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Pathways to Success for the College Student with ADD Accommodations and Preferred Practices

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Abstract

This article examines a number of broad issues related to college students who have attention deficit disorders (ADD). As the number of students who are disclosing their disability of ADD and requesting services increases, practitioners are challenged to understand the nature and characteristics of this disorder and respond appropriately. The Office of Student Disability Services at The University of Iowa studied these issues and implemented a program of services including information, advocacy, instruction, support, and academic accommodations. Disability services counselors who understand this disorder can design services that address students' specific needs for program access and the development of academic and life skills. Combined with staff and faculty awareness of ADD and their provision of appropriate accommodations, the campus community can contribute to the retention and graduation outcomes of students with this disability.

A growing number of colleges, universities, and other postsecondary institutions offer a wide array of support services to provide students with ADD and ADHD (Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder) an equal opportunity to obtain a quality education. On many campuses offices of student disabilities services (SDS) operating under either student or academic affairs assist in reducing physical, programmatic and attitudinal barriers that might otherwise impede student success (Kravets & Wax, 1992).

Many of the support services emerging on campuses for students with ADD are an extension or adaptation of programs originally developed to provide program access for students with learning disabilities. As practitioners have recognized the impact of ADD, they have applied this understanding and adapted services to meet student needs. Some institutions offer specific programs and interventions designed to prevent or reduce the difficulties for students with ADD who are considered to be at high risk (Richard, 1992).

Students with ADD in the College Population

As a result of increased public and professional awareness of ADD, the number of traditional age freshmen who have been identified and treated for this disability is increasing. An upward trend has also been observed in the number of nontraditional students who have returned to college to commence or complete degrees following diagnosis. This is encouraging and significant for students, their families, teachers, and advocates, since historically this has been an unlikely group to start or finish a college education (Klein, 1991). While postsecondary institutions offer a wide range of academic programs and environments to promote the educational growth, training, and development of students, in the past many of those with ADD have been precluded from participation as a result of their failure to graduate from high school (Klein, 1991). It has been estimated that 25% to 35% of students identified with ADD drop out of high school (Barkley, 1990; Klein, 1991). Klein reported that the career outcomes of adults with ADD also reflect the lack of postsecondary education. Only 2% of adults with ADD attained professional job status as compared with 20% of her control sample. Additionally, she noted that young adults with ADD were at high risk for substance abuse and low socioeconomic status as adults when compared with their peers.

Studies of school children have indicated that 3% to 5% have ADD and of this number, an estimated 40% to 70% continue to have symptoms of ADD during their adult years (CH.A.D.D., 1993). While the severity varies, symptoms often include restlessness, distractibility, impulsivity, impatience, inconsistent work performance, failures to plan ahead and bring work to completion, and difficulty focusing and concentrating (Murphy, 1992). Although research has generally noted that ADD occurs in males at a much higher rate than in females, recent research indicates that fewer females manifest motor hyperactivity and aggression, and consequently are not as readily identified (Fowler, Barkley, Reeve, & Zentall, 1992; O'Brien, Phillips, & Rubinoff, 1994). The prevalence of ADD within the college population has not been precisely determined, although it has been estimated at 1 % to 3% (Barkley, 1993). Additionally, specific information about the number of college students diagnosed with ADD who have disclosed their disability to their institutions is not yet available.

One way of estimating the potential number of students with ADD in postsecondary education is to consider the statistics regarding students with disabilities in categories such as learning and psychological disabilities that coexist at high rates with ADD (Cantwell & Baker, 1992, Semrud-Clikeman et al., 1991). ADD seldom exists alone and while this may occur, ADD more often appears with other neurobiological disabilities (Barkley & Murphy, 1993, Gersh 1993, Stein 1993). A 1992 survey of full-time college freshmen with self-disclosed learning disabilities (LD) indicated that this group comprises 25% of all freshmen with disabilities (HEATH, 1993). Since LD and ADD often occur together, the incidence of ADD has probably been subsumed as a part of the statistics documented in the category of LD. Statistics for students with psychological disabilities may also include students with ADD. SDS offices serving students with ADD report that the majority of these students are identified while enrolled in college after their freshman year (Richard, 1994). Thus, it is also probable that a number of college students with undiagnosed ADD are enrolled in postsecondary institutions. These data all

point to the reality of a growing disability population that is eligible for services under Section 504 and the ADA.

College Service Delivery Models

Just as there is no typical student with ADD, there is no universal model throughout postsecondary education for providing services for students with disabilities, including ADD. Each institution that provides academic accommodations to students with disabilities has its own programs and services. Staff sizes and qualifications as well as philosophy and practices may differ widely (Sandperl, 1993). At some schools, a faculty or staff member is designated as the resource person for students with disabilities; some institutions limit their assistance to providing a form for verifying accommodations eligibility, while others assist with advocacy and provide content-based tutoring (Barbaro, 1982; Dalke & Schmitt, 1984; Vogel, 1993). A number of institutions utilize a decentralized model in which students with ADD participate fully in the academic program of the institution with the support of the campus SDS that provides individual and group counseling services, advocacy, and training in study strategies pertinent to their needs. A few schools provide services through a centralized, self-contained model that includes a program of separate or "special" academic courses that students with disabilities must complete prior to entering "regular" classes (AHSSPPE, 1987; Kravets & Wax, 1992). Regardless of the model, offices that serve students with ADD should have: (a) disability documentation standards and screening procedures, (b) services and programs, and (c) instructional and testing practices and accommodations (Javorsky & Gussin, 1994).

Issues of Late Diagnosis

When attention deficit disorders are not diagnosed and understood until a student is in college the toll on the individual can be especially high. Like other students with hidden or nonvisible disabilities, students with ADD may have been frequently misunderstood by others. They may often have struggled to appear normal by attempting to control their symptoms. In spite of their best efforts to keep up with others and avoid embarrassment, they may have been "caught" and told by those who cannot see their effort that they are "not trying hard enough." Students with undiagnosed ADD have often developed negative self-perceptions as a result of track records that include academic and/or social failures (Weiss & Hechtman, 1993). Many have been labeled as "having a bad attitude," "a slow learner," "lacking motivation," "immature," "lazy," "spacey," or "self-centered." Social withdrawal and isolation are strategies employed by some who are seeking to avoid criticism or hurt (Werry, Reeves, & Elkind, 1987). Others manifest cynicism or aggressive behavior in response to chronic anger and frustration related to their problems.

Identification of students who have reached adulthood with undiagnosed ADD and the provision of appropriate assistance improves their chances for a successful outcome. Effective intervention can improve self-esteem, academic achievement, and general adjustment. An accurate diagnosis of ADD can help students to put their difficulties into perspective. Unfortunately, rather than viewing their difficulties as the result of an

inherited or acquired neurobiological disorder, many college students with ADD have come to accept the erroneous belief that they are to blame for their problems. Related to this, many also experience a sense of relief following diagnosis. The uncertainty over what was "wrong" or what led to the referral is replaced with information and hope for the future (CH.A.D.D., 1993).

Professionals working with college students frequently ask how students with significant disabilities in the areas of attention and learning have passed undetected through the educational and health care delivery systems. A number of issues beyond the folk tale that "they out-grow it" contribute to this (Ratey, 1992; Stein, 1993). Although by definition the symptoms of ADD appear before age seven, like other students with hidden disabilities, many "fall through the cracks" of the systems charged with their identification and treatment. This is primarily attributed to a lack of pre-service and inservice training for educators and health care providers in the area of identifying children at risk for disorders of learning and attention. Some college students completed the secondary level prior to the enactment of laws that require the evaluation of children demonstrating educational problems. Many others who were in primary or secondary school after the implementation of these laws did not fall below grade level substantially enough to meet state standards for eligibility for assessment. Nor did they display behavioral problems to the extent that the system was activated to deal with these symptoms (Ratey, 1992). Of those students who were professionally evaluated, many were missed or misdiagnosed owing to service providers' lack of information about identifying students who may be at risk for ADD. State standards for eligibility commonly require that students score two to three years below grade level in math or reading in order to qualify for special educational services. Since students with ADD in college are generally of average and above intelligence and have developed a range of compensatory strategies, they seldom meet the criteria for school assessment based on academic failure or extreme and persistent misbehavior. Thus, it is not surprising that these individuals have gone undiagnosed. Even when demonstrating the required amount of school failure to access school assistance, some students, identified as having ADD without the presence of specific learning disabilities, may not have been previously considered eligible for educational services. Although some may have been served through regular and special education on account of academic impairment related to co-existing disabilities (such as learning disabilities), it was not until the U.S. Department of Education issued a memo of clarification on September 16, 1991 that the law was clear on the point that students whose educational progress is impaired by ADD are eligible for accommodations and services under Section 504 of the Rehabilitation Act of 1973 or the IDEA (Individuals with Disabilities Education Act).

Screening Students with Symptoms of ADD

SDS counselors report an increasing number of referrals of students for screening of symptoms that may be related to ADD. Postsecondary students may self-refer or may be referred by staff, faculty, or peers. During initial interviews, counselors often observe symptoms of depression, frustration, defensiveness, indifference, anger, and anxiety. For some students, discomfort may be related to referral to the "disability office" when they

do not have a visible condition, while more seriously, it may stem from the academic or adjustment problems that have brought them to the appointment. Over the course of their academic career, underachievement or failure may have undermined their sense of personal competence, engendering adaptive behavior that appears as defensiveness or indifference. Students may have been told and have come to believe that they do not "try hard enough." Others who appear anxious or depressed indeed may have coexisting depression or an anxiety disorder at a clinical level (Hallowell & Ratey, 1994).

Counselors should remember that "the most consistent thing about ADD is inconsistency" (Barkley, 1991). The performance of students with ADD is not necessarily impaired at all times, nor does it necessarily represent skill deficits. Instead, ADD appears to be a performance deficit, a problem of "not doing what one knows," rather than "not knowing what to do" (Barkley, 1991). When these students encounter certain tasks that offer high interest, novelty, immediate feedback, or risk and danger, they may focus and keenly attend. In contrast, when they are faced with tasks that are routine, repetitive, and require attention to detail, they may demonstrate great difficulty voluntarily focusing and maintaining attention. Thus, those working with students with ADD can apply this to interpret students' tendency to have better grades in classes that intrinsically interest them or are taught by instructors who have attention-holding teaching styles (Zentall, 1993).

In the case of students who are referred for behavior and/or learning problems, screening and assessment services may be available through SDS offices or counseling centers. Although postsecondary institutions are not mandated by law to provide formal assessment services, some do have clinical psychologists on staff who are familiar with ADD, can perform testing, and make recommendations for students. However, more frequently, following a screening interview, SDS offices either recommend that students whose difficulties are symptomatic of ADD seek private assessment services or suggest names of clinicians who perform this kind of diagnostic evaluation.

An SDS screening interview for students who may have ADD is often similar to or the same as that used to obtain a developmental history of students suspected of having learning disabilities. The process for a screening usually consists of: (a) a one hour intake appointment with a counselor of students with LD/ADD, (b) student completion of an information form, and (c) discussion between the student and counselor during which the counselor asks questions to solicit additional information or detail. While SDS offices generally use their own in-house forms, a few have been published for use with students suspected of having LD. In recognition of the need to screen for symptoms of ADD, The University of Iowa Office of Student Disability Services added a checklist of ADD characteristics to its form for the purpose of obtaining students' reports of related symptoms they consider problematic. The interview form is a tool to supplement the information obtained during the appointment and assists counselors in distinguishing between the symptoms of ADD and issues of adjustment or development common in many college students. Certainly, a number of students without ADD behave in disorganized, impulsive ways and report difficulty concentrating on homework. Counselors should also be cognizant that students' reports and displays of anxiety,

frustration, defensiveness or indifference, and depression may both result from and conceal ADD, or stem from another cause.

The following checklist of characteristics was developed based on analysis of presenting concerns of students later diagnosed with ADD (Richard, 1992). Not all of the following characteristics are applicable to every college student with ADD; each individual has his or her own presentation. Students are asked to respond "yes" or "no" to whether they have problems with:

- Distractibility
- Disorganization
- Forgetfulness
- Procrastination
- Becoming easily bored
- Speech
- Restlessness
- Test anxiety
- Relationships
- Low self-esteem
- Temper
- Daytime drowsiness
- Losing things
- Depression or mood swings
- Substance abuse
- Chronic tardiness or inattendance
- Academic underachievement or failure
- Clumsiness or incoordination

In the event counselors believe symptoms of attentional problems are present, they should recommend that students seek a comprehensive evaluation. Reasons for this should be explained in a supportive manner. They should specifically note that their concerns are not based on lack of intelligence or cultural differences. To further support the recommendation and encourage follow-up, counselors should be prepared to offer the student examples from the interview, such as the history of problems with math and memory, or reports of impulsive acts later regretted. Counselors can offer students guidance by explaining how the diagnostic report will be helpful since it will not only profile weaknesses and provide clues to methods of mitigating them, but more importantly, identify areas of strength that will be helpful in overcoming difficulties. While students' responses to referral vary, many express relief and feel validated by learning that their difficulties are taken seriously.

The evaluation of a college student or of an individual who plans to enter college may vary somewhat in focus from that of an adult in the work force. Special attention must be paid to academic history and functioning (Barkley & Murphy, 1993, Gersh, 1993), and academic accommodation recommendations should be stated. A multi-disciplinary evaluation is important in the diagnosis and treatment of ADD. Clinicians from

psychology and medicine should look into a number of domains including: cognitive, affective, motor, academic, work and study habits, social and general health. Recommendations in the summary report should focus primarily on academic needs that are related to the findings. They may include statements concerning a student's eligibility for services such as notetakers and extended time for test taking. If ADD or a co-existing learning disability substantially impair a student's ability to complete required courses in mathematics or foreign language, the report may include a recommendation that the student be permitted to take approved courses in substitution for those generally required. (Mangrum & Strichart, 1988; Richard & Chandler, 1994; Sedita, 1980; Vogel, 1987). Most institutions request that the student provide a copy of the report to the college disability counselor for the purposes of providing evidence of eligibility and arranging for appropriate academic accommodations.

SDS counselors often take the lead in helping students understand how ADD affects them in and outside of the classroom. While some students may have been previously provided with information about ADD, counselors often find that many have little substantive understanding of the disability and how it affects learning and living. Although counselors in academic settings may tend to focus on the cognitive aspects of ADD, it is equally important to pay attention to how this disorder affects relationships and daily activities (Hallowell, 1992). Students often are receptive to working with SDS counselors who provide scientifically-based information about ADD including fact sheets, booklets, books, and videotapes. This material can be provided in the context of individual or group counseling.

Adjustment Issues of Students with ADD

Freshmen with ADD may demonstrate a great deal of anxiety related to increased expectations at the postsecondary level. This can be based on realistic fears since a significant maturational lag found in students with ADD may compromise their college adjustment (Barkley, 1993). For some, after years of "special" education they may wish to leave their disability behind by denying a need for continued support (Leonard & McCormack, 1994). In doing this, they may also choose to leave their medication behind. Medication compliance problems may originate in students' needs for "reality checks" and be reinforced by such factors as problems remembering to take medications, difficulty in obtaining prescriptions, and/or problems of medication availability. Barkley (1990) noted that although medication is highly effective for the majority of young adults with ADD, they are generally compliant with medication treatment for only a period of six months to a year. Interestingly, this seems to contradict fears that students will become addicted to their medications. Counselors working with these students need to assist them to understand ADD as a lifespan disability and encourage the development of skills to manage the disorder, prevent some of the problems they have experienced in the past, and reduce the occurrence of new ones.

As juniors and seniors encounter the challenges of upper level classes, if ADD has been a hindrance in the past, they may perceive it as a barrier to their graduation goals for employment or graduate school, and personal relationships. Some externalize their

frustration, blaming problems on faculty or advisors. Others may take it out on themselves in a manner that results in feelings of anger and/or depression. If students have not gained insight about the symptoms of their disability, they may struggle with unrecognized transition issues by finding fault and reacting with anger to every situation that poses challenges. This is often especially true if ADD impairs the ability to move into new situations, learn the "unwritten rules," and readily integrate different or more complex procedures. Students may react by thinking new situations are "awful," and that those involved in them are either untrustworthy or are working against them. Attempts to cope with this through anxious displays of overtalkativeness, outbursts of temper, or withdrawal into depression are not uncommon. If any of these are the case, and students have come to blame others in an unrealistic way, counselors assisting them will need to gain their cooperation and trust through the use of caring and careful communication and clear, well-founded information.

College Selection and Admissions Issues

Students who self-identify at the time of application or admission, seek assistance early, and use appropriate accommodations are more likely to achieve academic success (Richard & Chandler, 1994). While the decision to self-identify a disability is a personal one, and a student's decision not to do so should be respected, the benefits of self-disclosure may appear quickly. Examples include: (a) orientation accommodations, eg., extended time on placement examinations, (b) support in the registration process, (c) an interview to initiate SDS services, and finally, (d) referral to other offices and if needed, to state and federal agencies that may offer assistance. Early intervention and support can be critical for high school students with ADD applying to colleges, especially those diagnosed at the secondary level (Mangrum & Strichart, 1988), who are jeopardized by lags and discontinuous development in the areas of academic, social, and emotional functioning. Their risk factors may include an inadequate concept of the nature or difficulty of the college experience and not relating high school achievement to their future performance at college in a realistic way. Vulnerability to underachievement, interpersonal problems, low self-esteem, stress intolerance, and depression may hamper independent long-term planning. Symptoms manifested by many adolescents with ADD, such as procrastination and disorganization, may further compromise their progress toward self-determination (Brinckerhoff, Shaw, & McGuire 1993).

With respect to academic matters, as they relate to college selection, students with ADD need information with respect to the sufficiency of their preparation for college. High schools vary in their practices for preparing students with disabilities. Some students with ADD are not encouraged to take classes that are routinely a part of a college-bound curriculum in spite of the fact that, generally, any transcript deficiencies (e.g., missing high school requirement courses) must be made up at college without benefit of credit toward graduation. It is important to mention that some students with ADD may be unable to successfully complete the required courses in such areas as mathematics and/or foreign language. Psychoeducational testing may demonstrate that learning disabilities coexisting with ADD prevent a student from mastering these subjects. If this is the case, it is important that this information be in the psychoeducational report along with a

recommendation that the student be allowed to complete the college graduation requirement through the substitution of approved courses.

SDS and admissions offices are often contacted by prospective students with ADD and others who are assisting them in college selection (Richard, 1992). Offices of admissions should be prepared to respond to questions such as:

1. What are the regular criteria considered in the application for admission process (ACT/ SAT scores, class rank, grade point)-
2. Are there special considerations for admission for students who have documented ADD- Is there a deadline for applications that request special admissions considerations-
3. Is the applicant's current diagnosis accepted- Are there guidelines about the recency of the documentation- What kind of verification is needed-
4. How many credit hours must be taken to be a full time student- Are students with disabilities such as ADD permitted to take reduced course loads and still be considered full-time students-
5. Is there an office of student disability services at the school- If so, what is the name, address, and phone number of the staff member who works with students who have ADD-

Offices of student disability services may be asked:

1. What are the student's responsibilities in obtaining needed services-
2. What are the qualifications and size of the staff-
3. How many students with ADD are currently actively receiving services from the office-
4. What training and/or experience does the staff have in assisting students who have ADD-
5. Are the professional staff members of CH.A.D.D. or AHEAD-
6. Are students assigned an individual staff counselor or advocate- How available are counselors to see students-
7. How willing are faculty members to provide appropriate academic accommodations-

8. What specific programs and services are available to students who have ADD-
How are services delivered-
9. Is there an additional cost for participation in services and/or programs-

Colleges and universities may not discriminate in their admissions policies on the basis of ADD. Generally, students with ADD are considered for admission to college on the same basis as all other applicants and must meet the same academic requirements. However, some admission offices recognize extenuating circumstances such as ADD that may interfere with meeting admission standards. They carefully evaluate the overall performance of these applicants for evidence of the ability needed to successfully pursue studies at their college or university (Barron, 1993).

Students may not be required on the application form to provide personal information about whether they have a disability. In fact such pre-admission inquiries are illegal. However, supplying this type of information is useful if a student wants to be referred for related services or does not meet admissions requirements. When applying to an institution, prospective students should contact the offices of admissions and inquire about their procedures. In the event students want to initiate a request for special consideration in the admissions process, they should also inquire about this. While institutions have their own policies and instructions related to this, generally applicants will submit a letter to the director of admissions to disclose ADD. Additional information that may be provided includes:

1. A statement requesting special consideration in the admissions process.
2. A description of how the ADD affects the applicant.
3. A description of how the student has compensated for any academic deficits.
4. Resources used to compensate for these deficits (e.g., resource room, tutors, word-processing, calculators, extended time for testing, taped text books, etc.).
5. Discussion of the student's involvement in self-advocacy.
6. A description of why the applicant was unable to complete any required high school course work. This should be verified by a psychologist's written assessment or by a letter from the student's high school guidance counselor.
7. A diagnostic report and summary of treatment recommendations related to the student's ADD and any coexisting disabilities.
8. Copies of recent educational plans if the student has been served under Section 504 or the IDEA.

Accommodations and Modifications for Students with ADD

Postsecondary institutions should be prepared to provide program access through appropriate accommodations and modifications for students who are diagnosed with ADD. Federal law mandates that otherwise qualified students who have disabilities that impair their ability to carry out a major life function be permitted to use alternative methods to meet educational requirements as long as these methods do not alter the essential components of the course or program or create an undue burden on the institution. These reasonable and appropriate accommodations do not lower academic standards; they are simply different ways of meeting course requirements. More information about the legal terms is found in Latham's article elsewhere in this issue.

Contrary to the perception that accommodations and modifications for students with ADD give these students an advantage over others, their purpose is to reduce or eliminate any disadvantages that may exist because of the disability. Institutions are not required by law to waive specific courses or academic requirements considered essential to a particular program or degree. Rather, they are mandated to modify requirements on a case-by-case basis to ensure that they do not discriminate on the basis of disability. Students who want to access services must identify themselves and provide appropriate verification of their disability. Eligibility for reasonable and appropriate accommodations is individually determined (Latham & Latham, 1993). Not all students with ADD need or benefit from identical modifications and accommodations, nor do they necessarily use them to the same degree. Actual use of services is the student's choice, and it is the responsibility of each individual to determine whether or not to utilize available services.

SDS counselors should be partners with students who are learning to negotiate their way through the system. Instruction and support are needed to address the shift of responsibility to students entering postsecondary education. At the elementary and secondary levels, the law mandates that schools are responsible for identifying and serving students with disabilities. At the postsecondary level the law places the responsibility on students to self-identify and request services. Most students are unprepared for this abrupt change in procedures. Professionals assisting students must help them not only to become more articulate in discussing their disability, but also to understand and face any attitudinal barriers they may encounter, and to use strategies for dealing with them (AHSSPPE, 1987).

While student disability services staff should work to dispel erroneous notions among instructors that ADD is caused by emotional disturbance or mental retardation, their efforts do not replace the need for students to self-advocate. Students need to speak for themselves in order to: (a) make an appointment with instructors to disclose the disability, (b) request any classroom accommodations that are needed, and (c) request examination accommodations that will help them to demonstrate knowledge of course material (Nadeau, Dixon, & Biggs, 1994; Richard, 1995).

Students with ADD have diverse profiles of strengths and areas of need. The following "menu of services" lists accommodations that can be selected on a case-by-case basis (Richard, 1992):

- Special orientation sessions
- Priority registration for classes
- Alternative testing arrangements
- Advocacy with staff and faculty
- Tutorial services
- Note-taking services
- Assistance with time management
- Extended assignment deadlines
- Recorded textbooks
- Course substitutions
- Assistance with academic skills
- Individual and group counseling
- Disability information
- Assistance with technology

Students with ADD may want to utilize additional services such as typing or transcription that are not required under Section 504. SDS offices may maintain a list of persons who are available for hire by students with disabilities as assistants. Generally, assistants are paid directly by the student who makes arrangements regarding hours and payment.

Preferred Practices in Serving Students with ADD

Effective practices for students with ADD include the provision of individualized, cooperatively planned accommodations that are structured yet integrated within existing university services. Institutional practices considered as core by the office of Student Disability Services at The University of Iowa are discussed in detail. Eligibility for services is determined by counselors based on students' disability information. Counselors also work with students using this information to plan services and accommodations that will support them in their efforts to be successful.

Practice #1: Support Staff and Disability Services

The availability of an SDS office and staff who are trained about ADD and experienced in assisting students with the disability, and who have excellent interpersonal and team-building skills is one key to student retention and success.

Practice #2: Faculty and Staff Awareness

Faculty and staff who have had some training about ADD as a disability and are aware of the protections for students with disabilities mandated by law are vital partners in assuring access. Both can benefit from this information and improve their practices for delivery of instruction and services for students with ADD. SDS staff should be available to provide staff development and consultation to enhance faculty/staff awareness.

Practice #3: Student Involvement

Students who are encouraged to meet regularly with their SDS counselors and use the programs and accommodations available to them are more likely to be successful. Since these students often experience a sense of acute boredom that is symptomatic of their disorder, it is especially important that they are encouraged to participate in programs of residence life, academic advising, and other campus activities and affiliations. If they work, an on campus part-time job of no more than 10-15 hours per week may enable students to remain connected to school while earning money. Volunteering in a campus service program may also increase student commitment to staying in college.

Practice #4: Advocacy and Self-Advocacy

SDS counselors may work with staff and/or faculty in a variety of ways to advocate appropriate accommodations for students with ADD, including campus committees and staff development. On an individual basis, at the request of students, letters can be sent to instructors for the purpose of: (a) identifying them and stating that they will need accommodations to complete the course, and (b) identifying students' specific needs for accommodation. Counselors may instruct or coach students in the use of specific self-advocacy skills such as making requests of faculty. SDS personnel should also provide information about the organization of the institution and its academic departments.

ADD has received some "bad press" and as a nonvisible disability it is vulnerable to this kind of distortion. For some who may include members of the campus community, ADD serves as a perfect target for criticism from those who do not accept the existence of conditions they cannot readily observe. Students with ADD who are initiating their own advocacy efforts may benefit from preparation to effectively meet such challenges.

Practice #5: Degree Requirement Substitutions

When a student's disability prevents him or her from completing a degree requirement in such areas as mathematics or foreign language, the SDS office may assist the student in obtaining a course substitution from an approved list of courses. Students with ADD in combination with learning disabilities may be eligible, on a case-by-case basis, for these accommodations. To facilitate this, SDS counselors often work with students in cooperation with an academic review committee in the college of liberal arts. The process generally involves a meeting between the student and the SDS counselor regarding the eligibility for this accommodation and the process through which it may be requested. Academic review committees often ask the student to write a letter or complete a petition requesting the substitution and providing information pertaining to the need for it. This is submitted together with a letter of support from the SDS counselor, and a clinical recommendation that the proposed modification is an appropriate accommodation. The recommendation is usually contained in the student's diagnostic report from a school psychologist, educational specialist, clinical psychologist, developmental pediatrician, or psychiatrist.

Practice #6: Testing Accommodations

Alternative examination accommodations are frequently requested by postsecondary students with ADD to assist them in compensating for their symptoms of distractibility,

restlessness, and difficulty maintaining focus and concentration. Based on their individual needs students may be able to take exams in a private or semi-private room, have extended time limits, and/or be assisted by a reader and/or scribe. Other assistive devices that students may be eligible to use include a calculator, speller's dictionary, proofreader, and/or word processing equipment. Some students may be eligible to request the substitution of specific exam formats (e.g., essay, multiple choice, short answer, etc.) through arrangements with SDS and faculty. While some students with ADD independently make these arrangements with their instructors, others utilize services through the SDS office. Students who plan to use examination accommodations should discuss them with their instructors ahead of time in order for arrangements to be made in a timely manner. Some SDS offices have reservation forms used to facilitate arrangements for tests that will be proctored through the office and accommodation forms for students to use when arranging their tests with faculty.

Practice #7: Notetaking Services

According to their profiles of abilities and deficits, some students with ADD may qualify for the use of notetaking services based on their inability to concentrate on listening and processing simultaneously with transcribing. These services are facilitated in a number of ways such as supplying the students with instructors' notes, making copies of another student's notes by formal arrangement, and provision of notes supplied by a paid notetaker. Since notes are only as good as the notetaker, their usefulness and accuracy may vary. Programs should provide training to notetakers to establish consistent notetaking practices and quality.

Practice #8: Recorded Reading Materials

Students who also have severe reading disabilities are eligible to receive their textbooks and reading assignments on tape. Tapes may be available through the SDS office or obtained through other national and campus resources. SDS counselors can certify student application forms for membership in the Recording for the Blind and Dyslexic (RFB&D) Master Tape Library. RFB&D is a non-profit agency that supplies taped materials to persons with specific disabilities. Students are responsible for obtaining lists of reading materials from instructors, gathering them and taking them to the recording drop-off site, and completing any related forms.

Practice #9: Technological Tools and Auxiliary Aid

Students with ADD may benefit from the use of a number of technological tools that assist them in compensating for their problems with organization and planning. Among those materials currently available are electronic spellers and personal organizers, calculators, tape player/recorders, and computers with word-processing, spread sheet, database, and time management software. Students may own these items, or in some cases, gain access to certain items through campus loan services.

Practice #10: Tutorial and Learning Assistance Programs

Institutions vary in their mechanism for delivery of content-based tutorial services. Some programs are located within the SDS, while others are delivered under the auspices of a campus learning center, departmental learning labs, counseling centers, or tutorial

service. Some students with ADD hesitate to use tutorial services, waiting until they are in trouble to ask for assistance. Embarrassment about needing help and denial of problems may contribute to the tendency of individuals with ADD to procrastinate with respect to arranging for and using tutorial services. Counselors working with students should emphasize that using tutorial services is a common practice in college and does not infer that a student is incompetent. Training for tutors should address the cardinal characteristics of the disability and emphasize that every student has a different pattern of academic strengths and weaknesses. Students must be active participants in their own learning. A few strategies that tutors can employ to facilitate this include starting each session by asking the student for a "success story" related to the tutoring teamwork, making mini-assignments related to the material, and administering practice tests. Tutors should interview new students regarding what methods of studying have helped in the past. Tutors need to recognize the importance for students of task mastery and the consequent rewards of accomplishment. Even though some students display learned helplessness, tutors must not do a student's work.

Practice #11: Self-Management Instruction

Interviews with college graduates with ADD reveal they have used a number of cognitive strategies for gaining insight and regulating their attention and productivity. While most describe difficulty with the symptoms of stress intolerance and cognitive fatigue, and many say that they have continuing problems with inconsistency, strategies such as "self-talk," notetaking systems and time management tools are considered helpful. Some college students have written personal essays about growing up and living with ADD. Through telling one's story, students may reflect on where they have been and where they are going in terms of their personal as well as academic development. This is a valuable exercise for developing insight, especially for students who process information well through writing.

Practice #13: Support Groups

Support groups meet the needs of students who process information well through discussion and are validated by group support. Groups for students with ADD occur in a variety of formats, including time-limited (i.e., four to five 90 minute sessions) and on-going. They may target any student with ADD who would like to attend, or be limited to those who are newly diagnosed. Some are self-help in nature; others are facilitated by a trained counselor or psychologist.

Practice #14: Individual Counseling

Students with ADD may have more concerns about college and career than other students. Coping with a disability requires a good deal of effort, and this may detract from resources needed by students to put toward achieving their goals. Individual sessions with a counselor who is knowledgeable about ADD can assist students to overcome feelings of frustration, being "stuck" or helpless, and aid in identifying strengths, resources, and opportunities. They may need guidance in the selection of a major, intern or externship, relationships, and careers. Services may be available through SDS programs or counseling services.

Practice #15: Strategic Schedule-Building

Most institutions offer priority enrollment for students with disabilities. This assists students by allowing them access to enrollment in classes during the initial period of registration when more classes and sections are open at more times. Students with ADD should utilize this accommodation to schedule classes at effective times. Many students with ADD are more alert and perform better in morning classes, while they typically feel drowsy at mid-afternoon. Although some students who have severe problems with underarousal would like to forego morning classes entirely, if they do so they may be at additional greater risk for marginalization if they do not enter the mainstream of college life at approximately the same time as their peers. Counselors who are assisting them in registration should advise them regarding this and harmful potential of becoming isolated in a college community.

Students with ADD entering college are often advised to schedule no more than twelve to thirteen hours of credit per semester. This is recommended since some family health insurance plans will only continue to carry college students who are enrolled in 12 or more hours of college credit per semester (up until age 24), and some forms of student financial aid require that students carry at least 12 hours of credit. If, after a semester or two of a reduced course load a student's grades are good to excellent and the student believes the grades can be maintained, he or she may consider enrolling in an additional three hours of credit.

Practice #16: Mentorship and "Anchoring"

Studies have shown that the most successful adults with learning disabilities have a number of characteristics in common (Gerber, Ginzberg, & Reiff, 1992). One of the most important was the presence of a positive rolemodel or mentor. Due to their characteristic developmental lag, many college students with ADD are reassured and can benefit by anchoring themselves either to a counselor, SDS staff person, faculty member, or successful older student with ADD. Having such an "anchor" person available can greatly assist students in more rapid recovery from setbacks and in avoiding prolonged downward spirals in academic performance or emotional adjustment. Such a mentor is more like a "big brother" or "big sister" than like a therapist.

Conclusion

While nondiscrimination for college students with disabilities is mandated by law, the proactive implementation of supportive policies and practices reflects the educational ethics of institutions and their commitment to providing access. As a part of the diverse student body in postsecondary education, students with ADD should be counted among those valued for their differences and accommodated with accessible programs and learning environments.

The practices "preferred" for these students and listed in this article reflect five years of program development during which a "base camp" of services was established. In order to achieve this, staff members at The University of Iowa undertook an intentional process of studying issues related to accommodating students with ADD in higher education and

the disability itself. However, in order to move these preferred practices beyond the realm of common sense and reason, they must be further examined. As a community of counselors and educators, those involved in providing disability services must be able to explain and justify their actions and recommendations. The development of empirical information and evidence supporting "best" practices for students with ADD is an area worthy of professional study.

References

- AHSSPPE (Association for Handicapped Student Services Programs in Postsecondary Education). (1987). *Unlocking the doors: Making the transition to postsecondary education*. Columbus, OH: Author.
- Barbaro, F (1982). The learning disabled college student: Some considerations in setting objectives. *Journal of Learning Disabilities, 15*, 599-604.
- Barkley, R. (1990). *Attention deficit hyperactivity disorder*. New York: Guilford Press.
- Barkley, R. (1991). *Attention deficit hyperactivity disorder: A clinical workbook*. New York: Guilford Press.
- Barkley, R. (1993). *Attention deficit hyperactivity disorder: Workshop-manual*. Worcester, MA: Author.
- Barkley, R., & Murphy, K. (1993, October). Guidelines for a written clinical report concerning ADD adults. *ADHD Report, 1* (5), 8-9.
- Barron, M. (1993, March). Admissions decisions. National Association of College Admission Counselors workshop, *Understanding Learning Disabilities*, Northwestern University, Evanston, IL.
- Brinckerhoff, L., Shaw, S., & McGuire, J. (1993). *Promoting postsecondary education for students with learning disabilities: A handbook for practitioners*. Austin, TX: PRO-ED.
- Cantwell, D., & Baker, L. (1992). Association between attention deficit- hyperactivity disorder and learning disorders. In B. Shaywitz and S. Shaywitz. (Eds.), *Attention deficit disorder comes of age: Toward the twenty-first century* (pp. 145-164). Austin, TX: PROED.
- CH.A.D.D. (1993). Not just for children anymore: ADD in adulthood. *CH.A.D.D.ER*, 19-21.
- Dalke, C. (1986). *The effects of precollege transition intervention with learning disabled students*. Unpublished manuscript, University of Wisconsin-Whitewater, Project ASSIST.

Dalke, C., & Schmitt, S. (1984). Meeting the transition needs of college-bound students with learning disabilities. *Journal of Learning Disabilities*, 20, 176-180.

Fowler, M., Barkley, R., Reeve, R., & Zentall, S. (1992). *CH.A.D.D. educator's manual*. Fairfax, VA: Caset Associates.

Gerber, P., Ginzberg, R., & Reiff, H.B. (1992). Identifying alterable patterns in employment success for highly successful adults with learning disabilities. *Journal of Learning Disabilities*, 25 (8), 475-487,

Gersh, F. (1993, November). Treatment of ADD in college students. *CH.A.D.D.ER Box*, 6 (11), 10-11.

Hallowell, E. (1992). The emotional experience of attention deficit disorder. *CH.A.D.D. Special Edition*. Plantation, FL: CH.A.D.D.

Hallowell, E., & Ratey, J. (1994). *Driven to distraction*. New York: Pantheon.

HEATH. (1993). College freshmen with disabilities. *Information from HEATH*, 12 (2), 4.

Javorsky, J., & Gussin, B. (1994). College students with ADHD: An overview and description of services, *Journal of College Student Development*, 35, 170-177.

Klein, R.G. (1991, October). Outcomes in adult adjustment. *Proceedings of the Third Annual CH.A.D.D. National Conference*.

Kravets, M., & Wax, I. (1992). *The K and W guide to colleges for the learning disabled* (2nd ed.). New York: Harper Collins.

Latham, P.S., & Latham, P.H. (1993). *ADD and the law*. Washington, DC: JKL Communications.

Leonard, F., & McCormack, A. (1993). In P. Quinn (Ed.), *ADD and the college student: A guide for high school and college students with attention deficit disorder* (pp.75-83). New York: Magination Press.

Mangrum, C., & Strichart, S. (1988). *College and the learning disabled student* (2nd ed.). Orlando, FL: Grune & Stratton.

Murphy, K. (1992). Coping strategies for ADHD adults. *CH.A.D.D. Special Edition*. Plantation, FL: CH.A.D.D.

Nadeau, K., Dixon, E., & Biggs, S. (1994). *School strategies for ADD teens*. Bethesda, MD: Chesapeake Psychological Publications.

- O'Brien, T.E., Phillips, W.H., & Rubinoff, A. (1994). ADD: Not just for boys. *CH.A.D.D.ER Box*, 7 (6), 8-9.
- Ratey, J. (1992). Paying attention to attention in adults. *CH.A.D.D. Special Edition*. Plantation, FL: CH.A.D.D.
- Richard, M. M. (1992). Considering student support services in college selection. *C.H.A.D.D.ER _Box 5* (6), 1, 6-7.
- Richard, M. M. (1995). Students with ADD in postsecondary education: Issues in identification and accommodation. In K. Nadeau (Ed.), *A comprehensive guide to Attention Deficit Disorder in adults* (pp. 284-307) New York: Brunner-Mazel.
- Richard, M.M., & Chandler, D., (1994). *Student handbook: Student disability services*. Iowa City, IA: The University of Iowa. Student Disability Services.
- Sandperl, M. (1993). Toward a comprehensive model of learning disability service delivery. In L. Brinckerhoff (Ed.), *Support services for students with learning disabilities in higher education: A Compendium of readings* (pp. 67-68). Columbus, OH: AHEAD.
- Sedita, J. (1989). *Landmark study skills guide*. Pride's Crossing, MA: Landmark Foundation.
- Semrud-Clikeman, M., Biederman, J., Sprich-Buckminster, S., Lehman, B., Faraone, S., & Norman, D. (1991). Comorbidity between ADHD and learning disability: A review and report of a clinically referred sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 439-488.
- Shaw, S., Brinckerhoff, L., Kistler, J., & McGuire, J. (1991). Preparing students with learning disabilities for postsecondary education: Issues and future needs. *Learning Disabilities: A Multidisciplinary Journal*, 1, 21-26.
- Stein, M. (1993, November). Has hyperactivity grown up yet- *CH.A.D.D.ER Box*, 6 (11), 6-7.
- U.S. Department of Education. (1991). *Memorandum of clarification of policy to address the needs of children with attention deficit disorders within general and/or special education*. Washington, DC: Author.
- Vogel, S.A. (1987). Issues and concerns in LD college programming. In D. Johnson and J. Blalock (Eds.),
- Vogel, S.A. (1993). *College students with learning disabilities: A handbook for college students with learning disabilities, university admissions officers, faculty, and administration* (4th ed.). Pittsburgh, PA: LDA.

Weiss, G., & Hechtman, L.T. (1993). *Hyperactive children grown up* (2nd ed.). New York: Guilford Press.

Wender, P. (1987). *The hyperactive child, adolescent, and adult*. New York: Oxford University Press.

Werry, J., Reeves, J., & Elkind, G. (1987). Attention deficit, conduct oppositional, and anxiety disorders in children: A review of research on differentiating characteristics. *Journal of the American Academy of Child and Adolescent Psychiatry*, 26, 133-143.

Zentall, S. (1993). Research on the educational implications of attention deficit hyperactivity disorder. *Exceptional Children*, 60, 143-155.

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