Advising Students with ADHD

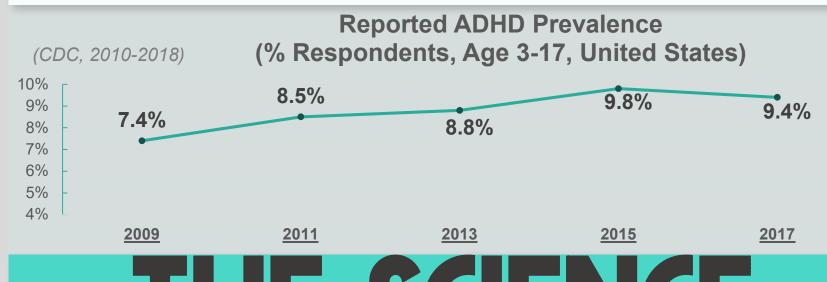
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THE BASICS

Attention-Deficit/Hyperactivity Disorder is...

- One of the most common mental disorders for children
- A failing of the brain's executive functions, especially surrounding impulse control, hyperactivity, attention, and working memory
- Primarily caused by genetics (not too much sugar)
- A neurodevelopmental disorder, not a learning disability

(CDC, 2018)



THE SCIENCE

DSM-5 Definition of ADHD:

- Pattern of specific symptoms with no other explanation, coming in multiple primary presentations:
- Impulsivity & Hyperactivity (PH), Inattention (PI), and Combined
- At least six months of persistent, impairing symptoms
 Social, academic, and occupational spheres
- Evidence of symptoms since early childhood

As of 2017...

(American Psychiatric Association, 2013)

- Male children were more than 2x as likely to be diagnosed as female children (Black & Benson, 2018)
- May be due to females' primary symptoms being less noticeable (inattentive) than males' (hyperactive) (Rucklidge, 2010)
 White and black students have a reported rate of roughly 10%, Hispanic
- White and black students have a reported rate of roughly 10%, Hispanic students of roughly 6%, and **Asian students of merely 2.2%**
 - Until the most recent study, black students were also lower than white students in reported rate of diagnosis
- Students whose families are below the poverty line are more than 2x as likely to report being diagnosed with ADHD (Black & Benson, 2018)
- Racial disparities in diagnosis begin in early childhood and continue on; while research on diagnosis rates exist, research on causal factors is extremely limited (Morgan et al., 2013) (see article on presenter's table)

Difficulty Regulating Attention 8 Working Memory

ADHD RISKS IN COLLEGE

- Likely to have GPAs a half or full standard deviation lower than neurotypical students
- Less confident in their ability to academically succeed
- Often lower self-esteem and social adjustment than peers
- More turbulent reported romantic lives
- May not achieve perceived potential
- Greater reported levels of emotional distress and comorbidity with other disorders
- More likely to abuse drugs and alcohol

(Green & Rabiner, 2012)

INSTITUTIONAL SUPPORT

Tested/Verified by a licensed professional

Clinical psychologist

functional impairment,

psychiatrist, etc.

Must confirm a

Submitted to Campus
Support Service

- Must be current (< 3 years old, in general)
- Will determine scope and urgency of accommodations

Utilization of resources by student

- Includes additional time, quiet locations, etc.
- Students may be reticent to use resources their peers don't have

Continued support through Counseling

Often understaffed and with limited time – outside resource may be required

TIME-TESTED COLLEGETIPS

IN CLASS

- Bring a snack or water (if allowed) to sustain energy and attention
- Don't use a laptop to write notes if at all possible (or at least turn off the internet)

STUDYING

- Build in timed rewards every
 5-10 minutes (e.g. a snack or Internet game break)
- Find a study buddy to help keep accountable
- Write all academic deadlines on a calendar at the beginning

ORGANIZATION

- Try maintaining a bullet journal
- Make de-cluttering your room a priority
- Utilize physical wall calendars or scheduling apps to keep on top of major life considerations (like bills or birthdays)

(Klein & Sandler, 2019)

ADVSORTO-DOS

- Focus on ADHD-friendly language
 - Neurodiverse vs. Neurotypical
 - Remember the human, even when impulsivity and irascibility are their most apparent
 - Engage in mental health-oriented professional development
- Set administrative fail-safes for all students
- Frequent reminders for deadlines, leniency when warranted
- Printed, emailed, and visual communication
- "A rising tide lifts all boats"
- Commit resources and partners to memory
 - Have easily accessible contact info for Support Services, Counseling, and Academic Resources
 - Who do you know personally on campus? Specific recommendations can help students feel connected
- Audit your current practices (see handout)
- Remember: We do not diagnose! We refer and assist.

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