regarding program demographics, the student's disability, whether they disclosed and/or requested accommodations in their program, their relationship with their advisor, their experiences with stigma, and their identity related to their disorder.

The author of this paper conducted all the interviews. She is a professor with LD and ADHD who has a certificate in qualitative research, took an interviewing class in graduate school, and has extensive experience interviewing participants in qualitative studies. For this study, she practiced the interview questions with a colleague and had colleagues and undergraduate research students make sure the questions were

not biased or leading. She disclosed her LD and ADHD to the participants but emphasized that the focus was on them. After completing the interview each participant received a \$20 gift card. Upon completion, the Zoom interviews were transcribed using pseudonyms and the videos were deleted.

The data analysis approach for this study involved the researcher identifying codes, then categories, then themes (Miles et al., 2020). Codes were not established ahead of time. Instead, Miles et al.'s (2020) cycle of coding was employed.

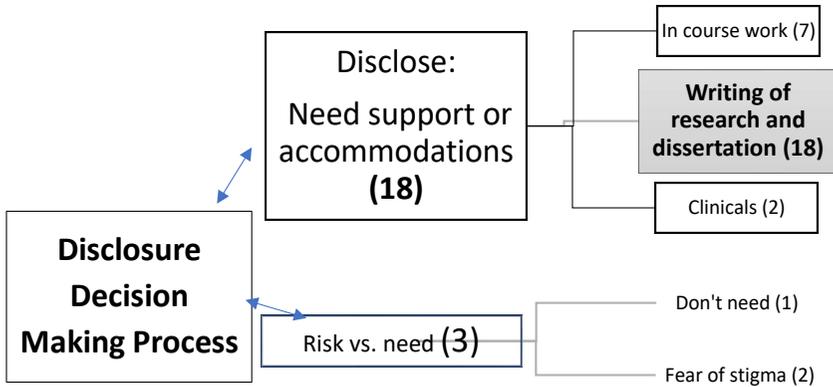
First the researcher read each transcript and coded it in accordance with the following analysis questions:

- 1) Did the participant disclose their LD and/or ADHD in their doctoral program?
- 2) If so, to whom did they disclose their disability?
- 3) Did they request accommodations from the university disability resources office?
- 4) What was their rationale for disclosing?

Preestablished codes were not used because the researcher did not want to bias the findings; instead, she wanted the participants' words to guide the findings. The researcher used "in vivo codes" that reflect the participants' exact words in the transcript (Miles et al., 2020). She highlighted these codes in the Dedoose software, which organized the codes into a document.

The researcher then manually cut and clustered transcript excerpts according to codes. Next, she read the excerpts, looking for patterns in the in vivo codes that led to the generation of categories (Miles et al., 2020). Then she took these categories and drew diagrams to see how the categories related to each other. This allowed her to merge them to form themes, which are a sentence or phrase that explains a unit or category (Miles et al., 2020). This process allowed her to visualize the decision-making process of the participants. This diagram was then taken back to the transcripts to see if it applied to each participant. In the process of verification, the researcher realized that some points never made it to codes. They were not coded because they did not answer the research questions. Therefore, these non-related points did not yield codes, categories, and themes, thus never making it to the findings section.

## FINDINGS



**Figure 1. Disclosure Decision Making Process for Doctoral Students With ADHD and/or LD**

In determining whether to disclose to disability resources, their instructors, their advisor, and/or their clinical site supervisors, the doctoral students with LD and/or ADHD in this study asked themselves two questions. These questions frame the layout of Figure 1. The first question was, Do I need support or an accommodation? Participants answered this question by examining their needs in relation to their courses, writing research papers, and the dissertation process. Those whose programs included work in labs or clinical experiences reflected on their need for accommodations and/or support in these contexts as well. This second question they asked themselves was, What is the risk versus the need? The answer to this question led to their decision to disclose or not to disclose and determined with whom they would share the information.

The two themes from this study are 1) need for accommodations or support and 2) risk versus need. The categories under need for accommodations or support include a potential diagnosis leading to an accommodation in coursework, needing an accommodation on comprehensive exams, needing support in writing research papers and/or the dissertation (which the advisor provided), and finally, needing support in clinical experiences. In the theme of risk versus need, the categories were not needing help and fear of stigma. The choice to disclose was related to a need for support or accommodations. The choice not to disclose was related to the absence of a need for help or a fear of stigma.

In the category of needing accommodations in course work, seven participants reported requesting accommodations through disability resources to help them in their courses. The students with LD, and one participant with both LD and ADHD, were approved for extended time on exams, a separate room for taking exams, notetakers, and flexible deadlines. The doctoral students with ADHD only were approved by disability resources for notetakers, extended time on exams, and a distraction-free space for exams, but were not approved for flexible deadlines.

In the other categories under this theme, one participant reported receiving approval from the graduate coordinator for extended time on their comprehensive exam. Two participants discussed needing to disclose in clinical experiences to explain their behavior and why they were missing deadlines. The largest category was students who needed support in writing research papers for grants and publication and in researching and writing their dissertation. All 18 participants who disclosed, reported that their advisors provided support by giving them flexible deadlines on their doctoral projects; helping them break down large tasks into smaller, more manageable tasks; and advocating for them with fellow faculty and committee members regarding the need for flexible deadlines and by explaining some of the students' behaviors. Some students with LD and/ADHD disclosed and requested accommodations in multiple areas, such as course work and their advisor.

In response to the question, Do I need accommodations or support? two categories emerged within the theme of risk versus need: 1) No need and 2) Fear of stigma and negative perceptions. One participant reported he did not need accommodations or support. Two participants expressed a strong fear of how they would be perceived due to the stigma associated with their disability.

Three doctoral students with LD and/or ADHD who reported no need for accommodations felt they were doing fine, and therefore determined they did not need to disclose. The three students who decided that the risk of disclosing was too great may have needed assistance but chose not to disclose to anyone due to fear of stigma and lack of understanding. Of these three, one had heard that her advisor previously had a negative experience with a doctoral student with ADHD. Another one was just afraid and determined that the risk was too high for her. The seventh participant did not disclose because he had negative disclosure experiences in the past.

## DECISION TO DISCLOSE DUE TO NEEDING SUPPORT OR ACCOMMODATIONS

### *Accommodations in Coursework*

The need for support or accommodations offered through the disability resources office led a number of participants to disclose. Two participants accessed the disability resources office to be evaluated for a disability and request course accommodations. Participants' age of diagnosis and their use of disability services during their undergraduate years were not predictors of whether they would access university disability resources at the doctoral level.

Some of the students wanted to understand why they were struggling and had struggled for most of their lives. Disability resources provided them with access to being evaluated for a disability. The ability to receive a diagnosis could answer many questions about their academic struggles and provide the opportunity to receive accommodations that would help them succeed.

Deborah, a second-year doctoral student with LD and ADHD, was one of the students who benefitted from the availability of this kind of evaluation. She explained,

Yes, I did get the diagnosis using the on-campus services . . . just starting this semester. I couldn't [get accommodations] last semester, because it was just the end. I do have help from here. It's called

Student Life Disability Services, so that gives me access to a disability advocate, someone who can talk to my professors for me [about receiving] more time to complete certain assignments, more time to complete tests.

Deborah found that her university disability resources office could assist her in obtaining a diagnosis, qualifying for accommodations, and arranging those accommodations with her professors.

Sabrina, who is ABD, chose to register with the disability resources office as a safety measure. She explained that she made this decision “at the very beginning of my program. I registered really just for extended time, mostly because I was anticipating that issue with comps. Um, I wanted to just be on the record. I have not gone back really.” Sabrina’s primary concern was having access to extended time for completing her comprehensive exams, and she has not had any other need to use the services of the university disability resources office.

Doctoral students may utilize university disability resources initially to be evaluated for an LD and/or ADHD diagnosis. Once diagnosed, some students request accommodations for their coursework, while others do so only for their comprehensive exams. Only one student reported receiving support from the disability office while working on their dissertation, and that was in the form of reimbursement for the cost of a dissertation coach. The majority of doctoral students with LD and/or ADHD do not utilize the university’s disability resources office.

### ***Classroom Professors***

Doctoral students with LD and/or ADHD must weigh the pros and cons of disclosing to the professors who teach their courses. They must disclose if they require an accommodation for the course. Five of the 21 doctoral participants requested accommodations in at least one of their courses.

Chelsea, an ABD student, disclosed her disability and accommodation needs to every professor she had in her coursework. She describes the process she went through every semester:

Before every single class I took, I made an appointment with the professor to share my Disability Student Services papers, which I come to update every semester, to share with them my accommodations that are approved and to also let them know, even though it wasn’t written in the accommodations, the things I know about myself, and where I will likely need support. [In] every single class I took, I did that.

No matter what the course, Chelsea disclosed to each professor and requested accommodations at the beginning of the semester.

Jeremy, an ABD student approaching the end of his program, reflected on the two courses in which he disclosed to and requested accommodations from his professors. In the first case, a statistics class, Jeremy requested to receive his professor’s PowerPoint slides in advance of the class. Jeremy learned that the professor “was not allowing students to have the PowerPoints in advance, or like right before class or during class.” In this situation, Jeremy’s accommodation was not granted, thus his disclosure was fruitless.

In a class he took in his second year, Jeremy disclosed and requested accommodations again, and this time his request was successful. In recalling the experience of disclosing to the professor for his qualitative research class, he shared, “The professor who’s like super great . . . I trusted her . . . and those are really the only two times I ever disclosed to faculty.” Jeremy disclosed to faculty when he had a need for accommodations. Despite his lack of success in obtaining an accommodation on his first try, his trust in his second professor led him to disclose again, and this time the accommodation was provided.

### ***Disclosing to Advisor for Help in Writing Research Papers and the Dissertation***

Doctoral students with LD and/or ADHD discussed the challenges presented by the writing components of their programs most frequently. They did not discuss writing in their classes, but rather in the context of engaging in self-directed research and working on their dissertation. At this advanced point in their program, relatively few students access disability resources for accommodations related to writing research papers or their dissertation.

The most significant source of support for the participants was their advisor. Eighteen participants reported that they disclosed their disability to their advisor. Advisors helped the students by giving them flexible deadlines, helping them break the dissertation work into segments, and advocating for them with the graduate school and fellow faculty and committee members regarding the need for flexible deadlines and by explaining some of the students’ behaviors. Disclosure was easier if the student and advisor had a positive relationship, but even when the relationship was not as strong, if the doctoral student with LD and/or ADHD had a need they would disclose. One participant reported that she disclosed to her advisor and it did not go well, but she still needed support.

Reflecting on her disclosure process, Laura, an ABD student, stated, “If I had not needed that accommodation I would not have disclosed to my committee or my department outside of my advisor, most likely.” Regarding her disclosure to her advisor, she clarified, “I like my advisor a lot, and she was very understanding. She also has chronic illnesses and she was very understanding. I think generally she understands that she could take the reins off and let me do the work.” Since Laura’s advisor has a chronic medical condition, Laura felt more comfortable disclosing to her. She found that this disclosure allowed her to share with her advisor that she works best with little supervision.

Other participants disclosed to their advisor when they had to explain behavior that was affecting their work in the program. For example, students encountered challenges affecting their academic work when making medication adjustments or experienced a lack of productivity due to their ADHD. Rebecca, a second-year doctoral student, decided to tell her advisor about her ADHD to explain that she was going through a medication change. She reported, “My advisor knows because whenever I was going through like the medication process, I was kind of switching between different ones, and it was a little bit of a rough transition. So I just like told him.” Since the medication adjustment was impacting her academic performance, she felt it was important to disclose to her advisor.

Jeremy, an ABD student who has almost completed his program, also found that his ADHD impacted his performance in his doctoral program. Therefore, he disclosed to his dissertation co-chair. He explained,

I did disclose to my co-chair of my dissertation that I had ADHD, especially, honestly, especially when I was like not as productive, explaining like this is one of the reasons I can't concentrate at home and I haven't been as productive.

Jeremy's desire to explain his behavior resulting from his ADHD spurred his decision to disclose.

While most doctoral students with LD and/or ADHD who disclosed to their advisors reported positive outcomes, Stacey, a second-year doctoral student, described a negative experience with disclosure. She reported, "I disclosed to my advisor [and] everything just kind of started to spiral downward. It was like I started to get treated differently." For Stacey, disclosure did not result in a positive outcome.

Two of the three participants who did not disclose to their advisor felt there was a stigma associated with their disabilities and had heard that their advisors would not understand. For these students, the risk outweighed the benefits of disclosing to their advisor. However, most participants felt the need to disclose to their advisor, determining that their need for support and understanding outweighed the risks.

### ***The Need for Support in Clinical Experiences***

Three of the participants are enrolled in programs that require them to assist in managing and working in a faculty member's laboratory or to perform clinical hours. As with the requests for accommodations in courses, disclosure occurred in response to doctoral students with LD and/or ADHD identifying a specific need. Doctoral students with LD and/or ADHD were selective in these settings regarding their decision to disclose.

Erika, a fourth-year doctoral student, decided to disclose to her clinical supervisor because she felt she needed to be held accountable. Erika explained, "I've started telling supervisors at external sites, for example, private practice sites. Just as a thing that's important to know as I'm working on this. . . . I have many strengths, but this one is not it, and like, I would appreciate any help that you have here to help me figure out systems for keeping me accountable to that. And that's been taken well overall."

Erika disclosed because she wanted to be honest with her supervisors about her disability and because she recognized her need for a specific kind of support.

Krissy, a third-year doctoral student, disclosed to her clinical supervisor because she was concerned about possible bias in her ability to diagnose other individuals with ADHD. She reported,

I've disclosed to my supervisors, and I have done that a lot and that's mainly because I want to make sure that I'm not like seeing ADHD where there is not ADHD, because I think I do have the sensitivity to [it]. I wasn't diagnosed, even though I was like asking people to diagnose me, and it made my life really hard.

Krissy chose to disclose to ensure that her personal experience did not influence her judgment in carrying out her clinical work.

Unlike coursework, laboratory and clinical settings may be new contexts for doctoral students with LD and/or ADHD. Often they must decide whether to disclose without even knowing the situation. Their disclosure tends to be based on their perception of whether their disability may interfere with their performance of the job.

***Non-Disclosure: Not Needing Support, or When the Risk is Greater Than the Need***

Three of the 21 participants did not disclose their disability status or request accommodations in their doctoral program. The students' reasons for choosing not to disclose ranged from not having a need for accommodations to concerns about the stigma around LD and/or ADHD to the belief that their advisor would not understand their perspective.

One participant explained that he was doing well in his program and therefore doesn't need assistance. Evan, who just started his doctoral program, noted, I did not disclose it to the graduate school, as the curriculum that I'm in is really only in classes the first two years, and the classes are pretty small. So I did not feel the need to disclose it . . . the classes really aren't the main part of grad school for me. It's mostly the research.

Doctoral students with LD and/or ADHD may decide not to disclose when they have heard negative things about their advisor's lack of understanding of certain disabilities. Winifred, a third-year doctoral student, described her concern that her advisor would not be understanding. She stated,

My advisor—I was told that she had somebody with ADHD in the past, and he really didn't do well. She's very kind. She's a great advisor. She's wonderful but she also, I just don't know if she would understand. And I don't know if it would—I just don't know if it would be helpful to disclose to her.

Concern that their advisor would not be understanding of their disability may dissuade doctoral students with LD and/or ADHD from disclosing.

A lack of understanding can also reinforce stigma or negative perceptions of a person with LD and/or ADHD. Angie, who just started her doctoral program, explained, "I guess sometimes it's like the stigma around disclosing" that prevents her from sharing her disability. Angie's concern that her advisor, professors, and peers will perceive or treat her differently has prevented her from disclosing her disability status.

Not all doctoral students with LD and/or ADHD choose to register with the university disability resources office or disclose to individual faculty. The participants' decisions about disclosure were most often based on the need to request accommodations or explain behaviors or challenges that result from their disability. Not needing help or being concerned about how disclosure will affect the way they are perceived and treated in the program are reasons doctoral students with LD and/or ADHD choose not to disclose and/or request accommodations.

## DISCUSSION

### *Main Findings*

Doctoral students with LD and/or ADHD engaged in a process of deciding whether or not to disclose, a choice they made by weighing the need versus the risk (Figure 1). In this study, all but three participants did not disclose. Among those who did not disclose, one felt no need for accommodations while two feared their advisor would not be understanding and wanted to avoid being stigmatized.

In determining to whom they would disclose, some disclosed to disability services as well as their advisor. Seven students went to disability resources to request accommodations for their coursework. One went to the graduate coordinator to request accommodations for their comprehensive exams, and two clinical students went to their supervisor. The largest category in which doctoral students with LD and/or ADHD needed support was writing research papers and their dissertation, which led 18 of the students to disclose to their advisors. All of the participants who disclosed to disability resources also disclosed to their advisor. The participants in this study emphasized the need for support from their advisor in writing research papers and the dissertation. Advisors provided support for these students by giving them flexible deadlines, breaking down large projects into more manageable tasks, and advocating on their behalf with other faculty. All 18 disclosing participants in this study accessed this resource.

A key finding in this study related to Tamjeed et al.'s (2022) finding that graduate students have different needs than undergraduate students relates to the extensive writing demands in doctoral programs. The participants with ADHD in this study did not know where to go for support with meeting deadlines, other than talking to their advisor. For these participants, disability resources did not approve a flexible deadline accommodation for their course work, and this became an even more significant need when students engaged in independent research and the dissertation process.

The participants in this study highlight the complexity of disclosure in their process of weighing the need versus the risk, analyzing the situation, and determining to whom they will disclose, which supports Valle et al.'s (2004) definition of disclosure. For the three who did not disclose in this study, one did not need help and two expressed concerns about how they would be treated and whether disclosure would reinforce the stigma and discrimination that often accompany disability. These concerns are supported in the literature on disclosure (Meeks et al., 2022; Moriña, 2022; Tamjeed et al., 2022). Doctoral students with LD and/or ADHD in this study were also concerned about how their professors would react to their disclosure, which supports Meeks et al.'s (2022) finding. As in the results of Mamboleo et al. (2020), the participants in this study worried about the stigma that can accompany the disclosure of a disability.

Echoing the findings of Boggs (2021), Devol (2022), and Jain et al. (2020), the participants in this study valued accommodations like extra time and separate rooms when taking exams. For the course accommodations, none of the participants who had only an ADHD diagnosis qualified for flexible deadlines. Moreover, participants reported that once the coursework in their program ended, accommodations

provided by disability services could not help them with the heavy writing demands.

A unique finding of this study is that a large percentage of doctoral students with LD and/or ADHD disclosed their disability, which differs from Devol's (2022) and Darby's (2023) findings. The participants in this study disclosed because they needed accommodations in their courses, comprehensive exams, the writing of research papers and their dissertation, and clinical settings. The students were selective in choosing whether to register with the university's disability resources office, doing so largely to access disability testing or request accommodations in their coursework. They found it beneficial to disclose to their advisor when they had specific needs related to their productivity or a need to explain disability-related behavior or challenges.

### ***Limitations and Future Research***

The current study is limited by its small sample size and the limited gender and racial diversity of the participants. The small number of men in comparison to women did not allow us to compare our findings to those in Mamboleo et al.'s (2020) study. We also could not compare our findings to Mamboleo et al. (2020) due to the limited racial diversity of our sample.

Because this is a constructivist-theory driven study, the only criterion for participation was being a doctoral student with a diagnosis of LD and/or ADHD. The criteria for participation could have been more stringent by limiting participation to those whose ADHD was diagnosed before enrolling in college. However, ADHD inattentive type is often missed and goes unrecognized in a student's earlier years (National Institute of Mental Health, 2019), which could have narrowed the participant pool significantly.

Few participants disclosed for the purpose of receiving accommodations for their comprehensive exams or clinicals. This may be a result of where the participants were in their programs and the nature of the comprehensive exam. In terms of clinicals, not all doctoral programs include a clinical or lab requirement.

The standard deviation in the length of interviews had a wide range. For the shorter interviews lasting only 25 or 30 minutes, I could have asked the students to expand on their responses. In this same vein, the disclosure portion of the study was embedded in a larger study. While the responses provided sufficient data for this paper, a study that specifically examined disclosure could provide more in-depth, detailed responses to add to the literature.

An additional limitation is that eight of the participants were diagnosed with LD and/or ADHD during their doctoral program, when they were already adults, which may have influenced their understanding of their disability and their own needs associated with it. Future researchers may want to compare the disclosure practices of students who were diagnosed at earlier versus later ages. Moreover, while the participants in this study were enrolled in a variety of universities and disciplines, it may be helpful in the future to examine the accommodation needs of doctoral students with LD and/or ADHD in specific academic fields or programs.

Future research should also examine the disclosure and accommodation needs of doctoral students with LD and/or ADHD while they are working on their

dissertation. What precipitates disclosure to a faculty advisor? How can advisors best meet the needs of doctoral students with LD and/or ADHD? Are there accommodations that can help these students during the complex process of researching and writing a dissertation? Additional research is needed on the unique needs of doctoral students with LD and/or ADHD when they participate in internships, manage faculty members' labs, or work in clinical settings.

### **Conclusion**

Given the increasing number of students with LD and/or ADHD enrolling in graduate school (Welding, 2023), doctoral programs and disability resources offices need to explore the best ways to facilitate disclosure and requests for accommodations. Many doctoral students with LD and/or ADHD don't know what accommodations exist to support them during the dissertation process or when they hold an internship, manage a laboratory, or work in a clinical setting. Doctoral students with LD and/or ADHD are willing to disclose when they can identify clear benefits of disclosure. However, accommodations provided by university disability resources offices pertain primarily to coursework, and the ability of such offices to support students during the dissertation process and in program-related settings outside traditional classrooms remains unclear. More support is needed for doctoral students with LD and/or ADHD during the dissertation process and in other key facets of their doctoral education.

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