

Student population:

- ADHD is a prevalent disability on college campuses. Of students receiving disability services 25% have ADHD (Antshel, 2016)
- These disabilities are hidden and can therefore be affecting anyone from any ethnicity, gender or sexuality
- ADHD is a burdensome, stigmatized, and untreated condition for millions (Barkley, [2014](#); Doshi et al., [2012](#); Hinshaw & Scheffler, [2014](#) as cited in Zhao et al., 2021)
- “Individuals with ADHD are widely stigmatized, as children with ADHD are perceived as more dangerous, lazier, and more shameful than children with asthma, and adults with ADHD are perceived as irresponsible and less socially desirable” (Zhao et al, 2021)

Relevant Terms:

- ADD (outdated term): Stood for Attention Deficit Disorder (CDC, 2022)
- ADHD - “One of the most common *neurodevelopmental* disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active.” (CDC, 2022)
- Neurotypical: “Someone who is *neurotypical* has a brain that works according to the “normal” standards of our society.” (Wake Forest, 2020).
- Neurodivergent: “Neurodiversity is a scientific concept arising from brain imaging. A number of brain studies have shown that people with learning or thinking differences are “wired” differently than their peers. In other words, some children are born with brains that think, learn and process information differently than others.” (Wake Forest, 2020).

Historical Background Trends, Statistics, Current Issues, & Concerns/Challenges:

- “Attention Deficit/Hyperactivity Disorder (“ADHD”) is a complex multifactorial disorder that was first described in the late 1800s as a defect in moral control.”(Szeto, 2019)
- In “the early 1900s, ADHD shifted away from being a behavioral-based to a neurobiological-based disorder. During this period, individuals with ADHD were classified as having minimal brain damage.” (Szeto, 2019)
- Currently treatment options such as psychosocial therapy and medications help ADHD patients maintain a quality of life (Szeto, 2019)
- Evidence-based treatments for ADHD include pharmacological and non-pharmacological therapies (Evans et al. [2014](#)).
- analysis of the effects of psychosocial treatments over time (including mostly behavioral treatments) shows that in the last 50 years effect sizes for treatments of ADHD have not improved, but rather show a non-significant decline in effectiveness (Weisz et al. [2018](#) as cited in van der Oord & Tripp, 2020).

Students’ Collegiate Experience (social and academic realm, curricular and co-curricular):

- Inattentive: Students with ADHD often have trouble in social settings with listening, paying attention and picking up on social cues. (Gill & Hosker, 2021)
- Hyperactive: Frequently interrupting, Sharing scattered thoughts, Being hyper-focused on a topic, Talking rapidly or excessively. (Gill & Hosker, 2021)
- Impulsive: Goofy behavior at inappropriate times, Entering others’ personal space, Displaying aggression, Initiating conversations at inappropriate times.(Gill & Hosker, 2021)

- Universal Design: allows students with disabilities to receive accommodations without having to go through their disability services office (Roberson et al., 2022)

Diversity within the Population:

- **Increased undiagnosed cases of ADHD from students with impoverished backgrounds**
“Low socio-economic status (SES) has been highlighted as a risk factor associated with ADHD. Contrarily, another study found that families living in suburban areas, in contrast to urban areas, have a higher chance of receiving a diagnosis of ADHD due to accessibility to medical care.” (Cénat & Blais-Rochette & Morse, 2021).
- **Increased undiagnosed cases of ADHD if the student is of color & Less support and accommodation for students of color during youth**
‘21 studies found that the pooled prevalence of ADHD among Black individuals was approximately 15% more than White individuals and suggested that the associated risk factors included sociodemographic characteristics (age, sex, race, socioeconomic status) (Cénat & Blais-Rochette & Morse, 2021).

Implications for Higher Education:

- Accommodations are needed i.e. Testing Time Limits (Extended)
- research has shown that if students with ADHD do transfer to higher education, they are more likely to have lower test scores, to repeat classes, and to drop out of higher education without a degree compared with TDC (e.g., [Barkley, Fischer, Smallish, & Fletcher, 2006](#); [DuPaul et al., 2009](#); [Kuriyan et al., 2013](#)).
- “Students with diagnosed learning disabilities often receive federally mandated accommodations in K-12 through a 504 plan, but 504 plans do not exist in the college setting. As such, the support students received in high school may just disappear at college entry”.(Kepple, 2021)

Typically, students may be invited to share the following:

- a letter disclosing the disability and clarifying current academic impact
- Psychological evaluations diagnosing a disability and the date of the diagnosis
- A current IEP/504 plan and records from high school documenting any accommodations and services received (CHADD, 2019)
- Rates of suicide attempts were over four times as high in the ADHD group compared to the non-ADHD group (13.7% vs. 2.9%). (Eddy et al., 2019)

Strategies for Advising/Working with this Group:

- Identifying specific areas of concern vs. blanketing the issue through ‘ADHD Coaching’ (Ahmann & Saviet 2021)
- A balanced use of an incentive/consequence system for tasks that need to be completed (Prevatt & Smith 2017)
- Adaptive decompressing methods for feelings of being overwhelmed (Barra & Grub 2021).

References and Other Recommended Resources:

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