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Success for the ADHD College Student

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College students face many new challenges at the start of each semester. Where will they live? How will they get from point A to point B? How will they study? How will they cope with missing their family and friends back home? For the college student with Attention Deficit Hyperactivity Disorder (ADHD), these concerns are magnified. I wish to summarize a few key points here from my recent book (Sarkis, 2008), which provides much more information and many recommendations specifically regarding the ADHD student's college experience and includes tips directly from ADHD college students.

SELECTING A COLLEGE

When visiting college campuses, ADHD students and their parents should focus on the degree of individual instruction and quality of services provided at the school. Many students with ADHD seek accommodations through the college's Office for Student Disability Services (OSDS). (Specific accom-

modations and procedures will be discussed later in this article). To best determine the services offered at a particular college, the following information should be acquired from each college's OSDS: the number of ADHD students served, average class size, available support groups for ADHD students, availability of an on-call number, the prevalence of ADHD specialists on campus, staff specifically trained to help with orientation, and when the family visits the campus, the possibility of meeting with an ADHD student who uses accommodations through the OSDS.

ON-CAMPUS OR OFF-CAMPUS

On-campus living is recommended for first-year students. Some ADHD students choose single dorm rooms with the idea that this will cut down on distracting stimuli. However, living in a single room can lead to increased isolation. Newer residence halls are comprised of a "pod" arrangement, where a single suite consists of four residents, with two residents per bedroom. This allows the ADHD student to have less distracting noise and also helps avoid social isolation.

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NOTICE TO NON-PROFESSIONALS The information contained in this newsletter is not intended as a substitute for consultation with health care professionals.

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On-campus living increases the odds that a student will show up to class because every class is within walking or biking distance. Living on campus can also eliminate the need for a car. Adults with ADHD have more auto accidents and sustain more damage to cars than adults without ADHD (Fischer et al., 2007), therefore fewer opportunities for accidents, the better. Living on campus during the first year of college also increases campus involvement and sharpens social skills, as the student will have many more face-to-face interactions than in an apartment setting.

INDIVIDUATION

The level of independence available in college can be exhilarating, terrifying, and ultimately overwhelming to the ADHD college student. The student may oscillate between resenting continued parental involvement and quietly desiring more such involvement. It is important to normalize these experiences and feelings for the student. Likewise, it is important to inform the student that parents of ADHD students have spent years monitoring their child's academic progress, and that the pattern does not turn off overnight. A decrease of parental monitoring has to be earned through academic success.

The reality is that young adults with ADHD tend to function at a younger emotional age than their peers. Therefore, they may need additional parental intervention and assistance. It is also important to emphasize to parents that it is very normal for their child to go through the individuation process while at college. A recommendation of "moderate hovering" is recommended. And the more the student shows he is capable of handling certain tasks and situations, the less parental involvement will be needed.

ACCOMMODATIONS

Accommodations are specific classroom adaptations that create an "even

playing field" for students with ADHD. Accommodations are covered under Section 504 and the Americans with Disabilities Act (ADA). College students with ADHD had a significant improvement in their grades when they used accommodations—and each accommodation was found to be equally helpful (Trammell, 2003). Students are encouraged to apply for accommodations as soon as possible, as the approval process is not instantaneous.

Recommended accommodations for the ADHD student include: Extra time on tests, including standardized tests; testing in a separate and quiet location; extended time to complete assignments; receipt of instructions in writing; assistance with writing class notes; priority in class registration; and qualifying for full-time student status with a reduced course load.

To qualify for accommodations, students need to register with their college's Office of Student Disabilities (OSDS). Most college campuses require a letter from a mental health professional detailing the ADHD diagnosis and how it impacts the student's academic functioning. Students must also submit a full evaluation by a mental health professional, completed within a time period specified by the college. Students are encouraged to submit a copy of their Section 504 plan or IEP from high school, if applicable. Note that receiving Section 504 or other services in high school does not automatically qualify a student for accommodations in college, and in addition, Section 504 and ADA do not cover students unless they are approved and registered through their college's OSDS.

Many students are concerned about their privacy rights when seeking accommodations. According to the Family Educational Rights and Privacy Act (FERPA), once students enter college (and in the case of students under 18, the parents no longer claim them as de-

pendents), parents no longer have a legal right to their child's school records. However, in most cases it is recommended that the student complete a release of information form allowing their parents to obtain access to their records. The OSDS can provide this form.

PRIVATE COLLEGES AND ACCOMMODATION

If a student is attending a private college, he can still receive accommodations. Private colleges that receive funding from the federal government are required to comply with Section 504 and ADA. If a college does not receive federal funding, Title III of the ADA still applies. Title III states that any course must be modified to be accessible to those with a disability. This includes extending time permitted to complete the course or allowing extra time to turn in assignments (granted that those accommodations are on file for the student at the OSDS).

MEDICATION

If a student has recently started medication, experienced difficulties with medication side effects in the past, or has comorbid anxiety or depression, they may seek a referral to a healthcare provider who is closer to campus. Other students may choose to maintain treatment with their hometown prescriber. This choice is dependent on the clinician's expertise in ADHD, their accessibility, insurance coverage, and the student's comfort level with the clinician.

Some students choose to seek medication evaluations and management from the college's health care center. However, some college campuses have restricted the prescribing of stimulant medication and/or limit the amount of ADHD evaluations conducted per semester.

Pill organizers are recommended to increase medication compliance. It is

particularly important that the student use an organizer if prior to college the student's parent had kept track of medication usage. It is recommended that students keep their medication, particularly stimulant medication, in a secure location. It is also recommended that the student be cautious about disclosing to their friends that they are taking medication for ADHD. In a survey of over 9,000 undergraduates, it was found that 8.1 percent had used stimulant medications illicitly (McCabe, Teter, & Boyd, 2006). Approximately 26 percent of adolescents who are prescribed stimulant medication for ADHD sell or give away their medication (Poulin, 2007). Selling or giving away medication can be tempting to the ADHD college student, due to limited funds in college and the threat of social isolation. Consequences for the student caught selling or giving out their medication can include suspension or expulsion from school, or even charges of involuntary manslaughter if a friend dies as a result of medication sold or given to them by the student.

Drug Testing

If the student's college conducts random drug testing, students with prescribed stimulant medication must carry a signed note from their clinician stating the name of the medication, the fact that it is a stimulant, the reason for the prescription (ADHD), and a statement that a drug test could show up positive for amphetamines due to this medication.

If medication needs to be taken while the student is on campus, he needs to keep a small amount of the medication in its original bottle. The student can ask the pharmacy to split the medication into two bottles. If the student is an athlete, medications for ADHD are acceptable, according to NCAA guidelines. The yearly NCAA

drug testing does not check for stimulants, but the NCAA championship drug testing does. The team physician needs to be notified well in advance that the student is taking stimulant medication. In cases where an athlete's drug test comes back positive for amphetamines, the university submits the necessary medical documents to the NCAA.

COMORBID DISORDERS

Depression and Anxiety

Because adults with ADHD are less likely to attend college, it may be difficult for ADHD college students to find peers facing the same issues (Biederman et al. 2006). This can lead to feelings of isolation. Approximately 25 to 50 percent of people with ADD also have comorbid affective or anxiety disorders (Fischer et al., 2007; Sarkis et al. 2005). It is important to emphasize the need for treatment to the college student with ADHD. In a survey of 3,000 college students, only 36 percent who met diagnostic criteria for depression sought medication or counseling (Eisenberg, Golberstein, & Gollust, 2007). In the case of the ADHD college student, depression or anxiety may not be as easily recognized due to the shared symptoms with ADHD.

Students who seek treatment on campus may find that the counseling centers are experiencing an overwhelming demand for services (Schuchman, 2007). In cases of limited appointment availability, the counseling center can recommend private-practice practitioners. However, counseling centers do keep emergency appointments available for students who are experiencing suicidal ideation.

Eating Disorders

College students with ADHD can feel a loss of control over their surroundings and their ability to succeed. This may

make them particularly prone to developing eating disorders in order to maintain a sense of control over *something* in their lives, especially if they are female. A study of comorbid disorders found that in an adult ADHD population the rate of eating disorders (primarily binge eating) was the highest of any comorbid disorder (Mattos et al., 2004). While others have not found the proportion to be quite as high, there is no question that girls with ADHD can be almost four times more likely to develop an eating disorder than non-ADHD girls (Biederman et al., 2007).

TO WORK OR NOT TO WORK?

Approximately 70 to 80% of undergraduates have jobs, and it has been shown that working fifteen hours or less per week has a positive effect on degree completion (American Council on Education, 2006). However, it can be assumed that the majority of students surveyed did not have ADHD. Many students work out of necessity while others find having a job helps them structure their time more effectively. If an ADHD student is interested in working, however, it should be first determined if working is a necessity, if the student is working to their full academic potential, if work hours will not interfere with class time, and if the student is very aware that school must always be his primary job. If any of these issues are in question, it is recommended that seeking employment should be reconsidered.

WELLNESS ISSUES

Sleep

While students formerly had their parents regulating what time they went to bed, no such parameters exist in college. It is now up to the student to determine whether or not it is wise to stay up until 4 a.m. on school nights. College students with ADHD are more likely to have sleep difficulties than their

non-ADHD peers (Gau et al., 2007). People with ADHD have particular difficulty with not feeling refreshed upon waking (Shredl, Alm, & Sobanski, 2007). If the ADHD college student is having insomnia, it is recommended that they keep a "sleep log." The sleep log would note the time the student went to bed, any periods of initial, middle, or terminal insomnia, and the time and dosage of any medication. Not only does a sleep log call sleep hygiene issues to the student's attention, it is also helpful to the clinician in regard to dosing. Bruxism and sleep apnea can also prevent the ADHD student from achieving restful sleep. Luckily, these conditions are treatable, with the use of a dental appliance and a continuous positive airway pressure device, respectively.

Drug and Alcohol Use

One in five adults with ADHD has experienced substance abuse (Wilens & Upadhyaya, 2007). College can increase alcohol and substance abuse. In particular, this is more common for the ADHD college student due to the craving for social acceptance and the tendency to self-medicate.

Students should be informed of the interactions between psychotropic medications and alcohol, particularly students who are prescribed stimulants. Students taking prescribed stimulants may not at first experience the usual effect of alcohol intake and must be made aware that when their stimulant medication wears off, they may suddenly feel the full effects of the alcohol, leading them to feel quite intoxicated and often ill. Students taking stimulants should also be aware that alcohol will still impair their reflexes, even if they do not have a "buzz." It is also important to inform students that alcohol is a factor in half of college acquaintance rape cases (Fisher, Cullen, & Turner, 2000).

FINANCIAL MANAGEMENT (OR LACK THEREOF)

Many, if not all, students are managing money for the first time. The combination of the ADHD student's impulsivity and disorganization can lead to increased requests for money and increased bank fees. It is highly recommended that both parents and student have equal access to the student's bank account. If money is needed, parents can electronically transfer it directly into the account. Students should also have their paychecks automatically deposited into their bank account. This reduces the chances of a lost check and can help keep more money in the account.

If possible, it should be ensured that the student's bank has branches not only in the college town or city, but also within walking or biking distance of the student's residence or campus. If a credit card is an absolute necessity, only acquire one card with a very low credit limit. Parents now have the option of giving students a debit card with pre-set limits. Because students who are low on money might forgo getting a refill on their medication due to the cost, medication costs should be declared a "non-issue" between parents and students. In other words, if the parents' "well has run dry," they will still help the student pay for medication, no questions asked. The parents will want to get receipts for the medication from the student.

SUMMARY

While college presents additional challenges for students with ADHD, there are options that can make the transition to independence easier. Using resources available to ADHD students can make the difference between a struggling college experience and a successful one.

Stephanie Moulton Sarkis is the author of several books, including: 10 Simple Solutions to Adult ADD: How to Overcome Chronic

Distraction & Accomplish Your Goals and Making the Grade with ADD: A Student's Guide to Succeeding in College with Attention Deficit Disorder (New Harbinger). Dr. Sarkis is a National Certified Counselor and Licensed Mental Health Counselor. She maintains a private practice in Gainesville, Florida, where she is also affiliated with Sarkis Family Psychiatry and Sarkis Clinical Trials. In addition, she is an adjunct assistant professor at the University of Florida and St. Leo University. Dr. Sarkis can be contacted at stephanie@stephaniesarkis.com or at www.stephaniesarkis.com.

REFERENCES

American Council on Education. (2006). Missed opportunities revisited: New information on students who do not apply for financial aid. *ACE Issue Brief*, 1–16.

Biederman, J., Ball, S.W., Monuteaux, M.C., Surman, C.B., Johnson, J.L., & Zeitlin, S. (2007). Are girls with ADHD at risk for eating disorders? Results from a controlled, five-year prospective study. *Journal of Developmental and Behavioral Pediatrics*, 28, 302–307.

Biederman, J., Monuteaux, M.C., Mick, E., Wilens, T.E., Fontanella, J.A., Poetzi, K.M., Kirk, T., Mase, J., & Faraone, S.V. (2006). Is cigarette smoking a gateway to alcohol and illicit drug use disorders?: A study of youths with and without attention deficit

hyperactivity disorder. *Biological Psychiatry*, 59, 258–264.

Eisenberg, D., Golberstein, E., & Gollust, S.E. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care*, 45, 594–601.

Fischer, M., Barkley, R.A., Smallish, L., & Fletcher, K. (2007). Hyperactive children as young adults: Driving abilities, safe driving behavior, and adverse driving outcomes. *Accident Analysis and Prevention*, 39, 94–105.

Fisher, B., Cullen, F., & Turner, M. (2000). *The Sexual Victimization of College Women*. Washington, DC: U.S. Department of Justice, National Institute of Justice, and Bureau of Justice Statistics.

Gau, S.S., Kessler, R.C., Tseng, W.L., Wu, Y.Y., Chiu, Y.N., Yeh, C.B. et al. (2007). Association between sleep problems and symptoms of attention-deficit/hyperactivity disorder in young adults. *Sleep*, 30, 195–201.

Mattos, P., Saboya, E., Ayrão, V., Segenreich, D., Duchesne, M., & Coutinho, G. (2004). Comorbid eating disorders in a Brazilian attention-deficit/hyperactivity disorder adult clinical sample. *Revista Brasileira de Psiquiatria*, 26, 248–250.

McCabe, S., Teter, C., & Boyd, C. (2006). Medical use, illicit use, and diversion of prescription stimulant medication. *Journal of Psychoactive Drugs*, 38, 43–56.

Poulin, C. (2007). From attention-deficit/hyperactivity disorder to medical stimulant use to the diversion of prescribed

stimulants to non-medical stimulant use: Connecting the dots. *Addiction*, 102, 740–751.

Sarkis, S. (2008). *Making the Grade with ADD: A Student's Guide to Succeeding in College with Attention Deficit Disorder*. Oakland, CA: New Harbinger Publications, Inc.

Sarkis, S. (2006). *10 Simple Solutions to Adult ADD: How to Overcome Chronic Distraction & Accomplish Your Goals*. Oakland, CA: New Harbinger Publications.

Sarkis, S., Sarkis, E., Marshall, D., & Archer, J. (2005). Self-regulation and inhibition in comorbid ADHD children: An evaluation of executive functions. *Journal of Attention Disorders*, 8, 96–108.

Schuchman, M. (2007). Falling through the cracks—Virginia Tech and the restructuring of college mental health services. *New England Journal of Medicine*, 357, 105–110.

Schredl, M., Alm, B., & Sobanski, E. (2007). Sleep quality in adult patients with attention deficit hyperactivity disorder (ADHD). *European Archives of Psychiatry and Clinical Neuroscience*, 257, 164–168.

Trammell, J.K. (2003). The impact of academic accommodations on final grades in a postsecondary setting. *Journal of College Reading and Learning*, 34, 76–90.

Wilens, T.E., & Upadhyaya, H.P. (2007). Impact of substance use disorder on ADHD and its treatment. *Journal of Clinical Psychiatry*, 68, e20.

Minimizing Malingering and Poor Effort in the LD/ADHD Evaluation Process

Steven T. Kane, Ph.D.

A great deal of research has been published on malingering and poor effort, especially as they relate to the assessment of brain injuries, memory difficulties, and physical functioning (Vickery et al., 2001). Typically, the literature has

examined malingering and poor effort from the perspective of individuals seeking financial gain, those involved in litigation, or those who are seeking prescription drugs (Caro et al., 2005).

However, much less research has fo-

cused on individuals undergoing assessment for learning disorders (LD) and Attention Deficit/Hyperactivity Disorders (ADHD). This is surprising given that LD and ADHD assessments are some of the most common evalua-