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# Devising a Supportive Climate Based on Clinical Vignettes of College Students with Attention Deficit Disorder

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**Abstract**

*Structured interviews were conducted with five students with Attention Deficit Disorder (ADD), their family members, and colleagues from the support team of the Disabled Student Services program at The George Washington University. From these interviews, five clinical vignettes are developed representing a spectrum of college students with ADD. Discussion follows of six recurring personal issues that emerged from these interviews: self-esteem, family and peer support, stress, resistance/acceptance, organizational skills, and additional disabilities. A summary of useful strategies is offered for service providers who are working with this increasing population of college students with disabilities.*

The growing body of information about Attention Deficit Disorder (ADD) in both children and adults creates significant new challenges for educators looking at traditional learning environments at the college/university level. The college student with ADD is presented with new and perhaps more complex issues that stem from leaving home and the attendant familial, social, and psychological supports that contributed to the organization and stabilization of the student's earlier life.

Stephen Quint, MD, Associate Clinical Professor of Psychiatry at Georgetown University and an expert in the treatment of individuals with ADD, has identified two key issues that affect his patients:

One of these relates to the well known notion of stigma where they have been labelled as "disordered,". . . As a protective reaction, many of these students and patients have developed a protective psychological style which entails externalization and denial. There is a tendency to view the world as punitive, harsh, and unsupportive and to blame others for the difficulties and deny any problems in themselves.

The second key issue often arises early in the phase of attempting to help these students. Here the notion of splitting or all-or-none thinking pertains ... the attention given to them reminds them of the feelings of being "all" defective and the wish to revert to the "none" defense, i.e., "nothing is wrong with me." . . . The challenge for the helper is to assist the student in accepting some responsibility for improvement while maintaining self-esteem. (S. Quint, personal communication, June 30, 1994)

At The George Washington (GW) University, the Disabled Student Services (DSS) staff has endeavored to find ways of identifying students with ADD and addressing their academic and emotional needs. In both the academic and the personal realm, these efforts are based on maintaining active collaboration among DSS and staff, faculty, and administrators in order to create the best of all possible learning climates in response to individual student needs. We believe our efforts contribute positively to providing a greater sense of self and success for individual students. Through these vignettes and discussion of the issues, we illustrate the critical role a DSS support program plays in providing the empathy and the understanding that are important factors in students' openness to assistance.

**Clinical Vignettes:**
**Case Studies of Students With ADD at The George Washington University**

1. A student athlete who self-identified as having ADD to both Disabled Student Services and the Athletic Department in advance of enrolling at the University.
2. A student with a history of learning disabilities and a recent diagnosis of ADD who attended an LD program at a community college before transferring to the University.
3. A student who was facing suspension from the University before being diagnosed with learning disabilities and ADD,
4. An older re-entry student, newly diagnosed with both learning disabilities and ADD, endeavoring to overcome a previous history of frustration and failure.
5. A student with a long history of ADD and learning disabilities, as well as psychological problems, who needs extensive academic and therapeutic support.

**Mike**

Mike is a freshman and a member of the University water polo team. Although mathematics was always difficult for him, Mike was first tested between 6th and 7th grades because of his aggressive behavior toward his brothers. The testing showed his verbal abilities to be high and his math skills to be low. He also performed better on whole-to-part tasks than on part-to-whole. In high school Mike improved during his freshman and sophomore years, but because of family and personal stresses, he had a difficult junior year and was tested again. At this time he was diagnosed with ADD and placed on Ritalin. While he says that he did not notice any change, his parents noted that he was more calm and focused and that he did, in fact, become an honor student in his senior year. The diagnosis helped him to understand his learning style. "Now that I

understand the effects, I can cognitively reason why it's happening. O.K., I'm spaced out, I'm unfocused because... so I can recognize it but I can't stop it."

Prior to his coming to GW, the Director of DSS met with Mike and his mother to make certain that the proper support systems would be in place for him. The Director also contacted the Office of Athletic/Academic Support Services to assess what additional services might be available beyond the scope of DSS. Mike's first semester was bleak. It was difficult for Mike to budget his time when faced with the overwhelming demands of his athletic schedule and a work-study position. Coming from a small, competitive prep school where he received a great deal of personal attention, to an urban university such as GW, Mike had a difficult adjustment both personally and academically. "in a small class it is more obvious when you're not focused. In a large class, people can't notice you when your focus is off." Because Mike self-identified prior to the beginning of the school year, he was targeted as an at-risk student and during his initial interview was encouraged to take advantage of weekly academic advising and counseling, as well as opportunities for individual and group tutoring. The academic support program had Mike's permission to talk with his professors, coaches, and family members regarding his academic progress. At first Mike appeared somewhat reluctant to fully utilize resources available to him, and he seriously considered transferring after the first semester. It was important for Mike to trust the people with whom he was working. Once he became comfortable enough to "drop in" and use the resources on his own terms, he had a more successful second semester. He now actually enjoys GW and has decided to return in the fall. Mike initiates meetings with the Athletic/Academic Coordinator to discuss his progress and to request tutoring when needed. He studies and takes extended-time exams in an individual carrel in the library reading rooms. While studying, he listens to soft non-lyrical music, such as new age, classical, or guitar music, which helps to block out distractions. He talks to other students with LD and uses a Student Association publication which presents student opinions of instructors in categories such as intelligibility of spoken English, organization, clarity and pace of presentations, and availability out of class; students also note their willingness to take another course with the same instructor. When possible, he meets with professors in advance to discuss his disability related needs. If the communication is not positive, he switches classes. Priority registration is available through DSS as well as Athletics to secure the schedule and faculty that will best accommodate a student's needs.

Students with disabilities who are also athletes face additional challenges. The Academic Coordinator of Academic Support Services for Student Athletes commented about Mike:

Being a student-athlete at a Division I school such as George Washington presents a series of challenges especially for the ADD athlete. Time constraints due to practice, playing, and class mandate that he learn quickly to "manage" his time efficiently, work closely with his professors, seek assistance from tutors when needed, and perform, with equal ease in the classroom in order to maintain eligibility for participation in his sport to retain his athletic scholarship.

Mike may have had a slight advantage in his transition to GW because not only did he have the contact with our office as well as DSS, but he also had the support of his coach and teammates, so that the network of people to whom he could turn was varied and available on a daily basis. (S. Hoben, personal communication, June 14, 1994)

**Brian**

Brian is a 26-year old senior majoring in geology who was diagnosed just this past year with ADD. He has a history of reading, speech, and language problems and a 1989 testing report confirms his language-learning disabilities. Brian has experienced stress from family traumas, including the suicide of a family member.

At the age of five, Brian's teachers thought he was mentally retarded. In elementary school he received extra help for reading and writing, but was never in special classes. It was not until his senior year that he was found to be dyslexic. Brian gratefully acknowledges his high school law teacher for having an understanding of his learning disability and the forethought to provide extended time on exams. Describing the demands of school, Brian said, "The whole system, the whole thing is punishing. We're expected to perform, we're expected to improve. And as an ADD person, I have concentration problems."

When denied admission to GW, he attended a learning disabilities program at a local community college for two years. He then transferred to GW and sought the assistance of Disabled Student Services. Brian's load is greatly reduced because his verbal and written language disabilities continue to be severe. Brian describes his ADD as follows, "Cause when you're very hyperactive as I am, I can't sit straight, I can't concentrate on one thing for very long. It will take me a lot of time to settle down to basics, even when it is with Ritalin, it's like my only way to hold on to reading is to grab onto a pencil and underline, and that's the only thing I can ... retain when lights are distracting, when sound is distracting ... I'm physically fighting to hold onto it. It is amazing that without the medication how much effort I must put on just to retain the basics and it's so frustrating, why must I spend three hours on something simple."

Brian uses numerous resources available to him including ongoing advising by the director, information to professors, extended time and the use of word processors on exams, the services of a learning disabilities specialist, as well as attendance at the learning disabilities resource group. Although Brian's research skills are strong, he benefits from assistance with planning and outlining his material for a coherent paper. He often has his papers edited for clarity and he uses computer software packages to check spelling and grammar. He sees a psychiatrist to monitor his medication and to cope with his bouts of depression. As he said, "And now that I've gone through those years with therapy, with Montgomery College, and continuing on with GW, with you, and the support group, and with many people who can talk and share and really get to the root so that you shudder in your soul and you shudder in your mind but then you realize, yes, that's the pain but that doesn't want to prevent me."

**Alex**

Alex is a junior who entered GW as a business student. Because he was on academic probation pending suspension, he was referred to DSS in his sophomore year by his academic advisor in the School of Government and Business Administration. Although

not diagnosed until college, his early history shows indications of a disability. Alex describes himself as a really quiet child, too scared to ask questions. He was a serious thinker. He attended early elementary school in Brazil and relates that teachers reported that, "Alex could always do better." Alex said, "I began to notice I had a disadvantage from the other students by the time I was six or seven. All the other kids around me seemed to understand the problems better than I did, comprehension, math problems. I had to listen carefully or ask the teacher again and if I didn't I would miss out."

At age 9 or 10 when he was in boarding school in England, the headmistress said he had no capability for academic work. Following his admission to a top prep school in England, his parents wrote a letter to the principal of his previous School saying, "Here you go, you said that Alex didn't have any capabilities. He does." According to Alex, he was a reasonably good student until he reached his senior year of high school. He says, "it seems as if I was becoming insecure about the future because the end of school or education was becoming closer, and you can't lose that kind of confidence, not confidence, security."

When he was suspended from GW in his sophomore year, a condition of readmission was that he successfully complete a minimum of four courses at a local community college, enroll in a study skills course, and arrange for a neuropsychological assessment. Diagnostic testing revealed an expressive and receptive developmental language disorder and attentional deficits, but Alex refused further testing because of his fears that medication would be prescribed. Nearing his second suspension, Alex was allowed to retroactively withdraw from his failed mathematics and economics course work and to transfer to the College of Arts and Sciences to pursue a course of study in visual communication, an area more in keeping with his strengths.

When he did not experience greater academic success, Alex came to see the Director of DSS and requested a referral for further testing. He was retested by the same neuropsychologist and was diagnosed with ADD. Ritalin was prescribed. Alex said, "I don't take Ritalin every day, I only take it when I feel it is necessary. What I found is the reason I take Ritalin is I will get a 'lock' in my head where things will literally shut down and I can't absorb anything. You can repeat the same directions twenty thousand times and I will not understand. But the moment I take Ritalin, give me a half hour, and I'll come back and take it in the first time. When I do take Ritalin, I feel really relaxed and I can take information in slower. I am more inclined to sit and listen and think things out ... I can listen to a professor and grab bigger chunks of what he says before I write things down." Despite repeated attempts to encourage Alex to use the accommodations to which he might be entitled, he has chosen not to use them. Because of this project, however, he has expressed an interest in meeting the other student participants with ADD.

Alex must re-read his material as he has found that repetition is the key to his success. Because he finds that the assigned texts are frequently too complex, he purchases comparable texts which are written and formatted in a more readable way at an area bookstore specializing in scientific, medical and professional texts. Unlike Mike, Alex

cannot study with music but must have lots of space and total quiet. He has not come up with a method to concentrate in the classroom.

**Alisa**

Alisa is a 41 -year old Master's student in psychology. In addition to her unsupportive home life, Alisa describes her elementary years as being very traumatic. "A lot of my problems were a result of what the nuns did to me because in those days you could beat children. I was beaten by nuns ... I grew up not only thinking that I was stupid but I also grew up with very low self-esteem. And this goes along with a lot of ADHD (Attention Deficit Hyperactivity Disorder) children. I became very aggressive, and I adopted a persona that got me through my elementary school years, and that was either to be a joker in the class or to be a bully. During the high school years my aggressive personality that I developed in elementary school became more focused in aggression to helping the underdog." Alisa describes her academic performance in high school as "making the upper two-thirds possible." She maintained an A-average for two years at a community college and then dropped out because, "I was convinced that the Metropolitan Opera was going to hire me as a singer."

After having two children, she decided to attend GW as a pre-med major. "I picked the hardest thing, the biggest challenge, as if I needed to prove to myself that I wasn't stupid." After performing poorly on several exams, her genetics professor suggested that she be tested. She was diagnosed with ADHD, with verbal skills in the superior range, but with performance abilities that were weakened by poor attention and concentration. In addition, she has dyscalculia and sequential processing difficulties.

Reflecting on this diagnosis, she stated, "Rather than bringing me relief, it made me sad, and I also felt that I was mentally deficient." A medication consultation was recommended to evaluate her suitability for a psychostimulant medication to treat ADHD. She took Cylert for a year and a half, but discontinued the medication because she said, "It became a coping strategy .... it was a psychological addiction, so I took myself off, and I found my grades stayed the same. The strategy of just taking the exam in a quiet room was enough for me." Alisa's approach to her college education reflects a well honed understanding of her own learning style. "I didn't think I had a learning style. I just knew that to do well I had to get up at 4:30 a.m. when the house was quiet. I didn't know why. To learn things I had to use colored markers, I had to draw arrows, I had to write things sequentially, and when I did things like that, I learned. I didn't know why, I just knew that was my style."

Alisa is an intense, strong-willed individual whose communication style is direct. Consequently, she often meets with the Director to soothe stress and to develop effective tactics for approaching faculty members. She regularly uses test accommodations which provide her with extended time and an individual room in which to take her exams. She wears ear plugs because she must have total quiet when she studies. At home she has created a "tomb-like environment" in order to study. To alleviate stress, she makes a list for each day. She prepares everything the day before, down to what she puts in her

briefcase. She streamlines organization by dividing things according to task, those that are easy to accomplish and those that are difficult. Because she has been able to overcome many of the obstacles imposed by her disability, Alisa has been an effective mentor for incoming students with learning disabilities and/or ADD. Alisa is currently pursuing a graduate degree in psychology.

**Gil**

Gil is a 20-year old freshman who was diagnosed before the end of first grade with a learning disability in the areas of reading and visual-motor integration. At that time, evidence of ADD was found and he was put on Ritalin until 14. According to Gil's mother, "Gil has always been immature for his chronological age; he was often one of those children who used aggression inappropriately, it was hard for him to make friends." His mother also reported that he first began seeing a psychologist for some of his behaviors when he was five or six years old. She said, "He also, early on, I would say six or seven, talked in the context that if he would do something that he felt very badly about he would say, 'that was so terrible, I'm such a terrible person, I'm going to throw myself in front of a car'... he has always suffered from low self-esteem."

From grades one to four, Gil attended an LD school which was comfortable for him. "When I was at Howard, the LD school, from first to fourth grade, I had a very good social experience because I was basically with a bunch of other LD kids who were just as LD and weird as I was." According to Gil, it shifted in fifth grade when he transferred to "a very stuck-up sort of upper-class, very shallow school... my peers thought of me as the class pariah." He was placed in the Individualized Study Program (ISP) for students with learning disabilities. While he seemed to have an appreciation for the efforts of the staff, he felt branded; he joked that in the ISP program they called themselves "ispers." Following this, Gil bounced back and forth between private and public schools in an attempt by him and his family to find the right fit. While his sophomore and junior years at a private school were more positive, his mother described his senior year as his "drug and alcohol year." In fact, Gil did attempt suicide during the spring of this year and was diagnosed with a depressive disorder.

This diagnosis postponed his entrance into college by a year. Gil began at GW in the summer of 1993. He withdrew from one of two heavy reading courses and barely passed the other. In the fall semester he was granted a full medical withdrawal for depression. Gil's difficulty with work completion is a result of distractibility, not laziness. He explained his dilemma in this way, "I mean laziness is not the thing. I think laziness is just people who are just sitting around saying I don't care, it doesn't matter. I do care and I do want to meet my potential, it's just very hard for me to motivate myself to sit down and focus. I get distracted real easily. I could win a gold medal in procrastination. I can think of anything to do, I could theoretically paint a house before I write a paper."

Gil is a student who needs a great deal of emotional and moral support. He has been under the care of a psychiatrist off and on since he was six. A number of drug therapies have been used in an attempt to deal with the ADD, and in the last two years with the

depression. These have included Ritalin, Ditropan, Tofranil, Norpromin, Zoloft, Eskalith, Paxil, and Dexadrine. Before Gil came to GW, Gil's family secured referral to a local psychiatrist who was a colleague of Gils psychiatrist at home. When Gil and the Director realized that this was not an appropriate match, she found another psychiatrist. As Gil said, "He is more of the Ross Perot at the beginning of the campaign ... I say we're going to fix it, we're going to get under the hood, that's what [the psychiatrist] and I are doing; we're getting under the hood and trying to figure out how to beat this and how to fix, solve my problems. He's not your Freudian open-ended shrink.. he's very solution oriented."

In addition to finding Gil the right therapeutic support, it was necessary to obtain effective academic support. Gil was referred to a reading specialist to provide academic counseling on a weekly basis. Gil said, " I meet with her once a week and she sort of sees what track I'm on, and if I do need academic help, she's there. She's just a support of all kinds. She's very supporting psychologically, you know, and LD wise, and she's very good in that ... I think it's just sort of resource management. She helps me keep my act together... She's my rock." Gil's reading specialist noted the following:

Working at the college level as a tutor, as part of a support system for ADD students or ADD students with secondary disabilities such as learning disabilities or depression, requires a more vigilant and more flexible process approach than working with strictly LD students.

With ADD students there seem to be greater extremes in the students' ability to perform or function from week to week. When some part of their support system breaks down, especially the usefulness of the drug therapy, the ADD symptoms of impulsivity, distractibility, and lack of focus can paralyze these students. When this situation is compounded by a learning disability and/or depression, the ADD students must work harder to find coping strategies. These students with compounding factors may feel in crisis very quickly. If my vision of their success is unwavering, they can rely on that support from week to week. It is consistent and constant which is what they need in their ever-changing and fluctuating world. (P. Myette, personal communication, June 24, 1994)

Gil is considered to be an at-risk student, and his academic progress is carefully monitored by DSS. The Director has permission from Gil to maintain ongoing contact with his professors, family, support service providers, and therapist. While Gil consistently uses these services, he has not accepted any test accommodations.

His current tutor reports that Gil takes a long time to do his assignments. Often he does them incorrectly and has to redo them. Gil has great difficulty assessing the amount of time that will be required for a task. His tutor times his reading, then asks him to compute the total time needed for his week's volume of work if he maintains that rate of speed. Since he frequently loses his place on the page, she asks that he place a ruler or note card under the line or follow with his finger so that he reads only one line at a time. This also increases his reading speed. However, he has told her that he finds this intrusive and will

not do it independently. His writing is tangential because he finds the topics "rudimentary." Gil wants to be creative by applying his own ideas, but often they do not directly apply to the topic. Because his thoughts have merit even when they may not address assigned topics, the tutor places Gil's ideas in footnote form within the paper, so that his thoughts are in a protected place and are not discounted. The tutor and Gil look for three or four quotes from the reading material that address the topic. Those are paraphrased in order to analyze what the author is saying. At this point, he can interact with the ideas of the author from his own point of view. At times the tutor has found it effective for Gil to dictate his thoughts while she types. She suggests that he quote from class notes or the professor's lecture so that his class time becomes meaningful to him. Gil's tutor occasionally attends class with him to demonstrate good notetaking skills. She will sit with him at least twice so that he can observe her, and then sit separate from him to observe whether he can take good notes independently.

Despite extensive and coordinated support, Gil's is not a success story. He was so enthusiastic about coming to the university that he enrolled in two summer courses in advance of the fall freshman term. Because they were history courses that required extensive reading, he was granted a partial medical withdrawal to reduce his load. In the fall he experienced a bout of severe depression and was subsequently given a full medical withdrawal. With the sanction of his psychiatrist, he returned to school in the spring. He was monitored closely by an area psychiatrist and was tutored weekly by a reading specialist. With one month remaining in the semester, he asked to drop out again. He was told that he would not be allowed another withdrawal and, with encouragement, he did finish with what was his best performance. This past fall was marked by poor attendance and low achievement.

Because of his abuse of his prescribed medication, Dexadrine, he was taken off it. This may have been a contributing factor to his poor academic performance. He is on probation and at risk for dismissal. His parents have developed a contract with him according to which states that he must speak with the Director to explore further services, meet with his tutor twice weekly, attend all classes, and receive ongoing support from his psychiatrist. Whether Gil wants to remain in school enough or has the internal motivation and self-discipline necessary to succeed in this environment is in question.

**Recurring Personal Issues For Students With ADD**

In our work and our interviews with these students, a variety of academic, social, and personal issues have been raised, ranging from aggressive behavior in childhood to career choice changes. Through analysis of our case studies, it is clear that some issues are relevant for all students with ADD. Six recurring issues emerged from the data are: self-esteem/stigmatization, family/peer support, stress, resistance/acceptance of diagnosis, organizational problems, and additional disabilities. Several issues unique to individual students were revealed as well.

## Self-esteem/Stigmatization

All of the students mention ADD's effect on their self-esteem. It is clear from their own observations that their self-esteem is often lowered by poor academic performance, stigmatization by peers, teachers, and/or family, and their lack of success in other realms. Two of the students think they have always had low academic self-esteem but have always felt good about themselves in sports and outdoor activities, Alex stated, "My low self-esteem comes when it comes to academics. Only towards academics, the rest I can do. I've always been good at sports and things like that. I've always been the adventurous one... I like going out and climbing mountains and going camping and things like that." Mike also mentioned feeling confident outside of school. "I had difficulties in school, I knew I was smart, well not smart, but intelligent. But I was able to do sports well and be confident there."

One of the students remarked that his academic self-esteem has been improving in college. Brian's self-esteem has improved after attending a learning disabilities program at a community college. He said, "... we could learn from our mistakes, not punished for dyslexic writing, the grammar, the spelling, but a chance to get a second shot. And it's amazing how much your self-esteem improves, your self-confidence, your ability to say, yes I can master."

Three of the students remember being socially stigmatized by their disabilities. According to Gil, "There was this sort of stigma ... they thought it [a special individualized program] was, you know, special ed and that we were a bunch of retards." Alisa commented, "I was totally rejected, I had no friends growing up. I was a very isolated little kid. When kids see somebody else being isolated by an authority figure, then they're afraid to have anything to do with them." Alex also noted, "I had a major problem socializing with my own year. They would say, 'Alex is totally out of it, don't listen to him.'"

It appears that in order to strengthen their self-esteem, these students work hard, in Brian's words, to erase "a lot of the emotions ingrained in the past, scars from childhood, professors, or insensitive students." They find constructive ways of dealing with many of the symptoms of the disability. For example, Alisa changed her persona in the following way: "in the high school years, my aggressive personality that I had developed in elementary school became more focused in aggression to helping the underdog. So I became the person who made money for Biafra ... I worked for emotionally disturbed children, so all of my aggression, instead of fighting with kids like I did in elementary school, I channeled it ... it's amazing, because when I helped them, I, felt this was how I was able to raise my, looking back on it now I didn't know what I was doing, but it was the way I could raise my self-esteem."

In searching for a constructive way to manage his disability Alex reflects, "One thing that really stuck in me was the last year of my school, the previous principal said something that really stuck in me, I'm glad he said it. At the end of each year, he writes a page to each kid and he'd really know what he's talking about. We'd have seven hundred kids and

he'd know every kid's first name, last name, their parents name, what your parents do... I mean he knew you. He was a referee in a soccer match ... and he said, 'In his position, Alex had a great tenacity in playing his game and being on his side.' That really stuck with me, I'm not sure why but..l really don't know why. I know what tenacious means, but saying that to a kid who's seventeen or sixteen is quite a lot. To me it meant a lot."

The students all believe that life will always be difficult but that having a better attitude about themselves will make it easier. As Brian said, "Ok, I've got ADD, there's ways to solve it. Part of the recovery is to deal with emotions saying, yes, I've got that, but that's not going to prevent me.

## Family and Peer Support

Families and friends can play an important part in the support system for students with ADD. As Gil's mother highlighted, "I think Gil saw how much he does mean to the family and I think it did sort of draw him into the family in his mind." Since ADD students often feel isolated, the more their families and friends can draw them into the support network, the better for the students. It can be a tremendous resource for students to have a consistently caring family and a group of friends who understand how to assist students with ADD in achieving their goals.

Three of these five students have had consistent assistance from their families. Alex's parents were very concerned about his difficulties. They were also supportive of any interventions that would help in school. On several occasions, they flew in from abroad for meeting about Alex's program. Gil asserted, "One thing that is a big help is that I've had a lot of support from every facet of my life... my family is supportive ... my friends are supportive... one thing that really helped me out this semester was that I had friends who were very serious about school ... so my friends were very understanding ... they were just supportive..were glad to see I was turning it [my work] around." Mike also has felt sustained by his family. Describing their support he said, "My parents really understand, they know what's going on with me, in school, in water polo. They're just very supportive. My roommates are also understanding."

The support of families and friends can be crucial to the success of a student with ADD. When families and friends are neglectful, indifferent, or critical, they can be extremely destructive. Two students have had mixed support, and they speak about the negative effects of that inconsistency. Alisa has always received backing from her husband and children, yet has experienced only damaging interactions from her birth family. The other student, Brian, has had help from his mother, but only negative input from his father. As he explained, "My father is a perfectionist, he catches each and every mistake I make and doesn't understand this. He explodes with a temperament, so of course, it's psychological trauma for me. I hope that with time we work it out in therapy." When any part of the family or friends support system is primarily negative, a student with ADD may expend additional energy repairing her/his psychological wounds.

## Stress

The level of stress for students with ADD seems to be greater than for their college peers because of the typical attributes of ADD and learning disabilities. All five of these students have felt the burden of stress. Typical examples of stressors for students with ADD are deadlines, both short and long term, exam time limits, poorly constructed and written exams, the language of multiple choice tests and directions, tasks requiring organization, noisy environments, and dimly lit rooms. Brian pointed out that, "if not dealt with, you know there's major anxiety and the major anxiety heightens the depression and sometimes ADD covers that. My high school law professor ... gave me extra time and immediately took the stress out." Mike noted, "My parents were breaking up in my junior year and there was lot of stress in the family, I was diagnosed with ADD and I heard that ADD often comes out more with stress."

In order to manage stress, students with ADD need to identify what factors are stressors for them. Brian described what causes stress for him, "You expect time pressure, to finish an exam within the hour and fifteen minutes, whatever, no consideration, particularly my case is for lighting conditions because I can sense that flickering, I'm hypersensitive." Then students must try to figure out how to mitigate these stressors. A major way students quickly cope with the effects of stress is by calling upon Disabled Student Services or a member of their support team. Alisa recollected doing just that. "I was failing apart I was so stressed out. Things were going wrong ... and you came over there, helped calm me down." By identifying their stressors and seeking out support, these students can attempt to handle stress before it compounds their problems.

## Resistance/Acceptance of Diagnosis

Growing to accept the presence of ADD and learning disabilities is a difficult task. Students' openness with family, friends, and professors seems to evolve over time and may indicate a certain level of acceptance. Moreover, the degree to which students advocate for themselves, and the degree of support they accept from Disabled Student Services can also signify the amount of residual resistance to accepting the diagnosis. Mike felt very positive about how his diagnosis came about. "The whole testing experience was very good. I found out that I had a learning disability and I was given a lot of support in testing and in class ... At first I was bummed because I thought I was stupid, well not stupid ... but then it built me up, it gave me a reason. I was able to understand why I wasn't dealing with stuff." On the other hand, Alisa is very candid about the fact that the diagnosis was not helpful to her. "I didn't feel good with the diagnosis. I hear a lot of people say, 'I felt so relieved. Now I know.' But with me, the issue has always been one of self-worth and well, you see, there is really something wrong. So I worked hard to prove myself." However, she uses the support provided in the way of extended time and in a separate room for exams. Alex also has some trouble with the diagnosis, "I'm really not doubtful about the test results, but it came to me as a shock but ... it is so difficult to accept the fact that you do have ADD." Yet, he knows that sometimes he will "get a lock in my head where things will literally shut down and I can't absorb anything," and "I feel it [Ritalin] is necessary."

The students explained their feelings about disclosure in the following ways. Alex feels closed about it. "Actually, I never disclose it. I never say to people that I have ADD. The reason because of that is I've never been put in that situation where I've had to go out and say it or not. And actually I don't think it's something I'll ever have to tell someone about." Mike said it depends on the context. "I tell people that I have it if they ask me why I'm taking untimed tests. I'm not obligated but I should just explain why. I believe it is a legitimate reason."

Gil differentiates between his disclosure of ADD and depression. "I don't really have a disclosure marker for my ADD. If it comes up in conversation, I'll tell someone. I won't say 'Hi, I'm ADD, how'ya doing-' but I won't hide it from people if it just happens to come up in conversation. The depression thing is a little different. I'm honest about it. That's a little more touchy, so I wait for certain appropriate [markers], there are certain markers for that. "

Alisa described a pivotal moment in regard to disclosure. "The turning point for me was in a psychology class about one and a half years ago, when one of the students in the class (and I had never told a soul up to this point and this was a big class of 100 students) made a comment, 'Oh people who have learning disabilities just take the drugs to get high. Who are they fooling-' A couple of people reiterated that. And again, I just couldn't listen to it. So I raised my hand and I said, 'My name is Alisa, I have ADHD. I take Cylert and I resent what you have just said and what you are doing to me, and I took over the lecture .... I told them basically the etiology of the disorder, what Cylert does, how I've never experienced any sort of a high, I wish I had, but they need to understand, because if they were in that psychology class as psychology majors, they couldn't possibly hope to go on to any kind of a career with that kind of misconception. And from that point on I was more open."

But even with this awakening, Alisa still feels guarded about her disabilities in some spheres. "I've told just about everybody, every one of my colleagues over at school, so that they know there are certain things that I can't do so I'm very open about it, but I don't tell people off campus, because there is still a tremendous amount of ignorance from people about disabilities, and the comment I hear most, 'But you can't have a disability, you're smart'."

Students seem to decide what will be the most reasonable for them and follow those instincts. For example, Gil has tried to keep his discussion with faculty members to a minimum. He feels that they will get to know about his disabilities "... by the letters [sent to professors at the beginning of each semester from Disabled Student Services to describe the needs of students with disabilities in their courses] you know, I don't feel that it needs to be a big open issue. So, if they get the letter, they know and that's about it, so they know. If I need to come talk to them, I will." As it turns out, Gil has often had to negotiate with professors about his work and has had to discuss his disabilities. Acceptance and openness seem to evolve as the students need to garner more support.

## Organizational Problems

All five of the students feel that their organizational skills are poor, affecting them in different areas. Gil and Alex see their organizational problems evidenced in their writing. Gil defined his process in this way, "My organizational skills aren't very good at all, they're getting better, but when it comes to research papers and things, my biggest problem is finding a starting point." Alex also realizes his weakness in this area. "I can write really good papers, but only at the last minute because I've done all the thinking until the very last minute, and all of the sudden I write it out. I get a lower grade because I didn't sort my ideas out right."

Alisa has trouble organizing as she prepares for a test. "Learning is still much harder to concentrate and to assimilate material and to do it in an orderly way is still very difficult. The hardest test I had ever had in my life was on directly sequential processing." Mike has difficulty following classes if they are not whole-to-part or linear. "When a class is linear and goes in one direction, I can follow it." Finding strategies for improving organizational skills in studying and writing is a constant struggle for these students.

Although none of the students have mentioned time management as a problem for them, it is clear to our staff that balancing school with other obligations is a challenge since most of them have difficulty organizing and prioritizing their time.

## Additional Disabilities

ADD often is linked with other disabilities. Four of these five students have other disabilities; only Mike deals solely with ADD. Learning disabilities seem to be identified before ADD. Brian and his family found out about his dyslexia as he was acquiring language. He noted, "My mom said when I was 5 years old I didn't know the difference between 'thank you' and 'blanket'...My sisters are all straight A students, reading books by 5 years old ... They have no problem with languages, they have no problem with this ... I can't do that ... so I really noticed it when I couldn't pronunciate things with my mind and they wouldn't come out. I could visualize the words but it didn't come out."

This delay in diagnosing ADD happened to Alex as well. He was not tested until college. His expressive and receptive language disorder was diagnosed first. He remembered, "I knew I was going into a test to find out something different about my process of thinking which I was pretty sure I already had, but I wasn't sure about the specifics of it." That first testing indicated some attention deficits, but at the time Alex refused to find out more. When he went back, he took the same test with and without Ritalin. He was amazed. "The test results were completely different .... The first test was like click, click... Well actually it started off ok, but the reason it dies down was either I lost concentration, or I really tensed up 'cause I remember tensing up in that test. So tension was a major factor in the first test. The second test after the dose, I was ok, I still felt tense but not as tense as I did before. I was more relaxed and really at ease because of the Ritalin."

Additional disabilities complicate matters. It becomes difficult to know which disability is getting in the way of the school work. Gil described this interaction. "I was very defeatist about my learning disability ... it was sort of like ammunition for my depression. When I hit rock bottom due to my depression and my ADD combined, you can't really separate them often, because either one of them was the symptom of the other, or they combined to cause a problem ... they would combine to aggravate a problem, you know, make it worse." These students try to determine how their disabilities aggravate each other and then work to lessen their impact.

**Summary Of Useful Strategies**

Like similar programs at other colleges and universities, the Office of Disabled Student Services at The George Washington University provides an array of services for ADD students which include advocacy, readers, notetakers, test accommodations, learning disabilities advising, learning disabilities support group, registration assistance, adaptive materials and equipment, provision of information to professors, regular advising, coordination with other services such as the academic support program for athletes, and off-campus referrals. Although professors vary as students proceed through school, the constant and comprehensive "umbrella" nature of DSS allows for close contact and provides a place where support activities are monitored. Based on our work with students with ADD in higher education, we have developed a compendium of helpful strategies. The following is by no means an exhaustive list, but should be considered as an evolving set of methods which may vary with each student.

1. Goal Setting

- Plan a course schedule with attention to most suitable instructional style, course load, and hours of productivity.
- Develop objectives for each class.
- Prioritize and schedule work to be done.
- Establish rewards for meeting realistic day by day goals. However, if the goal for the day is not met, no punishment occurs; simply move on.
- Continually rework and rethink goals

2. Crisis Management: Salvaging Something.

- When goals haven't been met and deadlines are approaching, ask yourself, "What should I do first-"
- Consider realistic options.
- Select the most constructive, least destructive option (i.e., asking for an extension vs. dropping the course or getting an F).

3. Environmental Strategies

- Consider biological factors to determine best times of day for scheduling classes and study sessions.

- Consider best classroom seating arrangements.
- Consider place/conditions for optimal productivity with regard to studying and test taking.
- Aim for rituals/consistency.

4. Organizational Strategies

- Note class schedules, assignments, and test dates for each course on a wall calendar, in a daily planner, or on an electronic organizer.
- Keep courses and notes organized by color in a 3-ring binder for each class.
- Take notes in class and in texts; rewrite them on a computer.
- Break down all academic tasks into manageable increments.

5. Scaffolding Control

- Cultivate the student's ability to make decisions independently by offering options and choices in every skill - from scheduling appointments to creating a way to outline a paper - that provides the student with a sense of control.

6. Strategies for Fighting Depression

- Post signs with reminders to take medication and with key aphorisms to keep going.
- Schedule free/play time as well as work time.
- Work in short, focused blocks.
- Maintain weekly meetings with physician and tutor.

**Conclusion**

Because of their unique and often complex psychological profiles and their unorthodox and idiosyncratic learning styles, students with Attention Deficit Disorder (ADD) present challenges to disability support service providers. With this in mind, we have found it necessary to develop comprehensive and collaborative support services which assist students in moving from dependence to independence, from stigmatization to self-assurance, from resistance to self-advocacy, and from a history of failure to a sense of empowerment. We have based our evaluation and approach on the emerging issues of self-esteem, family and peer support, stress, resistance/acceptance, organizational skills, and additional disabilities through clinical vignettes. We hope the description and discussion of our experiences, through the voices of our students, their families, and the professionals who serve them, have provided assistance to others attempting to create an environment in which success for students with ADD is possible.

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