

# Academic Advising as an Intervention for College Students with ADHD

Kathleen A. D'Alessio <sup>1</sup>  
Manju Banerjee <sup>1</sup>

## Abstract

An innovative approach to academic advising is being proposed as an intervention for college students with attention deficit hyperactivity disorder (ADHD). This is a student-centered developmental approach that includes specific elements of coaching, such as open-ended questioning, creating a safe space for students with challenges in self-regulation and executive function, and holding students accountable for their actions. Given the ubiquitous nature of academic advising on college campuses, this hybrid advising model can have a significant impact on the graduation and retention rates of students with ADHD who might otherwise drop out of college, despite having the competencies necessary for postsecondary success. Five students with ADHD were tracked at a small private college in the Northeast as they met with their advisors over 15 weeks. Their comments illustrate the five components of intervention advising for ADHD: the advisor-advisee relationship, postsecondary readiness, goal-setting, action steps/implementation, and accountability.

Keywords: *ADHD, advising, coaching*

For students with learning disabilities and/or attention deficit hyperactivity disorder (ADHD), enrolling in college is more achievable today than just a decade ago (Henderson, 2001; Raue & Lewis, 2011). In fact, students with ADHD are now a majority among those with disabilities on college campuses (Government Accountability Office, 2009). However, studies still suggest that these students do not fare as well as in higher education as their nondisabled peers; they often have higher rates of academic probation and lower rates of graduation and retention (Maitland, 2010).

Admission into college is only the first step in preparing for gainful employment; the ability to complete the postsecondary program is just as important. In fact, the need to earn a college degree for effective employment has never been greater (Pew Research Center, 2014). Moreover, an aborted college experience can put a serious economic and emotional burden on students and their families. Students with ADHD fail to acquire a college degree for a variety of reasons. Miller and Murray (2005) pointed out that

Factors such as personal autonomy, self-confidence, ability to deal with racism, study behaviors, or social competence have as much or more to do with grades, retention and graduation than how well a student writes or how competent a student is in mathematics. (para. 5)

The situation takes on critical significance as high-functioning college students with ADHD continue to drop out of college, which indicates that traditional student support services and accommodations may not be enough for this burgeoning population. The dearth of credible research on the efficacy of traditional interventions for ADHD (Green & Rabiner, 2012) underscores the need for novel ways to engage, support, and successfully graduate these students.

Academic advising is universally available at postsecondary institutions. In this article we propose a model of academic advising that adopts coaching-like elements, which could be just the intervention needed to increase the retention and graduation of

<sup>1</sup> Landmark College

students with ADHD. This approach has been successfully implemented at a small private college in the Northeast. Based on our understanding of the complex profile of young adults with ADHD, this paper discusses how an innovative model of academic advising accompanied by an advising curriculum specifically designed to address the needs of students who learn differently can foster retention of students with ADHD. This advising model can be readily adapted by other postsecondary institutions.

### **Profiles of College Students with ADHD**

Current trends point to an increasingly complex profile of students with multiple and co-morbid symptomatology and many emotional and executive function challenges (Brown, 2009). According to the Government Accountability Office (GAO, 2009), students with ADHD and with psychiatric disabilities are the fastest growing disability populations on U.S. college campuses. The GAO report indicated that, between 2000 and 2008, U.S. college students who indicated having ADHD increased from 6.7% to 19.1%. Green and Rabiner (2012) noted a prevalence estimate between 2% and 8% of the college population, whereas DuPaul, Weyandt, O'Dell, and Verejao (2009) estimated that 25% of college students with disabilities have an ADHD diagnosis. New understanding of the complexities of ADHD, and the recognition that adult ADHD is different from childhood ADHD (American Psychiatric Association, 2013), underscores several elements that were previously ignored. For example, it is now acknowledged that ADHD symptoms can change over time and that an individual can present with different symptoms across their lifespan. Barkley (2011) pointed out that hyperactivity in childhood is often replaced in adulthood by anxiety and even depression. A primary diagnosis of ADHD is often accompanied by multiple co-occurring symptoms, such as perfectionistic behaviors, heightened panic reactions, and avoidance behaviors, which are at subthreshold levels for comorbid diagnoses but significantly debilitating for everyday functioning (Banerjee & Brinckerhoff, 2015). Furthermore, ADHD can be mild, moderate, and/or severe, and it can change over time.

The *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) raised the threshold for the early identification of symptoms from age seven to age twelve, but many individuals with ADHD are first diagnosed in college. Some students display a developmental lag in social-emotional maturity, which may or may not correlate with academic competency. Negative self-perceptions

are common among these students, and many feel shame and guilt about their academic performance, which can lead to avoidance behaviors and procrastination (Stamp, Banerjee, & Brown, 2014). College students with ADHD have also reported being academically less confident than their peers about their ability to succeed (Lewandowski, Lovett, Coding, & Gordon, 2008; Shaw-Zirt, Popali-Lehane, Chaplin, & Bergman, 2005). Studies and self-reported evidence from students have suggested that these students have less academic success, experience greater psychological and emotional difficulties, and are on academic probation more often than their peers (Advokat, Lane, & Luo, 2012; Blase et al., 2009; Heiligenstein, Guenther, Levy, Savino, & Fulwiler, 1999).

No two individuals with ADHD are alike, but difficulty with executive function and self-regulation is the hallmark of an ADHD diagnosis (Brown, 2013). Deficits in executive function affect one's ability to set goals and take self-directed action to achieve these goals. Individuals with ADHD have difficulty with response control and with planning, organizing, and self-monitoring their behaviors to get the desired outcome (Barkley, 2012). Green and Rabiner's (2012) comprehensive review of college students with ADHD indicated that, despite a growing body of research on college students with ADHD, confirming findings are sparse, lack adequate rigor, and are not conclusive.

The current reality is that many college students with ADHD are high functioning and have all the necessary credentials to gain admission to competitive colleges, yet they fall apart when the rigors of postsecondary education start to escalate. Many enter college with little understanding of the demands of college-level work or college life and lack adequate strategies to cope with them (Miller, 2010). Interventions that acknowledge the behavioral reality of young adults with ADHD, both their strong academic potential and their self-sabotaging behaviors, are lacking.

Parallels between the experiences of first-year college students and students with ADHD are particularly revealing. First-year students often enter college with strong high school academic records, but once on campus they show a declining commitment to studying and doing homework (Liu, Sharkness, & Pryor, 2008; Sax, 2003). Miller and Murray (2005) cited McGillin (2003) in noting that a student's ability to cope and be resilient are the best barometers for college success. Students whose internal resilience was supported by "institutional experiences that strengthen their self-esteem and self-efficacy" (para. 7) were able to overcome the negative effects of at-risk factors.

In a study of first-generation college students, Fentress and Collopy (2011) identified four defining characteristics. The first is a lack of academic preparation. The authors noted that students' perception of their academic incompetence, rather than any actual academic insufficiency, has the greatest bearing on retention and college success. A recent study by Stamp et al. (2014) found that similar perceptions among college students with ADHD, particularly of shame and negative self-image, were a major barrier to college success.

The second characteristic is identity dissonance. First-generation college students often feel like outsiders and are isolated from the mainstream of college life. They are less involved in campus activities and less likely to work on campus. Many students with ADHD also experience identity dissonance because their academic and social engagements tend to differ from those of other students (Shaw-Zirt et al., 2005). First-generation college students also are vulnerable to stereotype threat, which can adversely affect working memory (Beilock, Rydell, & McConnell, 2007), an area of executive functioning that is impacted by ADHD, even when there is no stereotype threat.

The third characteristic is the financial strain many first-generation college students experience because of a lack of family resources. While financial strain may not be uniquely prevalent among students with ADHD, many have to provide updated disability documentation, which can be expensive. College is also more expensive for undergraduates with ADHD who take more than four years to complete their college degree. The fourth characteristic Fentress and Collopy identified is social capital, or awareness of the social networks of college life, including knowledge of campus resources, how to access them, students' rights, and general elements of academic community life. Once again, many students with ADHD are not as plugged in to the campus community as their peers, often due to difficulty initiating action and inhibiting impulse responses (Shaw-Zirt et al., 2005).

### **Common Interventions for ADHD**

Traditional academic support for college students with ADHD includes accommodations such as rooms with reduced distractions for taking exams, extended time on tests, and single dorm room arrangements, to mention just a few. Many colleges also provide ADHD coaching on campus. The literature has identified three broad categories of interventions for ADHD: (a) pharmacological, (b) accommodations, and (c) psychosocial interventions, which includes ADHD coaching, cognitive behavior therapy (CBT), and counseling (Green & Rabiner, 2012). The following section briefly

describes each of these intervention categories and the challenges of implementing them on college campuses.

**Pharmacological.** Pharmacological interventions cover the vast range of medications, mostly stimulants, used to address symptoms of ADHD. These medications include methylphenidates such as Ritalin, Concerta, Daytrana, and Metadate, as well as dextroamphetamines and amphetamines such as Adderall and Dexedrine. Strattera (atomoxetine), a nonstimulant medication, is often prescribed for individuals who have ADHD and depression or anxiety. Vyvanse (lisdexamfetamine dimesylate), a long-acting stimulant, was studied with college students by DuPaul et al. (2012) over a five-week period and was found to be effective in reducing some of symptoms of ADHD, although the symptoms were still significant compared to the controls.

Research on the effectiveness of medication treatment for college students with ADHD is extremely sparse. It has been suggested that medication intervention may be less effective with this population because of the challenges young adults have in managing their medication (Rabiner et al., 2009), and of the need for medication that is effective over a much longer period than the previous six-hour school day. Moreover, it is unclear whether psycho-pharmacologists and physicians who prescribe medication for young adults in college are aware of the demands of college life, and disability services providers are not trained in how to accommodate the side-effects of medication. Managing and accommodating the side-effects of medication is clearly a challenge with this type of intervention, and the effects are individual specific.

**Accommodations.** Under the Americans with Disabilities Act (1990), college students with ADHD are entitled to reasonable accommodations that ensure equal access to academic and nonacademic campus life. Students with disabilities provide the required documentation to the disability services office on campus to receive accommodations, which are often negotiated between the student, disability services personnel, and the student's advisor or program faculty member (Banerjee & Brinckerhoff, 2015). There are several challenges in accommodating college students with ADHD. Most institutions have documentation and accommodation guidelines, but accommodation decisions can be subjective and the ADHD documentation needed to meet these guidelines can be expensive. For high-functioning students with ADHD, the traditional battery of diagnostic instruments lack the sensitivity to pick up on subtle markers of executive function disorders. Furthermore, students with ADHD may not seek services and accommodation because of the

stigma and shame attached (Stamp et al., 2014). Others feel uncomfortable about asking for accommodations because of the potential for disclosure among their peers, and/or a perception that they do not deserve accommodations and it is unfair when they do.

**Psychosocial treatments.** Psychosocial treatments, also known as behavior therapy and behavior modification, are often seen as an alternative to medication or are used in conjunction with medication to address symptoms of ADHD. Two common interventions that fall within this broad category are ADHD coaching and CBT.

**ADHD coaching.** Coaching has been widely recognized as an effective intervention for students with ADHD (Parker & Boutelle, 2009; Swartz, Prevatt, & Proctor, 2005). Coaching is different from study skills training and/or a learning strategy intervention. Learning strategies are tutor-directed activities that involve “teaching” students the skills and techniques they need to effectively navigate academic demands. Such interventions often include strategies for effective note-taking, active reading, test prep, and so on. Coaching, on the other hand, is an inquiry-based approach where student and coach are jointly engaged in the process of goal-setting and decision-making. Coaching helps students with ADHD achieve their academic goals in a self-determined manner and take ownership of their actions and the consequences. Coaches use open-ended questions to elicit a student’s own ideas and thoughts, and through such engagement help to shape students’ self-regulatory behaviors (Parker, Hoffman, Sawilowsky, & Rolands, 2011). They ask questions to make a student aware of their own ability to plan, set goals, demonstrate response control, and take deliberate action toward achieving their target goal(s). During the process, coaches identify and address elements that may facilitate or hinder goal attainment (Quinn, Ratey, & Maitland, 2000).

Even when available, many students with ADHD do not avail themselves of coaching services on campus for a host of reasons, including stereotype threat and perceptions of a stigma attached to receiving disability services (Mueller, Fuermaier, Koerts, & Tucha, 2012). ADHD coaching is not readily available on all college campuses, but various models of academic advising are an essential part of college life and are universally available at colleges and universities around the country. Interestingly, there is significant overlap between the elements of coaching and academic advising.

**Cognitive behavior therapy.** CBT is a type of mental health counseling that directly addresses self-critical thoughts that arise for ADHD students who experience difficulties in the college environment

(Ramsay & Rostain, 2006). CBT is a goal-oriented psychotherapeutic treatment where the therapist and the client work together to reorient the student’s thinking and thereby change behavior. According to Green and Rabiner (2012), no empirical studies testing the efficacy of these psychosocial treatments specifically for college students with ADHD have been published. CBT is not an intervention higher education institutions typically offer to their students. This private therapy can be expensive and often involves doing homework outside of the sessions, which may be difficult for a student to complete consistently.

## Overview of the Literature on Academic Advising

Almost all higher education institutions provide their students with some form of academic advising, as it is acknowledged to be integral to the mission of teaching and learning. According to Light (2001), “good advising is the single most underestimated element of a successful college experience” (para. 5). Advising covers a broad spectrum of responsibilities, from imparting the ideals of higher education to the pragmatics of course enrollment to facilitating advisees’ academic and career goal development (O’Banion, 2012). According to the National Academic Advising Association (NACADA, 2006), “academic advising engages students beyond their own world views, while acknowledging their individual characteristics, values, and motivations as they enter, move through, and exit the institution” (para. 7). Students have identified academic advising as one of the most important aspects of their postsecondary education (Hillman, 2009). Heisserer and Parette (2002) stated that, “while faculty, administrators, and student affairs professionals all serve as student advocates and play an integral part in student retention and attrition, advisors are typically in the best positions to assist students in making quality academic decisions” (para. 2). Research also has pointed to the significant impact academic advising can have on student attrition and retention (McArthur, 2005).

There are multiple approaches to academic advising. Three models described by Heisserer and Parette (2002)—prescriptive, developmental, and integrated—broadly address the various approaches in the literature. The prescriptive model is a top-down approach where the advisor is directive and informs the student about course selection, degree requirements, and registration. The student simply follows the advice offered and takes no part in the decision-making. In the developmental model the student and the advisor share responsibility for making decisions. The advisor responds to the

student's queries and directs them to the appropriate campus resource, which fosters independent decision-making. The third model is an integrated approach, which is essentially a combination of the previous two models, where the student is both given advice and counseled to make independent decisions regarding academic, career, and life goals.

The advising literature also references an approach called intrusive or proactive advising, which is often cited as the preferred approach for students at risk of dropping out of college (Heisserer & Parette, 2002; NACADA, 2014). At-risk students include ethnic minorities, those who are academically disadvantaged, have disabilities, have low socioeconomic status, and/or are on academic probation. Intrusive advising presupposes deliberate interaction between advisor and advisee, often with mandatory requirements. Students are expected to follow the advisors' directives and are closely monitored. Intrusive advising is defined as an "intervention with an at-risk student that is designed to (a) facilitate informed, responsible decision-making, (b) increase student motivation toward activities in his/her social/academic community, and (c) ensure the probability of the student's academic success" (Heisserer & Parette, 2002; Intrusive Advising Model, para. 1, p. 74).

While intrusive advising may be good for at-risk students who may otherwise disengage, it is not particularly effective for students with ADHD. In fact, experience suggests that these students often ignore mandatory protocols such as attending advising meetings, which may be a warning sign of dropping out. Furthermore, many advisors are simply not aware of the specific challenges faced by ADHD students, such as difficulty regulating, and goal-setting, and they may react unsympathetically to missed sessions and the student's apparent lack of responsibility.

There is no doubt that increased contact with advisors, especially during freshman year, promotes students' sense of connectedness with the institution and affects their decision to stay in college (Miller, 2010). The advising approach for students with ADHD therefore needs to provide a calculated balance between encouraging frequent contact with the advisor while promoting independent decision-making and ownership of their decisions.

### **A Coaching Approach to Academic Advising**

Integrating intrusive advising practices with components of ADHD coaching creates a hybrid approach that may be well-suited for some students with ADHD, especially if it can be adapted easily to existing advis-

ing models. This approach has been used successfully at one college in the Northeast, which is one of only two in the country that exclusively serves students with learning disabilities, ADHD, and autism spectrum disorder. The elements that define such a hybrid model of advising intervention for college students with ADHD are (a) the advisor-advisee relationship, (b) postsecondary readiness, (c) goal-setting, (d) action steps/implementation, and (e) accountability. These elements are further operationalized in detail through a student-centered developmental advising curriculum (see Appendix). During one semester, the authors of this paper monitored and recorded the comments and perceptions of five college students with ADHD who were engaged in this hybrid advising model. Their aim was to illustrate how well this approach serves as an intervention for ADHD.

### **Why Use Advising as an Intervention for ADHD**

Advising is a forward-looking partnership between student and advisor. At its core is a focus on the future, in particular the student's life and career goals (Habley, Bloom, & Robbins, 2012). By contrast, student services such as tutoring, counseling, and disability services are perceived as supports for individual deficiencies. It is much easier for a student to tell a peer that he is going to an advising meeting rather than to the disability services office. Furthermore, most academic advising frameworks lend themselves to elements of interventions for at-risk populations, and by extension to students with ADHD.

**The advisor-advisee relationship.** The relationship between student and advisor is of particular significance to students with ADHD, and trust in that relationship is the bedrock of ADHD coaching. Highly qualified and well-trained coaches work in partnership with the student to address critical life skills, including motivation for academic achievement, readiness for college, interpersonal communication, self-advocacy, self-esteem, and individual perceptions (Edge Foundation). Coaches offer the student a safe, nonjudgmental environment and use open-ended questioning to encourage the student to articulate their academic and career goals, and to address their challenges. Trust between student and advisor is the cornerstone of this hybrid advising model, and the advisor actively nurtures it. They use various approaches to build trust, including being nonjudgmental and neutral while listening and providing a safe space for the students to express themselves emotionally. However, advisors do not serve as counselors, clinicians, therapists, or disability advocates. Advisors begin building trust by gauging a student's readiness and motivation to engage

in the advising process. One student who was tracked for this paper said to his advisor, “I don’t know why I am in college...I am not having fun.” Another student said, “I have no internal or external motivators...I just don’t want to do the work.” Talking to his advisor about not submitting work on time, another student said, “I know I am smart...my professors are lenient with me... I know I can get away with it.” Candid comments like this are only possible when students feel they can really trust their advisor to help them—as a professional and not as a friend.

Not every student is ready to participate fully in the advising process when he or she starts college. One student noted, “I wish everyone would back off and stop analyzing me,” and another said, “I don’t see any value in these advising meetings.” Knowing when to give the student space is equally important. There are several approaches to assessing students’ readiness and motivation to participate in this type of advising. It is not necessarily a formal process; advisors can assess readiness through open-ended dialogue and neutral listening, which encourages students to share where they are in their personal development. The key take-away is for advisors to recognize that each student with ADHD will be at a different start point when they engage with advising, and some may take more time to transition to the next developmental phase.

**Postsecondary readiness.** Many students with ADHD end up at a postsecondary institution that may not be the best fit for them. It may be a large institution or one where expectations are markedly different from the student’s past experiences. The transition to college is particularly difficult for many students with ADHD, and facilitating self-awareness and readiness to accept transitional changes is different for these students than for their non-ADHD peers. It can be challenging and time-consuming, and also rewarding. Many of these students have learned unproductive behaviors as a result of their past and current experiences with ADHD. Some overestimate their skills as a way to cover up deficiencies, and others develop negative stereotypical thinking that can lead to detrimental behaviors. The following student comments illustrate some unproductive coping strategies and poor self-awareness:

“I am unmotivated to do work because these courses are not useful to me.”

“Professor X is out to get me.”

“I did not complete the assignment so I did not go to class; and that continued for a few weeks.”

“I don’t want to be at this college. This is hard for me.”

In our hybrid advising model, advisors invite students to share personal insights on their strengths, weaknesses, values, and, most importantly, perceptions of the teaching-learning process. After following the advising curriculum for a semester, some of these same students noted that “it is OK to make mistakes” and that “the biggest lesson I learned was to take school seriously and take myself seriously, show up and be present and communicate.” Advisors do not provide therapy sessions, but they facilitate self-awareness by encouraging open communication between the student and themselves, and other members of various campus constituencies, including instructors, disability services providers, student affairs personnel, and so on. Advisors also connect students with resources that help them better understand the symptoms of ADHD, including new research on ADHD and how the brain learns.

**Goal-setting.** A central tenet of coaching is goal-setting, and advisors do help students identify their academic and career goals. For students with ADHD, longer-term goals need to be separated into smaller, more manageable steps. Distinguishing between a realistic goal and a “wish” is key, and students must feel ownership of their goals. Some of the students we tracked started with goals such as, “I will pass all my courses this term” and “I will get all A’s.” They worked with their advisor to identify action steps and ways to accomplish the goals they had set for themselves. The advisor was there to support the students and to redirect them when they failed to meet a specific goal. Advisors engaged the students not simply to set goals but to help them be aware of the context in which the goal would be executed. For example, students were asked to articulate how their goal would be accomplished in light of their other commitments, physical and mental health issues, and other distractions they would encounter. Students then took the lead in revising their goals and making decisions.

**Action steps/implementation.** Implementing the decisions made jointly by the advisee and advisor is at the heart of this hybrid model. Drawing from practices embedded in coaching, advisors help students accomplish their goals by reinforcing goal-directed actions and encouraging the advisee to question actions that are nonproductive. For example, an advisor might encourage a student to reflect on an unproductive rationale for missing class, such as, “About a year ago I slipped and fell on an icy hill and got a really bad concussion, which caused some minor memory loss and behavior change. So I’d rather have an absence and receive some scolding than slip and get another concussion.”

Advisors initially follow up closely with the student, but as the student develops independent skills,

this support is phased out. A plan to monitor the implementation of the student's action steps is set up as a collaborative exercise between the advisor and the advisee. Some students report on their progress frequently via digital communications or face-to-face—some advisors suggest a weekly meeting—but others do not. The meetings are not mandatory, but when mutually agreed upon parameters are established it is expected that they will be followed.

**Accountability.** Accountability is another central component of this advising model, and the advisors do hold students accountable for their actions and behavior. One key difference in this model, however, is that the advisors are knowledgeable about the difficulties associated with ADHD. Accountability is part of a contract between advisor and advisee, and the student is well aware of the consequences of breaking it, so while working toward goals, advisors and advisees identify elements that support or present obstacles to attaining them (Quinn et al., 2000). In addition to the meetings between students and their advisors, parents/caregivers may be invited to be part of the support system, depending on individual circumstances.

The students themselves define accountability, and the advisor integrates it into the advising protocol. Some students opt out of any agreement and agree instead to check in with their advisor via emails, whereas others agree to identify and articulate the consequences of their actions. For example, one student we were tracking noted, "Next semester, I will be less avoidant about small stuff and be more on top of work and be more disciplined." Her advisor immediately asked how she would accomplish this and what would happen if things did not go according to plan. Together they identified alternative ways to reach her goals, and consequences that were significant to the student if they did not succeed. A key element of accountability is that advisor and student become familiar with and acknowledge the behaviors that derail the student's goals, and then identify alternative ways to accomplish them. Traditional consequences such as poor grades often appear to have less value for students with ADHD than for their peers. Advisors working with this model understand such behavior and help motivate students to identify meaningful accountability measures.

### **A Curriculum for Advising**

The academic advising curriculum for students who learn differently has been followed at this college for nearly a decade in its various iterations (see Appendix for details). This advising method specifically articulates two main goals: (1) to understand and reinforce student self-determination and interdependence,

and (2) to promote problem-solving and decision-making about educational and personal goals. Each goal is broken down into a set of student learning outcomes to be accomplished in three stages, loosely one semester each. The process of reinforcing students' self-determination helps to identify specific learning outcomes, which occur in three different stages of a student's time at college. During stage 1 the student is introduced to the departmental goals and is asked to acknowledge, consider, and reflect on how a particular program and associated learning outcomes can become part of their personal goals for postsecondary education. For example, under student learning outcome 1-1, the goal is for students to understand their learning strengths and challenges and to use this knowledge appropriately when making decisions. These learning outcomes can be broken down further into knowledge (understanding personal learning strengths and challenges), actions (asking for help when needed), and values (appreciating the unique strengths they bring to the learning environment). In stage 1, the advisor is working to build a trusting relationship while getting to know the student and discussing their learning strengths, challenges, and academic strategies for success. As the student progresses to stage 2, the goal is to use this understanding to develop personalized strategies for approaching academic work. By stage 3 the student is expected to consistently use strategies to refine and maintain their academic progress. Students are told what is expected of them and this creates a collegial and professional tone for the advising meetings, which are guided by a student-centered developmental approach. While it is recognized that students progress at their own rate, having curricular markers helps advisors create a productive advisor/advisee partnership from the outset. Advisors continually assess the advising sessions and give feedback to both their advisees and the advising department.

### **Discussion**

Several themes define this hybrid model of advising for students with ADHD. One theme is assessing student readiness. This starts with the advisor actively determining "where the student is" at the start of the advising sessions in terms of his/her mental and emotional readiness to take full advantage of the current circumstances. The distinction between college-able and college-ready is key in students taking responsibility for their past actions and in seeing the current situation as a step in the right direction. One of the students we tracked did not want to be at the institution from the start and was there only because he had

been dismissed from his previous college. He directed all his effort toward getting back there, and his advisor helped him with this transition.

Another theme is addressing students' own perceptions of themselves and the educational environment. Perceptions can lead to habits that prevent students from achieving the desired outcomes. In this model the advisor works to create a safe haven where students learn to trust them and let go of perceptions that can derail rather than facilitate goal achievement. The advising sessions were indeed a safe place where students could start to rethink some of the negative perceptions associated with their disability. The advisors helped to reshape students' perceptions of themselves and of their engagement with others, particularly authority figures.

The advising sessions for ADHD students at this school are clearly not counseling or therapy, nor are they tutoring or academic support services. The tools of this hybrid advising model include open-ended questioning, sympathetic yet neutral listening, addressing perceptions through in-the-moment examples, creating self-awareness of strengths and challenges, and continual assessment of the advising sessions, all of which are grounded in the student's academic and career goals. Students are expected to meet with their advisors more frequently than in other advising models, the difference being that this is not a mandatory requirement and the advisors work hard to provide a place students can turn to when in need.

Many college personnel, including academic advisors, are not trained to address the needs of students with comorbid and multiple disabilities. At the institution where this hybrid advising approach is being used, the academic advising department is led by a Director of Advising and two Advising Supervisors. There also are 16 Academic Advisors who provide direct one-on-one advising and have a caseload of approximately 35 students. Eleven full-time faculty members contribute to the advising department by taking on additional advisees, and two administrators provide advising support when needed. The following section provides suggestions for the implementation of this advising model at other institutions.

### Suggestions for Practice

We recommend that advisors have basic knowledge of some of the common disabilities, that they be aware of current research on neurodiversity, and that they understand the negative perceptions and behaviors that are common to individuals with ADHD. This advising model also recommends creating an environment of trust and neutrality and conducting advising

sessions in a nonjudgmental manner. They also make sure that students and their parents understand that the advisors are professionals hired by the college, and that they are not the students' personal disability advocates or their friends. For this type of advising to be successful, advisors must tailor their advising practices to the individual students' developmental readiness. Having regular and frequent meetings provides an additional structure that creates a natural intervention for students and helps to build trusting relationships.

### References

- Advokat, C., Lane, S. M., & Luo, C. (2011). College students with and without ADHD: Comparison of self-report of medication usage, study habits, and academic achievement. *Journal of Attention Disorders, 15*, 656-666.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Americans with Disabilities Act of 1990, Pub. L. No. 101-336, § 2, 104 Stat. 328 (1991).
- Banerjee, M., & Brinckerhoff, L. C. (2015, July). *Academic advising as an intervention for college students with ADHD*. Paper presented at the Association of Higher Education and Disability conference, St. Paul, MN.
- Barkley, R. A. (2011, March). *Executive function deficits in students with ADHD*. Paper presented at the annual Disability Symposium, University of Pennsylvania, Philadelphia.
- Barkley, R. A. (2012). *Executive functions: What they are, how they work, and why they evolved*. New York: Guilford Press.
- Beilock, S. L., Rydell, R. J., & McConnell, A. R. (2007). Stereotype threat and working memory: Mechanisms, alleviation, and spillover. *Journal of Experimental Psychology: General, 136*, 256-276.
- Blase, S. L., Gilbert, A. N., Anastopoulos, A. D., Costello, E. J., Hoyle, R. H., Swartzwelder, H. S., & Rabiner, D. L. (2009). Self-reported ADHD and adjustment in college: cross-sectional and longitudinal findings. *Journal of Attention Disorders, 13*, 297-309.
- Bronfenbrenner, U. (1994). Ecological models of human development. In T. N. Postlethwaite & T. Husen (Eds.), *International encyclopedia of education* (2nd ed., Vol. 3). Oxford: Elsevier.
- Brown, T. E. (2009). *ADHD comorbidities: Handbook for ADHD complications in children and adults*. Washington, DC: American Psychiatric Publishing.



- Brown, T. E. (2013). *A new understanding of ADHD in children and adults: Executive function impairments*. New York: Routledge.
- DuPaul, G. J., Weyandt, L. L., O'Dell, S. M., & Vारेजो, M. (2009). College students with ADHD: Current status and future directions. *Journal of Attention Disorders, 13*, 234-250.
- DuPaul, G. J., Weyandt, L. L., Rossi, J. S., Vilardo, B. A., O'Dell, S. M., Carson, K. M., . . . Swentosky, A. (2012). Double-blind, placebo-controlled, crossover study of the efficacy and safety of lisdexamfetamine dimesylate in college students with ADHD. *Journal of Attention Disorders, 16*, 202-220.
- Edge Foundation. Retrieved from <https://edgefoundation.org>
- Fentress, J. C., & Collopy, R. M. B. (2011, February). Promoting resiliency among first-generation college students. *Mentor: An Academic Advising Journal, 13*.
- Government Accountability Office. (2009, October). *Higher education and disability: Education needs a coordinated approach to improve its assistance to schools in supporting students*. Washington, DC: U.S. Government Accountability Office. Retrieved from <http://www.gao.gov/products/GAO-10-33>
- Green, A. L., & Rabiner, D. L. (2012). What do we really know about ADHD in college students? *Neurotherapeutics, 9*, 559-568.
- Habley, W. R., Bloom, J. L., & Robbins, S. (2012). *Increasing persistence: Research-based strategies for college student success* (pp. 283-309). San Francisco: Jossey-Bass.
- Heiligenstein, E., Guenther, G., Levy, A., Savino, F., & Fulwiler, J. (1999). Psychological and academic functioning in college students with attention deficit hyperactivity disorder. *Journal of American College Health, 47*, 181-185.
- Heisserer, D. L., & Parette, P. (2002). Advising at-risk students in college and university settings. *College Student Journal, 36*, 69-84.
- Henderson, C. (2001). *College freshmen with disabilities: A biennial statistical profile*. Washington, DC: American Council on Education, HEATH Resource Center.
- Hillman, J. (2009). *Noel-Levitz report: Academic advising highly important to students*. Retrieved from [https://www.noellevitz.com/documents/shared/Papers\\_and\\_Research/2009/AcademicAdvising-HighlyImportant09.pdf](https://www.noellevitz.com/documents/shared/Papers_and_Research/2009/AcademicAdvising-HighlyImportant09.pdf)
- Lewandowski, L. J., Lovett, B. J., Coding, R. S., & Gordon, M. (2008). Symptoms of ADHD and academic concerns in college students with and without ADHD diagnoses. *Journal of Attention Disorders, 12*, 156-161.
- Light, R. J. (2001, March 2). The power of good advice for students. *Chronicle of Higher Education, B11*.
- Liu, A., Sharkness, J., & Pryor, J. H. (2008). *Findings from the 2007 administration of Your First College Year (YFCY): National aggregates*. Los Angeles: UCLA, Higher Education Research Institute. Retrieved from [http://www.heri.ucla.edu/PDFS/YFCY\\_2007\\_Report05-07-08.pdf](http://www.heri.ucla.edu/PDFS/YFCY_2007_Report05-07-08.pdf)
- Maitland, T. (2010, July). *Characteristics, enrollment patterns, graduation rates and service use of college students with LD/ADHD*. Paper presented at the Association of Higher Education and Disability conference, Denver, CO.
- McArthur, R. C. (2005). Faculty-based advising: An important factor in community college retention. *Community College Review, 32*, 1-19.
- McGillin, V. A. (2003). Academic risk and resilience: Implications for advising at small colleges and universities. In M. K. Hemwall & K. C. Trachte (Eds.), *Advising and learning: Academic advising from the perspective of small colleges and universities* (pp. 43-52). Manhattan, KS: NACADA.
- Miller, L. K. (2010). The impact of intrusive advising on academic self efficacy beliefs in first-year students in higher education. Dissertation Abstracts International: Section A. *Humanities and Social Sciences, 72(2-A)*, 491.
- Miller, M. A., & Murray, C. (2005). *Academically underprepared students*. Retrieved from <http://www.nacada.ksu.edu/Resources/Clearinghouse/View-Articles/Academically-underprepared-students.aspx>
- Mueller, A., Fuermaier, A., Koerts, J., & Tucha, L. (2012). Stigma in attention deficit hyperactivity disorder. *ADHD: Attention Deficit & Hyperactivity Disorders, 4*, 101-114.
- NACADA. (2006). *NACADA concept of academic advising*. Retrieved from <http://www.nacada.ksu.edu/Resources/Clearinghouse/View-Articles/Concept-of-Academic-Advising-a598.aspx>
- O'Banion, T. (2012). Be advised. *Community College Journal, 83(2)*, 42-47.
- Parker, D. R., & Boutelle, K. (2009). Executive function coaching for college students with learning disabilities and ADHD: A new approach for fostering self-determination. *Learning Disabilities Research & Practice, 24*, 204-215.

- Parker, D. R., Hoffman, S. F., Sawilowsky, S., & Rorlands, L. (2011). An examination of the effects of ADHD coaching on university students' executive functioning. *Journal of Postsecondary Education and Disability, 24*, 115-132.
- Pew Research Center. (2014, February). *The rising cost of not going to college*. Retrieved from <http://www.pewsocialtrends.org/2014/02/11/the-rising-cost-of-not-going-to-college/>
- Quinn, P. O., Ratey, N. A., & Maitland, T. L. (2000). *Coaching college students with AD/HD: Issues and answers*. Silver Spring, MD: Advantage Books.
- Rabiner, D. L., Anastopoulos, A. D., Costello, E. J., Hoyle, R. H., McCabe, S. E., & Swartzwelder, H. S. (2009). The misuse and diversion of prescribed ADHD medications by college students. *Journal of Attention Disorders, 13*, 259-270.
- Ramsay, J. R., & Rostain, A. L. (2006). Cognitive behavior therapy for college students with attention-deficit/hyperactivity disorder. *Journal of College Student Psychotherapy, 21*, 3-20.
- Raue, K., & Lewis, L. (2011). *Students with disabilities at degree-granting postsecondary institutions (NCES 2011-018)*. Washington, DC: U.S. Department of Education, National Center for Education Statistics. Retrieved from <http://nces.ed.gov/pubstudies/2011/2011018.pdf>
- Sax, L. J. (2003, July). Our incoming students: What are they like? *About Campus, 8*(3), 15-20.
- Shaw-Zirt, B., Popali-Lehane, L., Chaplin, W., & Bergman, A. (2005). Adjustment, social skills, and self-esteem in college students with symptoms of ADHD. *Journal of Attention Disorders, 8*, 109-120.
- Stamp, L., Banerjee, M., & Brown, F. C. (2014). Self-advocacy and perceptions of college readiness among students with AD/HD. *Journal of Postsecondary Education and Disability, 27*, 139-160.
- Swartz, S. L., Prevatt, F., & Proctor, B. E. (2005). A coaching intervention for college students with attention deficit/hyperactivity disorder. *Psychology in the Schools, 42*, 647-656.

### About the Authors

Kathleen A. D'Alessio, M.Ed., CPCC is a founding faculty member, Associate Professor, and Academic Advisor at Landmark College. She has over 35 years of experience in the field of learning disabilities and ADHD ranging from kindergarten through graduate school. She is a certified professional co-active life coach through the International Coach Federation, and has training in ADHD coaching. Her interests include the ways in which coaching techniques and advising skills intersect to enhance the educational experience of students who learn differently. She received her Master's in Education in Learning Disabilities and Consulting Teaching from Keene State College.

Manju Banerjee, Ph.D. is Vice President of Educational Research and Innovation, and Director of Landmark College Institute for Research and Training. Dr. Banerjee has over 29 years of experience in the field of learning disabilities, ADHD, and postsecondary disability services. She is a certified diagnostician and teacher-consultant on learning disabilities. She has published and presented extensively, both nationally and internationally, on topics such as disability documentation and accommodations, technological competencies for postsecondary transition, online learning, and universal design. She has been and currently is PI/Co-PI on multiple federal, foundational, and NSF grants. She currently teaches a graduate level online course on Universal Design: Principles and Practice. She is an editorial board member for the *Journal of Postsecondary Education and Disability; Learning Disabilities: A Multidisciplinary Journal*, Professional Advisory Board member to the Learning Disability Association of America, and a consultant to Educational Testing Service. She received her doctoral degree from the Neag School of Education, University of Connecticut, on the application of universal design to high-stakes assessment.

## Appendix

## Landmark College Advising Mission, Goals, and Outcomes

Mission: Advising promotes a student-centered, developmental approach to working with students in support of self-determination and interdependence. Advisors guide students in problem solving and making decisions with educational and personal goals. (Adopted Fall 2007)

<b>Departmental Goal 1: Understand and reinforce student self-determination and interdependence.</b>	<b>Semester/Stage 1 Outcome</b>	<b>Stage 2 Outcome</b>	<b>Stage 3 Outcome</b>
Student Learning Outcome 1-1: Understand learning strengths and challenges and use this knowledge appropriately when making decisions	<i>Student will review and discuss educational diagnosis (in general) as well as learning strengths, challenges, and academic strategies</i>	<i>Student will utilize understanding of their learning strengths and challenges to help identify strategies in approach to academic work</i>	<i>Student will consistently use strategies for academic success and refine according to their learning strengths and challenges</i>
Student Learning Outcome 1-2: Develop communication skills and become appropriately persistent through the use of self-advocacy	<i>Student will reflect upon and begin utilization of available communication avenues and protocols</i>	<i>Student will evaluate and adjust communication protocols in alignment with personal and educational goals and incorporate feedback from others involved</i>	<i>Student will understand and use effective communication with various audiences, in alignment with personal and educational goals</i>
Student Learning Outcome 1-3: Identify and utilize college resources appropriately	<i>Student will understand the scope of and access to resources including Drake Center for Academic Support, Coaching, Counseling, Health Services, ITS, and Transfer Services.</i>	<i>Student will exhibit willingness to utilize campus resources, as appropriate; evaluate successes/challenges; and make adjustments accordingly.</i>	<i>Student will evaluate use of campus resources in alignment with academic strategies, progress and personal and educational goals.</i>
Student Learning Outcome 1-4: Utilize advising and: a) Be willing to engage in discussion topics at all levels of difficulty; b) Seek feedback from advisor in timely manner	<i>Student will be introduced to the goals of advising, use advising regularly and participate in the advisor-advisee partnership</i>	<i>Student will understand the goals of advising, continue to use advising appropriately, and understand their roles and responsibilities in the advisor-advisee partnership</i>	<i>Student will integrate the advising process in continual identification, assessment and evaluation of personal and educational goals</i>

Student Learning Outcome 1-5: Initiate actions including communication (emails, phone calls) and resource use (DCAS, Office Hours, coaching, counseling, etc.)	<i>Student will understand how to initiate actions to access and utilize such resources</i>	<i>Student will initiate appropriate actions both with help of advisor and independently</i>	<i>Student will initiate actions and communicate independently to various parties when appropriate</i>
Student Learning Outcome 1-6: Demonstrate self-respect and respect for others	<i>Student will acknowledge learning profile, educational history, personal skills, and abilities in assessing self-knowledge</i>	<i>Student will use self-knowledge in making personal and educational decisions and in their interactions with others</i>	<i>Student will use self-reflection and the integration of the college experience into self-knowledge and interactions with others</i>
Student Learning Outcome 1-7: Listen to and consider others' points of view and deal with conflict and criticism appropriately	<i>Student will consider other points of view in discussions and in relation to educational and personal goals</i>	<i>Student will understand areas of conflict and the value of a variety of points of view in relation to personal and educational goals</i>	<i>Student will consider a variety of viewpoints and integrate where appropriate in making decisions toward educational and personal goals</i>
<b>Department Goal 2: Promote student problem solving and decision making about educational and personal goals.</b>	<b>Semester/Stage 1 Outcomes</b>	<b>Stage 2 Outcomes</b>	<b>Stage 3 Outcomes</b>
Student Learning Outcome 2-1: Understand Landmark policies, degree options, and degree plan options.	<i>Student will be introduced to college policies, graduation planning process and develop initial graduation plan</i>	<i>Student will review graduation plan, revise as necessary, and declare major</i>	<i>Student will understand impact of academic progress on graduation plan and adjust plan as needed</i>
Student Learning Outcome 2-2: Select appropriate courses	<i>Student will understand and select initial courses in alignment with placement, college requirements, and student interest</i>	<i>Student will understand resources available to select courses in context of past success, college requirements, degree declaration, and personal and educational goals</i>	<i>Student will evaluate and adjust course selection in alignment with personal and educational goals, Landmark College requirements, and post-Landmark considerations</i>

<p>Student Learning Outcome 2-3: Set educational and personal goals and monitor growth toward achievement of goals, including:</p> <ul style="list-style-type: none"> <li>a) Consideration of different ways to achieve a goal; Anticipation of possible outcomes and consequences</li> <li>b) Working with an advisor, as appropriate</li> <li>c) Comparison of actual outcomes with expected outcomes, in order to realize steps of success</li> <li>d) Make necessary adjustments, working with advisor, as appropriate.</li> </ul>	<p><i>Student will establish initial goals with the help of the advisor and evaluate progress toward those goals at appropriate intervals during the semester</i></p>	<p><i>Student will review progress from previous semester; compare actual and expected outcomes, and adjust strategies accordingly throughout the semester</i></p>	<p><i>Student will continue to compare actual and expected outcomes, understand their progress toward goals, and consider adjustments and their impact throughout the semester</i></p>
<p>Student Learning Outcome 2-4: Develop a dynamic balance between academic and non-academic pursuits that fosters success.</p>	<p><i>Student will understand and consider non-academic offerings in alignment with their interests and personal and educational goals</i></p>	<p><i>Student will evaluate and adjust academic and co-curricular interests in balance and alignment with overall and academic and personal and educational goals</i></p>	<p><i>Student will assess progress toward personal and educational goals and the influence of the balance of academic and non-academic pursuits</i></p>