

Self-Advocacy and Perceptions of College Readiness Among Students with ADHD

Lucy Stamp
Manju Banerjee
Landmark College

Franklin C. Brown
Yale University

Abstract

This study examined issues related to college adjustment and self-advocacy from the perspective of students diagnosed with a primarily inattentive presentation of Attention Deficit Hyperactive Disorder (ADHD) who were unable to meet minimum academic expectations in their first attempt at college. Data were gathered from 12 students with ADHD who, in spite of above average intelligence, had difficulties accessing appropriate sources of support and/or meeting the demands of the traditional colleges/universities they attended prior to enrolling in a small, private college for students with specific learning disabilities and/or ADHD. During semi-structured interviews, students were asked to share their perceptions of (1) the impact of ADHD on their experiences interacting with others and advocating for themselves in educational, work, and social settings; (2) how other people in society view ADHD and methods the students had used to cope with this disorder; and (3) interventions that had helped or hindered their efforts to adjust to the demands of college and advocate for themselves effectively. Their comments suggested several areas of difficulty including shame, avoidance to cope with distress, lack of understanding regarding the impact of ADHD, and poor awareness of available support for related difficulties. Implications for service providers and faculty are discussed.

Keywords: College adjustment, ADHD, inattentive, perception, self-advocacy

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common psychiatric disorders in adulthood (Faraone & Biederman, 2005; Kessler, Adler, Barkley, & Biederman, 2006). According to the United States Government Accountability Office ([GAO], 2009), the number of undergraduate students with disabilities who reported having ADHD rose from 11.6% in 2004 to 19.1% in 2008. Kessler et al. (2006) estimated the prevalence of adult ADHD at 4.4% and found it to be highly comorbid with a number of other disorders, including specific learning disorders and other psychiatric disorders. Data suggest that “as many as 15% to 45% of those diagnosed with adult ADHD have been diagnosed with comorbid mood, anxiety, or substance use disorder” (Biederman & Bilkey, 2008, p. 3). This rapid increase in numbers has drawn attention to the fact that many qualified and college-ready students with ADHD drop out before completing their college degree (Murphy, Barkley, & Bush, 2002; Wolf, 2001).

It is clear that more information is needed to understand the complexities of college success for this population of seemingly college-able students with ADHD.

Many studies have documented the challenges faced by students with ADHD in their transition to postsecondary education (Denhart, 2008; Getzel & Thoma, 2006; Madaus, Faggella-Luby, & Dukes, 2011; May & Stone, 2010), and it is clear from this research that ADHD poses unique and complex challenges related to college adjustment. Studies have shown that functional challenges related to ADHD can negatively affect classroom performance, self-management of school work outside of the classroom, social interactions, and life skills such as money and time management (Barkley & Fischer, 2011; Biederman et al., 2006; Brown, 2005; Kessler et al., 2006). The research base for ADHD is extensive, but our understanding of the role of self-perceived barriers and self-sabotaging behaviors among college students with ADHD is still

limited. This study adds to prior, similar investigations through its in-depth examination of individual perceptions of young adults with an inattentive presentation of ADHD and the elements they believe either “facilitate” or “impede” successful transition to college.

The current study is based on extensive, semi-structured interviews with 12 young adults with documented ADHD who were unsuccessful in their first attempt at college. The students either dropped out of the first college they attended or transferred to another postsecondary institution before enrolling in a small private college for students with learning disabilities and ADHD. Their insights into what factors allow for successful transition to college is informative for college faculty, disability service providers, and parents of young adults with ADHD.

College Adjustment Challenges

The transition to college is particularly difficult for many students with ADHD (Blasé et al., 2009; Meaux, Green, & Broussard, 2009; Reaser, Prevatt, Petscher, & Proctor, 2007). Students’ own perceptions of what is helpful and what is not suggest that multiple elements must be present for a positive postsecondary experience. A review of the literature on ADHD validates many of the elements suggested by students themselves.

Executive function. Executive dysfunction is the cornerstone of ADHD. As indicated by Vohs and Baumeister (2004), the term “executive function” (EF) can be “used to refer to brain circuits that prioritize, integrate, and regulate other cognitive functions: they provide the mechanism for ‘self-regulation;’” (as cited in Brown, 2005, p. 10). Barkley (2011) further suggests that “each component of EF is a type of self-regulation” or a “self-directed action intended to alter a later consequence, such as achieving a goal” (p. 10). Barkley identifies five self-regulatory mechanisms in his theory of executive function and describes them as “self-directed actions” that are designed to “alter future consequences” (p. 11). Barkley (2012a) also comments on the importance of self-awareness in the management of issues related to self-regulation/ executive function. Given EF dysfunction, students with ADHD experience difficulty estimating time, self-monitoring, setting realistic goals, and using information about past successes and failures to influence goal directed behavior in the present.

In a study of 103 adults with ADHD and high IQ scores (Full Scale IQ > 120), Brown (2005) found that

most of his subjects dropped out or were dismissed from college because of problems with attendance, study skills, time management, and meeting assignment deadlines. Despite high cognitive abilities, many of these students experienced difficulty shifting their attention between multiple tasks, sustaining their focus in completing school work, and minimizing distractions such as friends and extra-curricular activities. They also seemed to lose sight of their long-term goals and the extent to which their daily activities related to these goals. Studies by Reaser et al. (2007) and Blasé et al., (2009) provide support for Brown’s (2005) findings. Reaser et al. (2007) compared the learning and study strategies of college students with ADHD to a second group of students with learning disabilities and a third group of students without disabilities. Those with ADHD were found to have lower performance than the other groups in selecting main ideas, test-taking strategies, concentration, self-regulation, and time management. They also reported lower scores on motivation, anxiety, information-processing, and self-testing. Investigating the connection between college adjustment and self-reported ADHD, Blasé et al. (2009) found that students with ADHD had lower GPAs, greater risk of substance abuse, and more emotional and social concerns than their peers without disabilities.

Self-esteem. Additional research suggests self-esteem issues may have a negative effect on college adjustment for many students with ADHD. In a study conducted by Shaw-Zirt, Popali-Lehane, Chaplin, and Bergman (2005), college students with symptoms of ADHD reported lower self-esteem and social skills compared to peers matched according to age, gender, and Grade Point Average (GPA) who did not have significant symptoms of ADHD. Dooling-Liftin and Rosen (1997) also found that college students with stronger social skills and fewer symptoms of ADHD reported higher levels of self-esteem.

Self-esteem issues can be further complicated by the negative perceptions of ADHD held by some professors and peers without disabilities. Vance and Weyandt (2008) and Chew, Jensen, and Rosen (2009) reported on the potential impact of students’ and professors’ attitudes regarding ADHD on college adjustment for students with ADHD. Vance and Weyandt found that some faculty members are reluctant to provide reasonable accommodations allowed under the Americans with Disabilities Act (ADA) to students with ADHD. Chew et al. (2009) found that more negative than positive adject-

tives were used by students without disabilities when they described peers with ADHD. They also found that students with ADHD themselves had a tendency to use more negative adjectives in reference to ADHD.

Meaux et al., (2009) conducted a qualitative study to examine factors that may assist or hinder students with ADHD as they make the transition to college. Based on interviews conducted with 15 college students with diagnosed ADHD, they found that those students who had an understanding of their ADHD were able to manage their daily lives, use available support services, and experience more successful postsecondary outcomes compared to others with ADHD who were less self-aware and self-determined in these respects. They also found that students with ADHD and their families often had a tendency to hide the disorder to avoid perceived stigma. While some students interviewed by Meaux et al. made adequate use of the support services on their college campuses, many others “did not take advantage of these services because they ‘did not want to be thought of as different’” (p. 254).

Coping strategies. Additional evidence suggests students with ADHD may use unique methods to cope with their difficulties (Chew et al., 2009; Waite & Tran, 2010). A study conducted by Toner, O’Donoghue, and Houghton (2006) aimed to determine how adults who were first diagnosed with ADHD in adulthood coped with difficulties related to the disorder. The study found that the experiences of individuals diagnosed with ADHD later in their lives vacillated between periods of chaos and control. Participants reported a greater sense of control in their lives when they became more aware of the impact of the disorder on their daily functioning, sought and benefited from medical treatment, engaged in more physical activity, pursued more appropriate forms of employment, and established supportive relationships with significant others. Participants reported less control when they engaged in risk-taking behaviors, self-medicated, or pretended that their ADHD symptoms had no negative impact on their behavior.

In another study, Young (2005) found that adults with ADHD were not readily able to draw upon a number of “contextually appropriate” strategies for dealing with difficult situations. When they encountered stressful events in their lives, adults with ADHD self-reported a greater tendency towards aggressive confrontation and/or avoidance compared to their peers without disabilities. Wait and Tran (2010) studied an

ethnically diverse group of 27 postsecondary students diagnosed with ADHD. Each student conceptualized his/her condition somewhat differently, at least in part due to family influences and/or immediate family members’ perceptions regarding the validity of the disorder. In cases where the validity or seriousness of ADHD was questioned by family members, the students themselves seemed more skeptical and less inclined to seek care or help. Fleischmann and Miller (2013) examined the online narratives of 40 adults with ADHD who had been diagnosed for the first time in adulthood. They found that once these individuals were able to move beyond the guilt associated with behaviors related to ADHD, they were more likely to believe they could overcome their challenges, take a more positive view of themselves, and acknowledge some of the positive aspects of ADHD.

Individual profile of ADHD. The idea that individuals with an inattentive presentation of ADHD may be uniquely affected by issues of executive function, particularly working memory and/or processing speed, has been noted in a growing body of literature (Barkley, 2012b; Diamond, 2005; Goth-Owens, Martinez-Torteya, Martel, & Nigg, 2010;). Working memory deficits can have a significant impact on one’s ability to read, write, and make decisions/perform daily tasks requiring the linkage of old and new information. This may explain the apparent *ahistoria* of students with ADHD, who seem to have difficulty using information about past successes and failures to affect goal oriented behavior in the present. Barkley (1997) suggests that working memory deficits may also at least partly explain students’ difficulty with time management: “The capacity for holding events in mind in a correct temporal sequence may give rise to the psychological sense of time. If so, time perception would be directly dependent on the integrity of working memory” (p. 71). This suggests that individuals with ADHD who have impaired working memory function may be significantly more dependent on external representations of time.

Navigating the transition to college requires many of the skills that students with executive function difficulties lack: novel problem solving; persistence in the face of obstacles; the ability to manage one’s time; prioritize and organize effectively enough to manage multiple classes, tasks, and deadlines; remember important appointments and meetings; attend to the details of tedious paper work; and tolerate a high level of frustration.

Evidence suggests students who primarily exhibit symptoms of inattention may experience greater difficulty adjusting to college demands compared to those with predominantly hyperactive-impulsive symptomatology (Norwalk, Norvilitis, & MacLean, 2008; Rabiner, Anastopolous, Costello, & Swartzwelder, 2008). Norwalk et al. (2008) found that only symptoms of inattention were clearly related to academic adjustment, study skills, career decision-making, and self-efficacy. Rabiner et al. (2008) surveyed 1,648 first-semester freshmen using a web-based survey. When they compared 200 randomly selected students with 68 students diagnosed with ADHD, the students with ADHD reported greater academic concerns and symptoms of depression. Rabiner et al. (2008) also found that the impact of inattention on the students' reported symptoms of depression and academic concerns was significant.

Although studies have attempted to differentiate between the three predominant presentations of ADHD and their impact on college success, the results are inconclusive. Some have even suggested there is no difference between the presentations in terms of executive functioning or other cognitive variables (Geurts, Verté, Oosterlaan, Roeyers, & Sergeant, 2005). While the DSM-5 (American Psychiatric Association, 2013) has retained the subtype designations used in the DSM-IV (combined type, predominantly inattentive type, and predominantly hyperactive-impulsive type), these categories are now referred to as combined presentation, predominantly inattentive presentation, and predominantly hyperactive-impulsive presentation. According to the DSM-5, individuals above the age of 17 must now exhibit at least five out of nine symptoms of hyperactivity and/or inattention (compared to six under DSM-IV criteria) for six months or more in order to receive a diagnosis of either predominantly inattentive or predominantly hyperactive-impulsive type ADHD. Individuals exhibiting five out of nine symptoms in both categories are now designated as combined type.

Although there is no empirical evidence to suggest that subtypes or presentations of the disorder differ in their cognitive or academic presentation, it is possible that distinct presentations of the disorder have a unique impact on an individual's experience and interactions in different social contexts. Symptoms of hyperactivity-impulsivity (excessive talking, interrupting, and inability to engage in leisure activities quietly) versus symptoms of inattention (difficulty attending

to details, filtering out distractions, and remembering appointments/tasks) may result in markedly different experiences/interactions for individuals exhibiting these symptoms in diverse social contexts. Although this study does not aim to compare the experiences of individuals exhibiting distinct presentations of the disorder, it was designed with the intention of learning more about the college adjustment and self-advocacy experiences of students with a predominantly inattentive presentation of ADHD symptoms.

Purpose of the current study

The current study examines the perceptions of college students with ADHD who were unable to pass an adequate number of classes, access appropriate sources of support, and/or advocate for themselves effectively in their first attempt at college. For the purpose of this study, self-advocacy is defined as an individual's ability to "communicate, convey, negotiate or assert his or her own interests, desires, needs, and rights" (VanReusen, Schumaker, & Deschler, 1994, p. 1). Since each of the study participants had encountered difficulty accessing appropriate support services and/or adjusting to the demands of college at a traditional postsecondary institution, they then enrolled in a specialized college program for students with specific learning disabilities and/or ADHD. The current study examines this transition phenomena by exploring students' perceptions of (1) the impact of ADHD on their experiences interacting with others and advocating for themselves in educational, work, and social settings; (2) how other people in society view ADHD as well as methods students used to cope with ADHD; and (3) interventions they perceive to have either helped or hindered their efforts to adjust to the demands of college and advocate for themselves effectively.

Methodology

Sample Recruitment

Participants for this study were recruited from a small, private, four-year undergraduate college serving students with documented LD and/or ADHD. The majority of the study participants had transferred after struggling to meet academic requirements at their previous colleges/ universities. Only those transfer students who had spent at least one semester at another private or public institution were included in the study (See Table 1). Furthermore, all participants had to have

Table 1

Demographic Characteristics—Including Type of Postsecondary Institution Attended Prior to Transfer

Characteristic	College Students with AD/HD—Inattentive (DSM-IV) (n=12)
Gender	
Men	8
Women	4
Number of Semesters Completed at Previous College(s)	
1-2 semesters	3
3-4 semesters	7
More than 4 semesters	2
Type of Postsecondary Institution(s) Attended	
Community College	1
State University	5
Private College	6
Education Level at Time of Interview	
Undergraduate	12
Freshman	0
Sophomore	10
Junior	0
Senior	2

successfully completed at least one semester at their current college to be included in the study. At the time of the interviews, all but one of the participants had met this criterion. Only one participant was interviewed towards the end of his first semester. His responses are included in the results because he did successfully complete the semester with a GPA above 2.0.

All students had a prior diagnosis of ADHD, predominantly inattentive type (according to DSM-IV criteria), based on a neuropsychological evaluation. The neuropsychological evaluation included measures of intellectual functioning, working memory, processing speed, attention, and academic achievement. Students without a comprehensive neuropsychological evaluation and performance data were not included in the

study. Students were also excluded if they had other neurological conditions that may have affected executive functioning (e.g., Traumatic Brain Injury, seizure disorder). Other diagnoses such as a learning disability or a psychiatric disorder were not explicitly mentioned in the documentation of any of the participants. Of the 27 students interested in participation, 23 students met all the criteria for inclusion. Of the original sample, 12 students actually completed all elements of this study. There did not appear to be any significant demographic differences between those who completed the study and those who did not. The primary investigator asked all academic advisors on campus to share a description of the study with their advisees and/or former advisees, including the purpose, criteria for participation, and

potential benefits and risks. Students were informed they would receive a gift card in the amount of \$25 for participating in the study.

Sample Demographics

The study sample consisted of eight males and four females with ages ranging from 20 years to 27 years ($M = 22$; $SD = 2$). The majority of the students were between the ages of 20–22 years, with two who were 26 and one who was 27 years old at the time when the interviews took place. The students' ages ranged from 19 to 24 when they initially transferred to their current college.

The students who participated in this study transferred from their first postsecondary institution for a variety of reasons: they were unable to meet or sustain the GPA requirements of that college; they were completely overwhelmed and made a personal decision to leave their previous college; or because they decided to transfer to a less rigorous college such as a 2-year or a community college. The majority of these students ($n=10$) had attempted to complete between two and four semesters at a prior college/university before entering their current institution. Two of the twelve students had attempted more than four semesters of prior college work. Of the ten students who completed between two and four semesters of prior college work, two had decided to take a year off before enrolling in a specialized program at their current college. In total, three of the twelve students took time off from postsecondary education between their first attempt(s) at college and their enrollment in the current college. Of the two students who had attempted more than four semesters of prior college work, one had been unable to maintain the minimum GPA requirements at his previous college for three consecutive semesters before taking a leave of absence. He subsequently attended a community college for two semesters before enrolling at the current college. The second of these two students had succeeded in achieving the minimum GPA requirements at a large university until reaching her junior year. This participant reported that the increase in the number of independent projects and reduced structure provided to her in her junior year made it difficult for her to keep up with course demands; she was unable to meet the minimum GPA requirement for two consecutive semesters before being dismissed from the university. This particular student decided to take a year off from school before enrolling in the college from which she was recruited for this study.

Most of the students ($n=9$) reported that they took medication consistently to treat symptoms related to ADHD. Most of the students had intelligence scores in the high average range or above, whereas their various measures of processing speed and working memory were often significantly lower (See Table 2). At the time of the interviews, all but two of the students were enrolled in a general studies program at their current institution. The remaining two students had previously been enrolled in the same general studies program for students with LD and/or ADHD. One of these two students graduated from the program with an AA degree and then transferred into a Bachelor's program at another 4-year school. The second of these students transferred back to his/her previous college in order to complete a Bachelor's program without first earning an AA degree. Phone interviews were conducted with these two students, who were unable to make the trip to campus.

Interview Protocol

With the exception of the two phone interviews referenced above, in-depth, face-to-face interviews were used to collect data for the study. The 10 interview questions (see Appendix) were designed to elicit detailed information about students' perceptions regarding obstacles to self-advocacy and college adjustment. A semi-structured interview format was chosen to ensure that a predefined set of areas was addressed and that participants had an opportunity to add additional information they deemed necessary after the interviews (Hendricks, 2009). Interview questions were piloted in two mock interviews with students who were not included in the study and questions were modified based upon their feedback. Modifications included the clarification of terms; deletion of repetitious words, phrases, or prompts; and the rewording of some sentences/phrases to prevent misinterpretation or confusion.

The 12 participants were asked to review the interview questions immediately prior to reading and signing a consent form. Students were given the opportunity to remove themselves from the study at this point if they did not feel comfortable with the interview questions. All 12 participants expressed a desire to continue with the study. Each of the students answered all 10 of the interview protocol questions. Each interview was conducted by the lead investigator and took between one to two hours. In line with best practices for ensuring validity when conducting

Table 2

Wechsler Adult Intelligence Scale (WAIS) Scores

Participants	FSIQ	VCI	PRI	WMI	PSI
1	128	142	118	111	99
2	110	114	112	104	94
3	137	131	145	126	99
4	101	116	92	104	83
5	124	134	118	106	103
6	128	134	138	99	86
7	131	126	133	136	96
8	116	120	121	97	108
9	135	140	130	102	91
10	106	124	104	97	86
11	115	114	123	113	88
12 ^a	-	120	97	109	-

Note. FSIQ = Full Scale Intelligence Quotient ; VCI = Verbal Comprehension Index; PRI = Perceptual Reasoning Index; WMI = Working Memory Index; PSI = Processing Speed Index

^aFSIQ was not reported and not considered a meaningful representation of subject's overall ability due to a significant scatter among subtest scores. Although the subject's documentation suggests a slow processing speed, the processing speed index score was not reported.

qualitative research (Hendricks, 2009; Merriam, 2002), interviews were recorded and transcribed verbatim. After the transcription was complete, students reviewed printed copies of their transcripts and clarified any statements they felt were unclear. One student declined the opportunity to review his transcript because he felt he did not have the time.

Data analysis

The transcripts were read independently by two of the authors of this study. Data were analyzed using an inductive analysis process (Patton, 1987). Broad categories were allowed to emerge from the data rather than as a result of reviewing the data with an a priori list. When using an inductive analytic approach, research questions or objectives "provide a focus or domain of relevance for conducting the analysis" rather than a set of expectations for interpreting the data (Thomas, 2006, p. 239). Thomas notes that inductive analysis "refers to approaches that primarily use detailed read-

ings of raw data to derive concepts, themes, or a model through interpretations made from the raw data by an evaluator or researcher" (p. 238). After completing the process of data collection, selected members of the research team read the transcribed interviews in detail and created categories from the raw data generated in response to each of the interview questions. Two researchers worked independently to identify words, phrases, and sentences within segments of the interview transcripts which were associated with common themes and topics. These relevant text excerpts were coded into categories as they emerged.

Using the process outlined by Thomas (2006), investigators worked independently to further refine categories and reduce overlap and redundancy between them. Categories were revised and refined by linking them under a superordinate category when the meaning of thoughts/ideas communicated by participants within more than one category was viewed to be similar. For example, one superordinate category/theme that

emerged across subjects and interview questions was labeled “shame and stigma.” Each investigator noted frequent references to feelings of embarrassment, guilt, shame, or fear of judgment in many participant responses to more than one of the interview questions; therefore, quotations referencing such feelings were coded into the shame and stigma category. This process continued and resulted in a set of six key themes that emerged from the data.

Results

The results section addresses the participants’ description of the challenges they encountered in college, the efforts they made to cope with and manage symptoms related to their ADHD, and the words and actions of others that either positively or negatively impacted their attempts to advocate for themselves effectively. Six broad themes emerged: (1) interaction with others; (2) seeking help; (3) societal perceptions; (4) disclosure; (5) coping with ADHD; and (6) interventions and supports.

Interaction with Others

Participants commented on their experiences in social, educational, and work related settings. While some perceived ADHD had benefitted them in certain interactions, the results indicate that students’ past experiences strongly influenced their behaviors and often resulted in actions that were not conducive to success in college.

Social settings. Six of the twelve students perceived there were some social benefits to having ADHD. They attributed their “energy,” “passion,” and “likeability” to their ADHD and perceived that having ADHD had helped them in social situations. As one student put it, “people like the outgoing characteristics that are a lot of times associated with ADHD.” Another student said, “everybody seems to like me...and I would attribute a lot of that to my ADHD.”

In spite of some of these perceived benefits, an equal number of students (50%) described negative repercussions in social situations. Many of the key descriptors related to social interactions included anxiety; feelings of being overwhelmed by social norms and expectations; not knowing how to react and what to expect; perceiving oneself as being different; and being afraid of being misinterpreted. Students noted being anxious about missing important details during

conversations, feeling overwhelmed when attempting to communicate in groups, and making negative comparisons between themselves and peers who seemed to be able to process information more quickly. One student said that she had become so accustomed to “spacing out” during conversations that she had “learned how to pretend that I can really focus.” Another student said he found it difficult to navigate social interactions because of “not knowing what’s expected of me and what to do.” He indicated that “my mind in a situation like that will be off on analyzing every little piece of information coming in on overload, and it’s really stressful and exhausting to do.” Another student commented on the sense of shame and discomfort that was present for him during certain social interactions with peers. He reported feeling “ashamed” in the presence of his peers because he could not understand why he would “struggle through [work] much harder than they would.”

Educational settings. Commenting on interactions in academic and classroom settings, nine students (75%) specifically noted feeling different from their peers but not really understanding the nature of these differences. They reported that their classroom behavior was often misinterpreted and they generally did not cope well when they encountered difficulty in school. Although these students had difficulty articulating why they were unable to meet expectations, they were aware that other people misinterpreted their behavior and intentions:

If you sat me alone to do work, it wouldn’t get done. And I was always being told that I was capable of doing it because if you sat down with me, I could do it, but left alone it wouldn’t get done. So—I was always being asked why I wasn’t doing my work, and I didn’t know why...I just felt like I was letting everyone down...and really ashamed.

One student said that he was “naturally quiet in classes” in high school and his teachers generally perceived him as “obedient.” Another student commented, “All I really knew was that I would sit in class and not pay attention, so I would get lost easily...didn’t do well on the tests—bad memory.” Other students reported feeling perplexed by their difficulty with getting started on tasks or following them through to completion compared to peers. In spite of the fact that some students reported “zoning out a lot” in school, they never felt

comfortable raising their hands to ask a teacher to repeat something. Two of the students reported they were not prepared to ask for help in college because they had been able to “get by” with strong tests scores in high school. One of these students reported he “rarely ever did work outside the classroom” and the other indicated that, “when I got to college, I was used to not doing work...I could still pass tests.” The same student reported that she struggled more each semester in college as the demands for independent work increased “and it got to a point where I was just having trouble getting anything done on time at all.”

Employment settings. In employment settings, three students (25%) reported positive effects of ADHD on their interactions with others and three (25%) reported negative effects. Positive effects were attributed to jobs that relied upon social skills or involved physical activity, as well as those that allowed for “constant change” or required thinking on one’s feet and responding to immediate demands from others. For example, one student reported on the success she experienced working at a planetarium where she was required to run tours and field multiple questions from visitors about topics she understood quite well. Another student explained that he experienced success teaching music to a group of children who required that he use several different instructional approaches simultaneously. Negative effects were attributed to extensive amounts of paper work; a requirement to complete tasks quickly and/or initiate and follow through on long-term, multi-step projects without adequate guidance or supervision; and tasks requiring sustained focus. One student, who described having a job in which he was required to operate a forklift truck for extended periods of time, reported, “I had to force and train myself to be aware.” Seven of the 12 students (58%) said they had to find creative ways to keep themselves engaged and focused and two reported that they would not disclose a diagnosis of ADHD in a work environment. One of these students commented that he would not disclose because “any sort of flaw can hurt you later on in your career.”

Seeking Help

Students gave several reasons for not seeking help from their faculty, peers, or even disability support services; comments and themes that emerged are described as follows.

Shame and stigma. When asked to describe situ-

ations in which they had advocated for themselves or asked for help with issues related to ADHD, nine out of 12 (75%) of the students reported they felt “ashamed to ask” and/or blamed themselves for their difficulties, which made them reluctant to seek help in college. Some students indicated they felt their teachers would judge them and/or think they just wanted to get out of working hard if they admitted they were having difficulty getting the work done. Several students ($n=3$) reported that they perceived asking for help as a sign of weakness; something they were not entitled to and/or for which they might be ridiculed by other students or instructors. One student explained how much of a struggle it was for him to get through tasks and how long it took him to produce the work required of him in college compared to his peers. Even though he recognized this, he said he did not feel right asking for help because:

I thought it was me just being very lazy...being too lazy to put in the work...I knew when I would attempt to write papers and do those things—study for exams—it would breed such an awful feeling... I really had a really aversive feeling to doing all of it...I really think about it as physical pain—going through writing papers—or studying.

Another student said he “never felt good about having ADHD” or “thinking about that as a real problem ... something I should be asking for help for. I was always like, ‘Get over yourself.’”

Many of the students reported feeling ashamed and embarrassed about advocating for themselves when they initially entered college because they “didn’t feel right asking for help or extensions or anything.” They reported feeling defective or flawed, which contributed to the sense of shame they felt. As one student commented, “I felt that I was entirely responsible for my failure at school...my lack of motivation and my lack of a desire to make things better for myself.” After approaching a professor to request an accommodation, another student recalled, “I felt like there’s something wrong with me...my problems were just creating more problems for... all those professors.” This student’s sense that there was something “wrong” with him and that he was a burden to others created a desire to “hide” his difficulties. As he said, “I had this inside feeling that...it was definitely a negative thing to have ADHD. Like, I was almost ashamed...didn’t want to

tell my friends. I didn't want to tell teachers....I was always trying to hide it." Some students reported that the need to appear equal to their peers was one reason for their reluctance to seek assistance for issues related to ADHD. Although students perceived they were "just as smart if not smarter" than their college friends who earned high grades in their classes, the sense of shame they felt as a result of not measuring up to the perceived standards set by others seemed to have an impact on students' tendency to hide their difficulties as well as on their willingness to ask for help. This pattern occurred in spite of students' possessing an intellectual ability comparable to that of their peers.

Lack of understanding. One more reason cited for not seeking help was a belief that others would not understand the request for help. Nine out of 12 students reported they had encountered what they perceived to be a general lack of understanding and appropriate support for their specific needs. These experiences made them more reluctant to request assistance for issues related to ADHD in college. One student commented on her frustration with the process involved in requesting an appointment with a staff member in disability services at a large university:

They made it really difficult to make an appointment. They'd be like, okay, you have to call this office, and then you have to come down here at this time tomorrow and meet with this person to make an appointment with this person and...all the different steps involved...I'm like, really? You're going to take somebody with an executive function problem and give them a series of steps to get one appointment...I feel like it should have been more organized...there should have been someone who you said you needed an appointment, and they returned your call with an appointment.

This student's perception was that the services made available to her, and the steps required to access them, were not sensitive to the needs of students with executive function challenges. This point was reiterated by four other students who reported they were often required to bring drafts of their writing to meetings with college support staff and instructors or produce a substantial body of work independently, in spite of the fact that some of their greatest challenges were related to getting started on or activating to tasks. One student remarked, "If I had a draft, I wouldn't need help." An-

other student commented, "Points in my life when I'm most successful aren't when I'm getting help...I never got more work done when I was getting help." This student explained that he often spent more time talking about and explaining the work to tutors and related support personnel than actually doing it. He reported that this type of interaction had made him reluctant to seek assistance with future projects.

Learned helplessness. Several students (n=4) reported that the experience of "getting by in high school" and having parents or others initiate and manage tasks for them also made it more difficult for them to ask for help in college. One student commented on his mother's involvement in his work in high school by noting, "She'd take care of all of all those things for me. Talking to teachers about things that I struggled with, talking to teachers about my disability, talking to the school, all of that stuff." A second student explained that his parents' involvement sometimes resulted in him getting the work done in high school but did not help him learn how to work independently. Another student reported that he hardly did any work in high school and was able to "get by" with teachers being "impressed with [his] intellectual ability." Some students commented that they "made excuses" when they did not complete homework and just "got lucky" with some of their teachers.

Societal Perceptions

Students also commented on their impressions and experiences related to societal perceptions of the disorder.

Trivializing ADHD. In response to a question about what they perceived to be other people's thoughts and feelings about ADHD, seven of the 12 students (58%) reported that most people trivialized ADHD or did not see it as a real disorder. As one student put it, ADHD is:

...so much more complicated than what the average person thinks. A lot of people...don't even really think that it exists because, "Oh; ADHD, everybody has that; everybody has a little bit of trouble paying attention to stuff they don't like."

Students reported ADHD was trivialized or not perceived as a real disorder because it was often misunderstood as a will power problem. A number of students commented on hearing characterizations of ADHD as a "lazy

person's excuse." The students indicated there was a general societal misconception that "...people with ADHD just don't try hard enough. Why can't you be more organized? Or, Why can't you just pay attention?" These and similar responses were referenced by some students when explaining how others had responded to them and their needs. As one student remarked, "They don't realize that sometimes you really, really, really want to pay attention and you still can't."

ADHD as character flaw. When compared with other difficulties related to learning, students reported that ADHD is viewed as "sort of a disability light," or more of a character issue and "not as severe as something like dyslexia or Autism Spectrum Disorder (ASD)." As one student reported,

There's a thin line between what you are calling your character and who you are and then like 'disability' kind of thing. It's abstract...and invisible. So, just to say that I need to change that about myself is like questioning yourself.

Students explained that they often evaluated their actions and behaviors according to societal misconceptions regarding the disorder. One student explained that he questioned his ADHD a lot because it was a "negative thing that was not really provable."

The idea that a person should be able to overcome ADHD or "just try harder" was a familiar refrain in student responses about how they felt ADHD was perceived by others. Another student commented on the pressure of being compared to the high school dropout who was assumed to have had ADHD and went on to become a great success:

I think that the worst part is when people are trying to give me, like, pep talks about that stuff. When I was younger, the story's always about either the guy who has ADD and works really hard in school and they can get over it or they talk about the guy that dropped out of high school when he was in 9th grade and went on to become a billionaire.

These "myths" about a person's ability to "get over" ADHD permeated many of the students' stories about expectations placed upon them. A second student shared, "I think a lot of times it's in their mindsets. It's one of the things that they truly believe that...uh...it's...if you actually try...it shouldn't really give you

any problems. You should just concentrate harder and pay better attention." This expectation that one should be able to simply perform "better" upon demand was reported by another student. She recalled teachers who often demanded, "Why can't you be more organized?" These accusations suggested that her disorganization was a deliberate act of defiance. It was only in hindsight that the student realized the unfairness of such a question: "Now that I think back, it doesn't work that way. I wish it was that easy, but it's not." For another student, it was clear the assumptions other people made about how he *could* or *should* just get things done had been a constant source of frustration and angst. The student described an incident in which a well-intentioned adult shared some of his own issues with attention and focus in an attempt to make a meaningful connection with him and show that he understood. The students' frustration with this well-intentioned but misguided attempt at familiarity was palpable:

Oh, really? You know what it's like to have issues concentrating on a teacher... Do you have any idea what it's like to listen to every single word that comes out of that teacher's mouth until you realize that you haven't understood what they mean in context? And have you ever, like, sat in one place doing extremely repetitive work for four hours without realizing that it's taking you four hours and then even when you do realize it's taking you four hours you can't pry yourself away from doing that repetitive task even though you know you should be doing something more productive?

In many cases, the students themselves seemed to agree with the idea of ADHD as an excuse for lack of will or motivation. As one student observed:

I still have trouble sometimes when I'll be in a situation when I'm having trouble focusing and activating, and it's like... I mean ADHD, and; but there's a big mental resistance of like, "No, don't make excuses, like, just (laughs) do it."

Students reported feeling confused, defeated and at a loss for how to articulate any kind of defense for their behavior given their perception that "everybody just thinks that it's a motivation issue." Students seemed unclear, at least in part because society seemed unclear, about how much of their behavior was within their

control. Many of these students had or continued to attribute their lack of performance to laziness. One student reported that he still wondered how much of his behavior was congenital vs. learned:

I'm still in the process of coming to terms with my own disability—or with ADHD...I think I've gotten past the idea that I'm lazy...I do have ADHD, but how much is the ADHD contributing to my issues, or is it a behavior that I learned when I was very young...acknowledging that it's real, but it's learned rather than born with.

Equated with low intelligence. Three of the students (25%) reported that either they or others had questioned their intelligence because of their ADHD diagnosis. One student seemed unsure how to characterize his own view of the disorder and what it suggested about his intelligence. He explained that he did not know whether to describe ADHD as a “personality flaw” or an “intellectual capability flaw.” Another student expressed his frustration at those who believed that ADHD didn't really exist by saying,

Once I got to college I could feel that I learned differently...I was aware that my brain works differently and that I just function differently, and that was really frustrating, that other people were functioning differently than me and they didn't really believe that any of this was going on.

One student explained that she had initially talked herself out of the idea she had ADHD, in spite of what now appear to have been obvious symptoms and repeated failure in school, because she did not understand the disorder. At that time, both she and those with whom she interacted felt her particular challenges were not severe enough to warrant intervention because she was intelligent, not “hyper,” and “could pay attention to some things.”

Disclosure

When asked how they decided whether or not to disclose their disability, five of the 12 students (42%) reported they generally only felt comfortable disclosing to close friends. Six students (50%) reported that shame and/or a fear of judgment or stigmatization made them reluctant to disclose in educational or work environments and nine students (75%) commented that

it was difficult for them to disclose or explain ADHD because of societal misconceptions regarding the disorder. One student remarked, “If you're at a very...a very competitive school environment...people will just look at it as an excuse...the biggest reason I never liked explaining was because it sounded like an excuse to me, and to others.” A student who reported he had requested extended time in college remarked, “I'm able to do the exam in regular time, but I'm able to do much better with the extended time. And I'm worried about how that'll translate into the real world.” Another student explained that she felt uncomfortable disclosing she had ADHD because so many adults associated it with laziness or not wanting to do work rather than seeing it as a legitimate disorder. She felt that disclosing ADHD would change teachers' expectations and have a negative impact on her performance.

Coping with ADHD

Students described a number of ways in which they had attempted to cope with ADHD as well as manage feelings and thoughts associated with the disorder.

Feelings of frustration. Students reported feeling frustrated and discouraged by other people's failure to understand the extent to which ADHD impacted their lives. These feelings were exacerbated by the invisible nature of the disorder and the societal misconception that the disorder was “not real” or at least not real enough to be considered a significant problem. Several students reported an awareness that they were expected to perform at a high level because other people perceived them to be so capable, which made them more inclined to avoid when they were unable to follow through on the completion of assigned tasks:

I had problems all my life...I knew I wasn't dumb, but when I would try and apply myself, it was like banging my head against a wall. It was so frustrating, and I wasn't getting anywhere...If I was applying myself, I wasn't being lazy...So half the time I wouldn't even apply myself because when I did it was so frustrating because I wouldn't get anywhere...I was always being told how capable I was, and then I wasn't fulfilling people's expectations all the time...letting people down.

Avoidance. The primary method of coping with ADHD reported by nine out of 12 of the students (75%) was avoidance. Students reported avoiding classes, teach-

ers, learning specialists, tutors, and disability support staff primarily because they felt “embarrassed” about their failure to initiate or follow through on assigned work. Students indicated they generally did not take action to correct the situation until it was too late. Conversely, they also reported they were more likely to shift patterns of avoidance when they felt their attempts to address their executive function challenges were acknowledged by those with whom they interacted.

One student described the act of avoidance as akin to an addiction; behavior he would look to every time he had difficulty initiating and following through on assigned tasks. He admitted that when he was in “deep avoidance,” he would look for “any type of help to continue that avoidance...to pull the shade over my eyes.” Seven of the 12 students (58%) also reported that they had at some point in their school careers avoided or escaped through recreational drug use and/or through video games. Although several students reported avoidance had been a coping mechanism they had used throughout high school, they acknowledged their tendency to avoid escalated in college where there was significantly less structure and accountability.

Feelings of depression. A number of students (58%) reported they had experienced feelings of depression or severe discouragement related to their efforts to cope with ADHD. Close to half of the students indicated that becoming more aware of the specific challenges related to ADHD and learning to accept their strengths and limitations had helped them cope more effectively.

Self-education about ADHD. Students discussed the extent to which ADHD had changed their perception of themselves, the way they interacted with others who did not share an ADHD diagnosis, and the level of success and independence they felt they could achieve in the future as students/employees. Eleven of the 12 students (90%) indicated that learning more about ADHD and its impact on their performance had helped them accept their strengths and limitations. Two of the students indicated that receiving a diagnosis prior to high school had also helped them cope more effectively.

Difficulty setting limits with peers. Ten of the 12 students (83%) reported they had encountered difficulty setting limits with their peers in college. Although several students indicated they had often convinced themselves they could afford to put off assignments to spend time with friends in college, one student reported it was his awareness of his work

completion difficulties and his desire to “be liked” that made him more inclined to escape through time with friends. He said,

...because I know I have issues with getting my work done. If anything I push myself into those events way too readily because I’m trying to be liked...I wouldn’t want people to think that I’m less than great at doing everything all the time.

Several students reported that it took them a while to learn how to say “no” to people. They often felt confused by the behavior of some of their peers who seemed to be able to “party all the time” but did not appear to be doing any of the work. Some students shared a perception of life as being a lot easier for people who do not have ADHD. They expressed some resentment and frustration at the fact that their peers could “do more with less time.”

Career selection. When asked about how they envisioned coping with issues related to ADHD in the future, half of the students (50%) believed they could achieve a high level of independence and success provided they selected a career that highlighted their strengths and minimized some of their weaknesses. They expressed a firm belief that they could overcome and/or compensate for many of the challenges they faced. Three students (25%) expressed concern about their ability to achieve success in the future and two students felt that their challenges were primarily related to their academic performance. One student said, “If I manage to graduate college, I’m not worried about what will happen. It’s just getting through college.”

Interventions and Supports

Students described a number of supports and interventions that they perceived had either helped or hindered their efforts to adjust to the demands of college and advocate for themselves effectively.

Medication. The extent to which students reported medication-related interventions had proven to be helpful varied across participants. Six out of the 12 students interviewed (50%) reported they consistently used medication to treat their ADHD and that it had a positive impact on their performance. One of these six students reported a trial and error approach to pharmacological treatment options that had eventually produced results. Three additional students reported they had stopped using medication several years prior

to the time of the interview due to negative side effects and inconsistent results. Of these three students, two were achieving grades of 'C' or better in their college courses. One of these three students, a former graduate of a two-year general studies program at the current college, was getting ready to graduate with a BA from a university in New York at the time of the interviews; another of the three students was about to graduate from the small, private college he was currently attending with a cumulative GPA above a 3.5. The remaining three students reported mixed results from their use of medication to treat symptoms related to ADHD even though they reported using medication consistently.

Building self-awareness. When asked what adults should do to prepare students with ADHD to communicate their needs more assertively in postsecondary educational environments, seven of the 12 students (58%) talked about the importance of building awareness/educating students regarding the impact of ADHD on performance. Some students talked about the importance of learning about their neuropsychological testing and working with understanding teachers. One student indicated that if he had known the exact nature of his difficulties, he would have had a better understanding of the extent to which some issues *were* in fact within his control and possible for him to modify:

If...I was able to change my habits back then... worked through them...like "I can sort of change things about me. It's...some stigma that, Oh, I've a terrible work ethic... I have trouble focusing. I need to help create structures for myself." I... would have been helped by doing that.

A second student remarked, "Learning what's going on in my brain and why I am inclined to do certain things that I didn't understand before...allows me to adapt." Another student commented on the importance of learning about her strengths and limitations in an environment that did not assume students' executive function skills were intact:

Learning what did help and what I could do... and exploring it in a safe place... allowed me to find... what am I good at? What can I fall back on? ... What is still going to be a wall for me and that I need to get around a different way? I think it was really good to figure out my limitations and... accept "that's a limitation. How can I get around it"?

... I can't remember appointments. I need to have them in a planner that I can see all the time.

Self-advocacy. Eight of the 12 students (67%) interviewed commented on the importance of learning why and how to ask for help. Although most students were aware they were expected to approach faculty and staff for assistance in college, they reported not knowing how to ask for help because they had never needed to ask for help in high school. One student explained what he perceived to be the impact of students' tendency to "get by" in high school on their sense of self-worth:

...most people that have ADHD have like continuously diminishing self-value...especially if they were bright when they were younger. They could pull off good grades, they don't realize they have the same issues their whole life just building up and building up and building up. They see it as they just keep getting worse at things...they just already feel they have failed, and a lot of those people need a lot of guidance.

Students talked about the need for more proactive, consistent support and "guidance" for the development of self-advocacy skills due to their general lack of experience with asking for help, the ahistoric nature of ADHD (i.e., difficulty remembering details of one's past), and the tendency to lose track of key information related to their performance. The importance of proactive support and structures to help students address the ahistoria of ADHD is illustrated by one student's response to questions about intervention:

You're prone to make the same mistake over and over and over again and not really learn from it; and that's just something that people with ADHD...have to learn to realize... you really have to look at how things have went down in the past and how things have worked out well or haven't... and really think about how that's going to impact the task at hand.

Some students reported they did not ask for help in college because they were not always aware they needed it until they had already missed a crucial deadline or assignment. Other students reported they needed help with learning how to do work consistently and getting started on assignments but had trouble asking for this type of support. As one student put it,

Some of my professors...wanted to see drafts before I could sit down and work with them.... and that's what closed the door for me because I couldn't produce what they wanted, and they'd set the bar too high, and I knew I couldn't meet it... that's where I stopped.

Constructive feedback. Several students (58%) talked about the importance of receiving objective feedback from instructors in college. Students generally stated it was important for people with whom they interacted to report calmly, candidly and without judgment what they were observing and not interpret the student's failure to comply as an affront. One student reported that, when he checked in with a teacher about making up an assignment, the teacher took his request as a personal insult. "They were just like, 'I can't believe you' ...they had the whole attitude, like, 'I can't believe you missed one of my assignments and how dare you insult me' sort of thing." When teachers interacted with him in this way, the student reported he would "slump into avoidance a lot."

The students reported they appreciated college instructors who made their expectations and the consequences for not meeting them clear, but they also reported being more inclined to avoid teachers who adopted a judgmental tone, shamed/blamed them for issues related to ADHD, or who seemed to take it personally if they missed an assignment. Another student described an attempt he had made to approach an instructor at a prestigious college about a challenge he had encountered with an assignment. The instructor responded, "No, just, you do it or you don't do it, I don't believe in this whole ADHD nonsense," a response that made the student far less inclined to approach his instructors in the future.

Parents. Although five of the 12 students interviewed (42%) reported they had sometimes benefitted from attempts made by parents or others to advocate on their behalf, they also explained that parents or tutors who attempted to take over the management of issues related to ADHD had a negative impact on their willingness to seek assistance in college. Students talked about parents who had advocated for them throughout high school and then expected them to be their own advocates in college; well-intentioned tutors who did a lot of the work for them, even to the point of writing out responses to some of their assignments; parents who advocated so strongly that students became reluctant

to seek out accommodations at all, perceiving such requests for assistance to be "all about cheating the system;" or parents who hovered and/or were overly controlling, seizing on every opportunity to point out an assignment that needed attention or an appointment that needed to be made. Students explained how these approaches had led them to believe any help they sought in college was not likely to be particularly helpful.

Nine of 12 of the students (75%) reported an ambivalent attitude towards the support they had received from parents and others. On the one hand, students expressed appreciation for the somewhat intrusive support they had received from the people in their lives, which had helped to mediate some of their executive function challenges. They described parents who "worked very hard" on their behalf, and some attributed what they had learned about self-advocacy to behaviors their parents had modeled for them. On the other hand, in spite of recognizing "their [parents'] intentions were really good," they also acknowledged that some of the intrusive support they had received had been "enabling," had "hindered [their] assertiveness," or resulted in them "not learning to do" things for themselves or "shutting down."

The importance of providing support without being overly controlling, evaluative, or undermining the autonomy of others has been well established in research related to self-determination (Field, Sarver, & Shaw, 2003; Ryan & Deci, 2000). Students seemed aware of the availability and benefits of supportive interventions that promoted their autonomy compared to those that were more evaluative or controlling. However, students also seemed perplexed about how to navigate a clear path towards these supportive interventions in light of challenges related to executive function/self-regulation. The support these students described as most helpful requires striking a somewhat delicate balance between intrusive intervention and forms of assistance that promote autonomy by providing students with many opportunities for choice. It is likely that the sustainability of such a balance may be exacerbated by the nature of students' executive function challenges and the shame related to these challenges.

Discussion

The students who participated in this study dropped out of postsecondary education despite possessing many of the competencies typically expected of college students. Through in-depth interviews, six broad themes emerged in students' comments that relate to this study's research questions. Within these six themes, several elements were highlighted by students. One recurring construct that emerged was a sense of shame, which students perceived to have deterred them from seeking support. A second construct that emerged was the extent to which students reported feeling better able to develop self-advocacy skills and an awareness of their strengths and limitations in an environment that supported their autonomy, alongside other students who shared a similar history of strengths and challenges. A final construct of note that surfaced in students' responses was the importance of failure experiences to their overall sense of self-awareness, their willingness to change counterproductive behaviors, and their development of healthier coping strategies.

Shame and Stigma

An awareness and understanding of the complex interplay between shame, symptoms of ADHD, and student behavior is important for faculty and staff who may be in a position to facilitate the process of college transition for students with ADHD. A sense of shame was reported by a significant number of the students interviewed for this study. Many expressed uncertainty about the nature of ADHD and its impact on their behavior as well as a tendency towards avoidance as their primary method of coping. The sense of shame and uncertainty reported by these students may provide some insight into the difficulties some students with ADHD encounter as they attempt to advocate for themselves in college. How can one self-advocate from a place of uncertainty? How can one communicate assertively about needs that are so poorly defined and understood? How can one self-advocate without a belief in oneself as a person worthy of positive regard, respect, and a promising future?

According to Lewis (1992), shame can be defined as "the feeling we have when we evaluate our actions, feelings, or behavior, and conclude that we have done wrong" (p. 2). He further states that "to be in a state of shame I must compare my action against some standard, either my own or someone else's. My failure,

relative to the standard, results in a state of shame" (p. 29). In comparing shame and guilt, Lewis suggests that shame is much more severe than guilt. According to Lewis, guilt signals to the individual that he/she may have done something objectionable; shame signals to the individual, "You are no good" (p. 35). Unlike guilt,

shame is about self, not about action; thus, rather than resetting the machine toward action, it stops the machine... That the violation involves the machine itself means, functionally, that all behavior ceases. The function, then, is to signal the avoidance of behaviors likely to cause it (Lewis, 1992, p. 35).

The connection between shame and action may be important to consider given the confusion regarding the nature of the disorder, specific challenges related to executive function, students' self-reported tendency towards avoidance as a method of coping with ADHD, and Barkley's (1997) contention that "ADHD is not a disorder of knowing what to do, but of doing what one knows" (p. 314).

Although some research examining the connection between shame and ADHD already exists (Heatherton, Heck, Klebl, & Hull, 2000; Kellison, Bussing, Bell, & Garvan, 2010; Weiner, 1993), additional research regarding the impact of society's conceptualization of ADHD on shame and shame-related behaviors may be warranted in light of the aforementioned issues. As Barkley (1997) noted, society "finds it hard to accept the fact that such under controlled, poorly regulated, and impulsive patterns of behavior are anything but willful misconduct" (p. 320). The extent to which misunderstanding exists regarding the origins and progression of ADHD may be important to consider. This is particularly true given the finding that more negative reactions may be elicited by disorders believed to be within the control of afflicted individuals and the extent to which an ADHD diagnosis may adversely affect students' efforts to establish an identity for themselves as they work towards understanding and accepting the disorder. The number of specific references to shame that emerged in participants' responses raises questions about the psychological and emotional effects of the strategies these students employed to manage symptoms related to ADHD and the extent to which they may have internalized responsibility for symptomatic behaviors.

Inclusion and Autonomy Supportive Guidance

Several participants reported that after encountering failure at their previous college(s), being around other people with ADHD “helped to take some of the shame away” for them. They reported that seeing the same behaviors exhibited by others “took away a lot of the stigma” and convinced them that ADHD was in fact a real disorder. Disability support staff and related personnel are encouraged to help students with ADHD meet peers to minimize the stigmatizing effects of ADHD, particularly during their first year.

This study also reinforces the importance of students with ADHD being held accountable in non-judgmental ways. The participants reported experiencing this form of feedback at their current college. It facilitated their growing autonomy, helped them to become more aware of the impact of ADHD on their performance; allowed them to realistically assess their strengths and limitations; and encouraged them to develop more appropriate self-advocacy skills.

Failure Experiences

Due to the ahistoric nature of the disorder and the success some of these students were able to achieve in high school, it is possible that failure in college may have been a necessary first step towards their improved self-management of ADHD symptoms. Some students reported they “needed the hit” of failure in order to change behaviors and unproductive coping strategies. The tendency to “get by” in high school has been noted in prior accounts of the disorder, which suggest that ADHD symptoms (particularly symptoms of inattention) may not present problems for some higher functioning individuals until “the structure in their life decreases and the demands for concentration, focus, self-control, judgment, planning, and organization increase” (Nadeau, 1995, “DSM-IV Criteria for ADHD Primarily Inattentive Type,” para. 2). This phenomenon perhaps speaks to the importance of transition programs designed to assist these students in their second semester or second year of college when they may be more receptive to intervention.

The interventions that participants claimed had been most useful in helping them manage their ADHD and self-advocate underscore the importance of timely interventions and scaffolded support to facilitate the development of executive function skills:

Failure experiences are only learning experiences if they are mitigated. That is, students only learn from failure when they have the opportunity to try the experience again with a different strategy or level of intensity and succeed...It is quite possible that the school experiences of students with cognitive disabilities contain a unique mix of over-protection and failure experiences that contribute to external perceptions of control (Wehmeyer & Kelchner, 1996, p. 26).

As the present study reveals, when well-meaning family members, educators and related personnel work with students with ADHD, they often attempt to protect these students from failure. However, it may be the case that these students need to experience some failure in order to develop resilience and become effective self-advocates. Excessive failure may result in demotivation or complete disengagement, so it may be important to establish a balance between opportunities for risk taking in this regard and opportunities for constructive feedback and structured support.

Limitations

While the findings of this study are informative, they must be considered in light of some of the limitations of field research. Only 12 students were interviewed for this study, which represents a very small sample of college students. Although the present study included both genders, only four of the 12 students interviewed for the study were women. Several women who expressed interest in participating were excluded because they did not meet the inclusion criteria. Also, it must be noted that there was a lack of ethnic and socioeconomic diversity among the subjects.

Another limitation of the current study is that the findings are entirely based on student responses to interview questions. Additional information from parents and instructors might have provided a more complete picture of the obstacles to college adjustment and self-advocacy that exist for students in this particular sub-group. It is important to note, however, that the primary purpose of this study was to gain insight into what the students themselves perceived to be the obstacles to college adjustment and self-advocacy as they navigated the transition from high school and college. Findings can enrich our understanding of the most viable methods of intervention for college

students with an inattentive presentation of ADHD. It is possible that symptoms such as difficulty sustaining attention, attending to details, remembering daily tasks/appointments, and organizing tasks and activities have a unique impact on how these students perceive themselves and are perceived by others. Such knowledge is particularly important given students' need to voluntarily self-advocate in college.

Although the consideration of multiple perspectives may have provided additional insight regarding the effects of the disorder, understanding the nature of ADHD and its effects from the perspective of students who must learn to manage its symptoms will help disability support service providers design more appropriate interventions for college students who fit this profile. As the current study suggests, a student's perception regarding the extent to which support services are sensitive to the needs of individuals with executive function challenges can have a significant impact on his/her persistence and willingness to access resources. Student perspectives suggest that relatively minor adjustments to systems and procedures, such as minimizing the number of steps required to secure an appointment with a staff member, and offering more proactive vs. reactive assistance with task initiation and self-advocacy, are likely to be beneficial.

Conclusion

This study examined students' perceptions of the impact of ADHD on their experiences interacting with others and advocating for themselves in social, educational, and employment settings; how other people in society view the disorder; methods that students have used to cope with ADHD; and interventions that have either helped or hindered their efforts to adjust to college and advocate for themselves effectively. Unable to meet college level expectations in at least one traditional postsecondary educational environment prior to attending their current college, participants provide a unique perspective on obstacles to successful college transition.

Perhaps one of the most important findings of this study is what students' perceptions reveal about the complex interplay between shame, symptoms of ADHD, and behavior. It is possible that this interplay is more pronounced for students with an inattentive presentation of ADHD, who may be more inclined to internalize responsibility for ineffective behaviors as-

sociated with the disorder. Another important finding is what students' perceptions reveal about the significance of accountability and autonomy support in facilitating self-determination, which has been noted in prior studies (Field & Hoffman, 2002; Parker & Boutelle, 2009). Many of the students reported that adults in their earlier school experiences had set them up for failure by providing too much or too little support for the development of their own executive function and self-advocacy skills. Several students indicated they were assumed to be intelligent and were not disruptive in class; consequently, they were not always held accountable for initiating tasks and following them through to completion. They also reported that well-intentioned parents or tutors had a tendency to take over tasks requiring executive function and self-advocacy skills. This tendency for well-meaning adults to "take over" may be exacerbated for students whose presenting symptoms are more severe. Even when these students are able to initiate tasks, following through on them may take more time than expected. As research related to self-determination and motivation suggests, when the adults in these students' lives respond to their executive function challenges by becoming controlling or evaluative, the students may react by becoming "defensive" or "evasive." They may blame others or become "highly self-deprecatory," but under such circumstances they are unlikely to react in a way that results in "productive problem solving and effective performance" (Deci & Flaste, 1995, pp. 72-73).

The findings of the current study can inform interventions designed to improve the experiences of students with ADHD in college. The perceptions shared by the participants of this study speak to the importance of creating a culture of awareness on college campuses regarding the potentially debilitating effects of ADHD and other hidden disabilities. To lessen the disorder's stigmatizing effects, myths and assumptions regarding the nature and origins of ADHD should be exposed and discussed—along with what is now understood about the mechanisms underlying the various presentations of the disorder and symptomatic behaviors. Information about ADHD and executive function; medication management; the rationale for seeking reasonable accommodations; and the theory behind services designed to enhance self-regulation and promote self-determination, such as ADHD coaching, should be explained and made readily available to students, teachers, staff, and parents. This information

could be disseminated through a variety of presentations, demonstrations, and/or professional development activities. Finally, this study suggests the importance of creating a college climate that serves to validate instead of trivialize the effects of ADHD; an environment in which students are encouraged to appreciate their strengths and accept their limitations. In order to construct an environment that students with ADHD perceive to be authentic in this regard, it's crucial that the steps and procedures required for students to access appropriate support services are streamlined and implemented by individuals mindful of the self-regulatory strategies required to follow them.

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About the Authors

Lucy Stamp received her BA in English Literature from Washburn University. She went on to earn an MA degree in Teaching and a second Master's degree in School Counseling. She is currently pursuing a doctoral degree at Northeastern University. Ms. Stamp is an Associate Professor at Landmark College in Putney, VT where she has worked as an instructor, academic advisor, and administrator for over 15 years. Her research interests include self-advocacy, resilience, college transition, and career development for students with learning disabilities and/or ADHD. She may be reached at lstamp@landmark.edu

Manju Banerjee, Ph.D. is Vice President and Director of Landmark College Institute for Research and Training at Landmark College, Putney, VT. She has over 28 years' experience in the field of learning and other disabilities. Dr. Banerjee received her Doctorate from the University of Connecticut in Educational Psychology. She is a certified diagnostician and teacher-consultant for learning disabilities. Her interests and expertise include disability documentation and the law, technologies for transition to college, and Universal Design. She can be reached at manjubanerjee@landmark.edu

Franklin C. Brown received his BA and MA in Psychology from Kutztown University, Ph.D. from Louisiana Tech, and completed a Fellowship in Neuropsychology and Neuroimaging from Dartmouth Medical School. He is currently an Assistant Professor in the Department of Neurology at Yale University. He is a published researcher in the areas of Attention Deficit Hyperactivity, Reading Disorders, Epilepsy, and Sleep. He can be reached at franklin.brown@yale.edu.

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Appendix

Interview Questions:

1. How would you describe the impact that ADHD has on the way you interact with others in social, educational, and/or work settings?
2. Can you describe situations in which you have asked for help with issues related to ADHD?
3. How have you coped with having an ADHD diagnosis? Can you describe specific interactions with others in educational, work, or social situations that have had an impact on the way in which you cope with ADHD?
4. What is your perception about how people in society think and feel about ADHD?
5. How do you decide whether or not to disclose that you have a diagnosis of ADHD? When you do decide to disclose, how do you explain ADHD to others?
6. To what extent do you feel that society perceives ADHD in a different light from other learning difficulties (like dyslexia or Asperger's)?
7. What do you think is the most important thing for adults to know and do to prepare students with ADHD to communicate their needs assertively in postsecondary educational environments?
8. To what extent has ADHD changed the way you perceive your strengths and weaknesses as a student, the way in which you interact with other students who do not share an ADHD diagnosis, and the level of success and independence you feel you can achieve as a student/future employee?
9. Can you describe specific things people (parents, teachers, students, administrators, other staff members etc.) have said or done that have either helped or hindered your efforts to communicate more assertively in educational, occupational, and/or social situations?
10. What medication/ non medication interventions have helped you address/manage some of the symptoms associated with ADHD?