FENDING FOR YOURSELF: Challenges for students with ADHD to receive accommodations in higher education

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Executive Summary

Attention Deficit Hyperactivity Disorder (ADHD) is an increasingly common neurodevelopmental disorder that affects how certain people pay attention and control impulsive decisions and activity levels. ADHD is most noticeable in children but continues through adulthood. Due to the broad symptoms, diagnoses are different for everyone. Cases can range from mild to severe, creating difficulties in daily life with chores, school, work, and social gatherings[i].

K-12 institutions must execute professionally guided plans and accommodations for students with ADHD to give them an equitable learning experience through the Americans with Disabilities Act and the Rehabilitation Act of 1973. However, there is a drastic difference between the statutes that apply to universities and high schools. These policies target students in primary and secondary schools but do not carry through to the college level. The ADA does not require universities to provide aid to students who have been diagnosed with a disability unless the student discloses their condition themselves. Accommodations are not explicitly listed in a policy and instead are the responsibility of each university with assistance from ADHD resource centers[ii].

This analysis examines three comparable public universities handling their obligations under the ADA to provide accommodations for students with ADHD to illustrate the variation in implementation and how it satisfies students' needs. Findings conclude that universities are understaffed and inexperienced in providing efficient support to students with ADHD. Disability service websites are not compliant with ADA policies, and the unawareness of support services

illustrates the injustices students must face to succeed. Results confirm the demand for adequate support and services to provide an equitable learning experience for all students.

A Brief History of ADHD

Doctors have described symptoms of ADHD since the 1700s, but core symptoms weren't formulated until 1902 by a British pediatrician named Sir George Frederick Still. He observed these children as being easily distracted, inattentive, and unable to focus. They were not able to control specific behaviors. Meanwhile, their intelligence levels were not affected, proving there needs to be a physical aid included in treatment. Solutions to manage ADHD symptoms were discovered from a mistake made by Dr. Charles Bradley in 1936 when he noticed the side effects of a nasal decongestant called Benzedrine improved children's behavior and performance in school[iii].

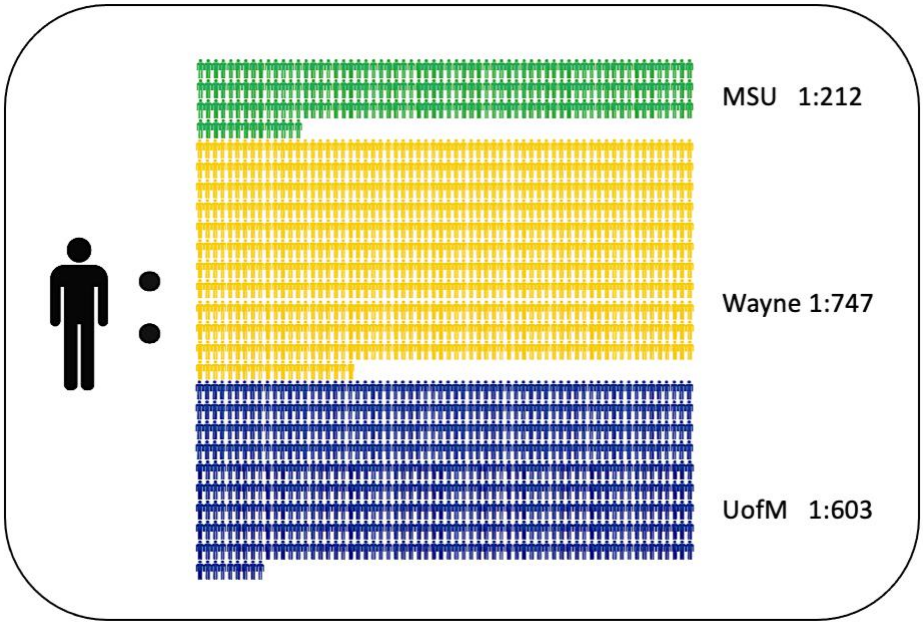
The cause of ADHD is unknown, but the most common form of treatment is medication. In the 1950s, stimulant drugs, including methylphenidate and amphetamine compounds, were created and are still used today. UC Davis Mind Institute addressed common misconceptions about ADHD, one being that treatment can completely cure it. Medications are used to relieve symptoms of ADHD but cannot make them disappear. Based on the severity of symptoms a person has, the drug can be less effective, creating a need for various treatments. Side effects of stimulant medications include sleeplessness, irritability, headache, and loss of appetite, making it a less desirable regimen. Also, if too strong of a dose is prescribed or taken at the wrong time of day, the effectiveness can be altered. ADHD medication has proven to decrease symptoms in 80% of those diagnosed, and university accommodations are designed to fill that gap to provide students with ADHD with an equivalent learning experience[iv].

The American Psychological Association released the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1968. This was the first time ADHD, previously known as a hyperkinetic impulse disorder, was recognized as a mental disorder. From 1776 to 1954, millions of disabled students were repudiated from receiving good schooling. In 1966, the first amendment advocating elementary and secondary education was introduced. Special education rights drastically improved to form policies, including the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. These two policies protect the rights of people with disabilities and require every school to provide reasonable accommodations[v]. According to the American Psychological Association, reasonable accommodations are defined as "...modifications or adjustments to the tasks, environment, or how things are usually done that enable individuals with disabilities to have an equal opportunity to participate in an academic program or a job."

The Absence of Universal Structure

Each university employs and uniquely categorizes disability services staff. Michigan State University has 14 faculty with the title “Ability Access Specialist” but does not actively display the specialist's credentials[vi]. The University of Michigan has 5 “Coordinator of Services for Students with Disabilities” staff members with specific disability concentrations, but none directly for ADHD[vii]. Wayne State University consists of two “Disability Specialists,” both with a credible degree in social work but no specific experience with ADHD[viii].

Roughly six percent of college students have ADHD, supporting the CDC’s two to eight percent estimation[ix]. Calculating a staff-to-student ratio if every student with ADHD pursued accommodations recognizes the estimated workload per individual and availability to fulfill students’ needs. Below are the results for each school:



The National Academic Advising Association recommends that a full-time advisor have 296 students[x]. This association does not specify students with disabilities or ADHD where every situation is different.

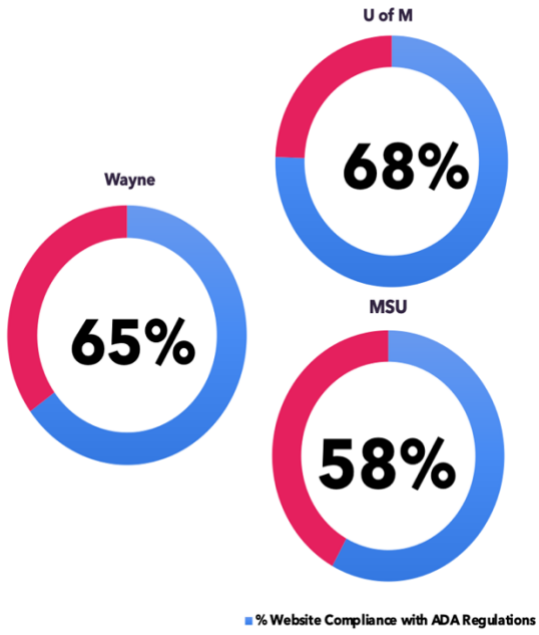
“To effectively advise a student with a disability requires a thorough understanding of the student's goals as well as the student's disability, the barriers the institution may have inadvertently created, and the resources the college provides that can be used to assist the student in pursuing his or her educational aspirations.”

On average, only 45% of students with ADHD who have access to accommodations use them[xi]. If this were accurate for these three public universities, the University of Michigan and Wayne State University would still be significantly over the recommended caseload.

Universities Fail to Comply with ADA

Over half of those with ADHD also have at least one other cognitive condition, including difficulties reading and processing information.

The ADA created policies regarding website accessibility for people with disabilities. However, no clear regulations explain precisely what a compliant website is, except that it needs to be "reasonably accessible." Disability services websites for each university were run through multiple ADA evaluators. None of the university websites were found to be compliant with the ADA.



Additionally, the ADA requires universities to provide "reasonable accommodations" to students with disabilities, but the process of getting those accommodations varies drastically at every institution. MSU and WSU require disability support applications to be filled out by a licensed doctoral-level professional; however, U of M is more lenient and allows forms to be filled out by social workers and professional counselors. Mental health professionals may not have sufficient knowledge of every student's disorder, altering the necessary accommodations they should be receiving. Universities with flexible options for students to get the required documentation limit risk and encourage newly independent students to apply, who may not have access to certain professional services.

The ADA also does not require universities to acknowledge disability resources to students. Accommodations for college students with ADHD can be imperative to their academic and social success. Students with ADHD reported more difficulty adjusting to college, social interactions, and self-esteem than the controlled group[xii]. When universities don't provide enough information to raise awareness or have adequate accommodations, they put students' futures on the line.

Implications and Recommendations

There are five recommendations each university can take to become more compliant with the ADA and to better adhere to students with ADHD. The first step is to improve administration. This can be done by increasing staff and providing training to reflect the demand of 45% of students with ADHD who use their services. Even though MSU follows the recommended advisor to student ratio, it does not have adequately trained staff to support students with ADHD.

The second step is to improve their disability information access. All three universities were less than 70% compliant with ADA website accessibility policies. Simple website evaluator tools can highlight the errors and suggest ways to make them more user-friendly. The third step is to standardize eligibility requirements. When universities differ in how they require documentation, students now must search for universities based on disability friendliness instead of their future goals. This creates a disadvantage for students with disabilities that should not exist.

The fourth step requires universities to provide training on serving students with disabilities. The students may know what they need, but it is up to the professors to administer accommodations. Without proper training, some staff may not know how to help their students most efficiently. The final step is to do proactive outreach. Many students have reported not knowing that disability services even exist. With an average of 1 in 5 students in college having a disability, the demand for adequate support and assistance is necessary for providing an equitable learning experience for every student.

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