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An Assessment of ADHD/LD Support in PsyD Programs from the Perspective of Faculty Advisors

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AN ASSESSMENT OF ADHD/LD SUPPORT IN PSYD PROGRAMS FROM THE

PERSPECTIVE OF FACULTY ADVISORS

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Abstract

Among psychologists and doctoral psychology students, 14.3% and 10.7% reported having Attention Deficit Hyperactivity Disorder (ADHD) or learning disabilities (LD), respectively; 67.3% of those with any disability experienced disability-related impediments and discrimination during graduate school or the application process (Lund et al., 2014). This paper is focused on assessing current PsyD program supports for students with ADHD/LD from a faculty advisor perspective. Specifically, this research assesses the faculty advisor-advisee relationship, as well as available support services and resources. Data was collected from an anonymous survey and utilized an empirical mixed-methods approach. Three themes emerged from the study: (1) Advisors lack knowledge and understanding of program policies and protocols for supporting students with diagnosed or suspected ADHD/LD; (2) Concerns about the complexities of communication dynamics related to diagnosed or suspected ADHD/LD are prevalent; (3) Advisors underscored various barriers for graduate students to utilize academic support services. Findings of this research also showed that the majority of PsyD programs do not have formal guidelines or protocols around discussing diagnosed or suspected ADHD/LD with advisees. Results indicate that systemic change is warranted for how to support PsyD students with ADHD/LD.

Keywords: ADHD, learning disabilities, PsyD, advisor, support

Literature Review

Attention Deficit Hyperactivity Disorder (ADHD) is a chronic neurodevelopmental disorder that usually causes ongoing academic difficulties. ADHD is characterized by noteworthy symptoms of inattention and/or hyperactivity-impulsivity that emerge in childhood, appear in multiple settings, and limit functioning (American Psychiatric Association, 2013). The Diagnostic Statistical Manual of Mental Disorders (5th ed.) defines Learning Disabilities (LD) as a neurodevelopmental disorder that involves specific difficulties in reading, writing, and arithmetic, which are significantly below what is expected of the same age group and can affect daily functioning or scholastic achievement (American Psychiatric Association, 2013). ADHD and LD are the two most common disabilities in all of higher education (Wu & Molina, 2019). According to the most recent National Postsecondary Student Aid Study, 3.44% and .62% of college students have ADHD or LD, respectively (Wine et al., 2018).

Research shows how college students with ADHD struggle considerably more in academics than their non-ADHD peers, have worse GPAs, are more likely to fail classes, be placed on probation, and not graduate (Dvorsky & Langberg, 2014; Gray et al., 2016; Kuriyan et al., 2013; Weyandt et al., 2013). College students with LD also experience a broad spectrum of scholastic struggles (Goegan & Daniels, 2020), and this often exacerbates their sense of being less capable to manage their responsibilities (McGregor et al., 2016). They are also at a greater risk of experiencing academic stress and have lower levels of educational self-efficacy than those without LD (Goroshit & Hen, 2021; Lipka et al., 2020). Similar to those with ADHD, students with LD are delayed in the completion of their advanced degrees and have a higher dropout rate from academia than other students (Aro et al., 2019).

Since the Americans with Disabilities Act became law (ADA, 1990), there has been increased college enrollment among adults with disabilities, including those with ADHD and LD (Gray et al., 2016; Lombardi et al., 2018; Madaus et al., 2011). To highlight this trend, the percentage of students with disabilities from 1998 to 2012 increased from 6% to 11% of all students (Lewis et al., 1999; Snyder & Dillow, 2016). Nevertheless, only about 21.2% of students with LD enroll in college, as compared to 40% of students without LD (Cortiella & Horowitz, 2014; Newman et al., 2011). However, this data may not be accurate because many students with LD do not disclose their disability when they initially enter college (Cortiella & Horowitz, 2014).

In the field of psychology, the American Psychological Association (APA) found that psychology students with disabilities across all levels of college education and subfields perceived frequent and ongoing detriments to academic and professional training (APA, 2009). These include deficient faculty training and knowledge of disability issues and reasonable accommodations, a lack of access to accommodations and educational materials, and discrimination at field placements (APA, 2009). It has been well-established that formal accommodations and social support are critical to the success of psychology doctoral students with disabilities (Andrews et al., 2019; Lund et al., 2020b). Subsequently, the APA has generated standards in assessing reasonable accommodations for psychology students with disabilities (APA, 2011b). Guides have also been created for psychology graduate students with disabilities, as a resource for improving inclusion (APA, 2011a), yet, there is no available research on the utilization of these guides (Pearlstein et al., 2021).

In APA-accredited doctoral psychology programs, data analyzed from 2008 and 2012 revealed that only 3.0% of graduate students and 2.2% of faculty identified as having an

unspecified disability (Andrews & Lund, 2015). In correlation, data from 2005 to 2015 found

that only 3.3% of students in accredited psychology doctoral programs disclosed having any

disability (Callahan et al., 2018). Psychology trainees with invisible disabilities (e.g., learning

disabilities, psychological disabilities, chronic health conditions) encompass the largest percent

of doctoral psychology students with disabilities (Lund et al., 2020a). In a survey of

psychologists and doctoral psychology students with disabilities, Lund et al. (2014) found that

14.3% and 10.7% of respondents endorsed conditions of ADHD and learning disabilities,

respectively. Psychology trainees and psychologists with invisible disabilities such as

ADHD/LD, in contrast to those with visible disabilities, often advise not disclosing one's

disability status during initial PsyD training program interviews and graduate school applications

in order to avoid eliciting an ableist bias (Lund et al., 2016). Sixty-seven percent of psychology

doctoral students and psychologists endorsed experiencing disability-related impediments and

discrimination during graduate school or the application process (Lund et al., 2014).

More hurdles are ahead for the few psychology trainees with ADHD/LD who progress to

the internship application process. Data analyzed from 2008 to 2018 indicated a major increase

of doctoral psychology internship applicants with learning disabilities (Lund, 2021b). It has been

shown that 43.4% of doctoral psychology trainees with disabilities reported disability-related

impediments during internship or the process of internship applications (Lund et al., 2014). This

was confirmed by Wilbur et al. (2019) with their study that showed graduate psychology

students with invisible disabilities, such as ADHD/LD, may encounter reservation or skepticism

with disclosure. To highlight this point, Lund et al. (2016) showed that doctoral psychology

students with disabilities reported greater success with internship applications when their

disability was not disclosed. Only 1.41% of doctoral psychology interns at APA-accredited

internship sites disclosed having a disability (Andrews & Lund, 2015). As a point of reference, Okoro et al. (2018) found that 25.7% of American adults identified as having disabilities, as compared to 5% of psychologists with disabilities (APA, 2018). Underreporting may be the cause of this statistical discrepancy.

Lund (2021a) analyzed data on disability representation of internship applicants from the Association of Psychology Postdoctoral and Internship Centers' (APPIC) applicant survey reports. Among the common types of disabilities reported, learning or cognitive disabilities including ADHD were consistently most identified and have been increasingly specified over time (Lund, 2021a). Additionally, data from APPIC displayed that pre-doctoral internship applicants with learning disabilities were 7.6% less likely to match to an internship site than applicants without disabilities (Lund, 2021b). The match rate was not calculated for those with cognitive disabilities due to a lack of available data (Lund, 2021b). Applicants and students with invisible disabilities frequently mask their disability to eschew bias and discrimination during the graduate and internship admissions process (Lund et al., 2016).

Invisible disabilities, including ADHD/LD, are being progressively acknowledged as essential components of diversity in the field of psychology (APA, 2011b). According to the APA's Standards of Accreditation for Health Service Psychology and Accreditation Operating Procedures (APA, 2019), psychology training program policies and procedures must focus on maximizing student success by certifying an accessible, supportive, and complimentary learning environment for students who are diverse. A "supportive" learning environment would imply a culture within training programs in which there is open dialogue about (and normalization of) learning differences, which is particularly relevant for trainees with ADHD/LD. For psychology

trainees with ADHD/LD, an "accessible" learning environment would likely include regular

promotion of institutional support services and resources.

The APA also states that the psychology training program is responsible for engaging in

individualized efforts for completion/retention as applicable (e.g., accommodations for student

needs) and minimizing avoidable causes of attrition (e.g., unsupportive learning environments)

(APA, 2019). The advisor is in a position of influence to offer personalized support for advisees,

especially those with academic struggles. Given their one-on-one relationship, "individualized

efforts" would likely entail consistent communication and collaboration between advisors and

advisees with diagnosed or suspected ADHD/LD. The National Academic Advising Association

(NACADA) encourages advisors to embody the following values in working with students:

Commitment, Inclusivity, Empowerment, Integrity, Professionalism, Caring, and Respect

(NACADA, 2017). A core value of disability culture includes "a matter-of-fact orientation

toward helping; an acceptance of human vulnerability and interdependence as a part of life"

(Gill, 1995). Embodying these core values may help guide advisors in working with students

with diagnosed or suspected ADHD/LD.

Lund (2021c) demonstrated that doctoral psychology students often conceal their

invisible disabilities due to ableism and obstacles encountered during and after graduate school.

This underrepresentation is not a reflection of a lack of ability (Lund, 2021c). Colman (2009)

describes ableism as entailing discrimination and social prejudice against individuals with real or

perceived disabilities. Ableism assumes those with disabilities are inferior to those without

disabilities, which can lead to under-resourcing and discriminatory behaviors, thus perpetuating

non-disclosure (Colman, 2009). To illustrate ableism, Callahan et al. (2018) discovered that

professional psychology doctoral students with disabilities were substantially more likely to

leave their training program prior to earning a degree, even though their academic qualifications were equivalent to their non-disabled peers. This attrition rate during graduate school leads to a significant underrepresentation of psychologists with disabilities, including those who identify as having ADHD/LD (Callahan et al., 2018; Lund et al., 2021).

To show what is meant by obstacles, psychology trainees perceive attitudinal biases and a lack of understanding regarding disability issues among program faculty and supervisors (Andrews et al., 2013; Daughtry et al., 2009; Pearlstein & Soyster, 2019; Taube & Olkin, 2011). A deficiency of actual disability-affirmative approaches has been underscored as a substantial hurdle among trainees and psychologists with disabilities (Andrews et al., 2013, 2019; Lund et al., 2020a). Additionally, Lund et al. (2016) revealed how psychology trainees with disabilities report spending extensive time informing faculty and supervisors of disability-related issues and advocating for essential accommodations. It is noteworthy that psychology trainees with disabilities claim they are educating and training their faculty and supervisors. This time and energy allocation diminishes the time available for other activities such as clinical work and extracurricular activities that would augment their internship applications, thus reducing their competitiveness (Callahan et al., 2014; Lund et al., 2016, 2020b).

In professional psychology training programs, more than 90% of clinical supervisors surveyed reported that they do not feel competent in supervising students with disabilities (Wilbur et al., 2019). For those who match, this lack of competence carries over to faculty and supervisors at internship sites. Wilbur et al. (2019) revealed that internship supervisors and faculty frequently do not feel competent or confident in working with interns who have disabilities. Unfortunately, the lack of support for psychology trainees with disabilities results in more attrition from their programs for many of these qualified students (Callahan et al., 2018).

This attrition likely contributes to the ongoing underrepresentation of faculty with disabilities in psychology training programs (Lund, 2021c).

Doctoral psychology students with disabilities strongly value mentorship and colleague support from others with disabilities but generally lack access to such connections (Lund et al., 2014, 2016). This has been confirmed by recent studies (Andrews et al., 2019; Lund et al., 2020b, 2021). Acting like a mentor, faculty and supervisors could advocate for students with disabilities and help provide culturally competent supervision (Wilbur et al. 2019; Lund et al. 2020a), as well as support students in establishing reasonable accommodations (Taube & Olkin, 2011). Wilbur et al. (2019) found that 77% of supervisors surveyed among professional psychology programs had little to no training in supervising students with disabilities.

A study shows that only 24% of students who utilized special education services in high school disclosed their disabilities at the college level (Cortiella & Horowitz, 2014). After college, there's even a smaller percent of adults that disclose their disability status (Cortiella & Horowitz, 2014). Doctoral psychology applicants and current students habitually avoid self-disclosure of their invisible disability during the program admission process in order to evade possible stigma and discrimination (Lund et al., 2016). Does disclosure of a disability have more benefits or more risk? Students' apprehension around self-disclosure is warranted. Participants in a study of psychology trainees expressed caution about disclosing because of the perceived negative bias of their professors and peers, leading to detrimental effects on their employment opportunities (Lund et al., 2016). Such biases may be reflected in a reference letter, for example.

In contrast, some psychology trainees felt that disclosure of their disability improved relationships with clinical supervisors (Lund et al., 2020a). There are various advantages of disclosing one's invisible disability. Firstly, self-disclosure authorizes a student's eligibility to

receive accommodations (ADA, 1990). Secondly, a student must actively request accommodations. The pressure of disclosure may result in students feeling as though they must choose between either receiving reasonable accommodations that mitigate their learning difficulties or feeling that they can be treated as a worthy trainee deserving respect (Lund et al., 2020a). Many students do not self-disclose their ADHD/LD or ask for help until they are in danger of academic failure (Farmer et al., 2015). This delay can prevent students from reaching their full academic potential. Lund et al. (2020a) calls upon faculty and supervisors to take active roles in recognizing and mitigating systemic and attitudinal obstacles in training programs. This point has been endorsed by other studies (Andrews et al., 2013; Wilbur et al., 2019).

Present Study

In the arena of psychology, disability is being progressively acknowledged as an essential component of diversity (APA, 2011b). However, ADHD/LD may be overlooked in discussion of diversity and inclusion in professional psychology. Psychologists with invisible disabilities bring different and meaningful viewpoints to the field (Andrews et al., 2019; Lund, 2018). Given the existing research on the barriers faced by doctoral psychology trainees with invisible disabilities and the high attrition rate (Callahan et al., 2018), there is an evident need for more research on how to better support this student population. Although research has focused on professional psychology students with disabilities, there are no current studies focused on PsyD students with ADHD/LD.

Advisors play a pivotal role in supporting student success, serving as a bridge between the student and the institution. Schlosser et al. (2011) defines *advisor* as ''the faculty member who has the greatest responsibility for helping guide the advisee through the graduate program.'' There is no existing analysis from PsyD faculty advisors' perspective of how they can improve

supports for trainees with ADHD/LD. To gather this viewpoint, an online survey was distributed

to this target audience. The purpose of this research is to evaluate the efficacy of current support

systems for PsyD students with ADHD/LD and provide recommendations for improvements.

Methodology

Design

This study utilized an empirical mixed-methods approach that gathered quantitative and

qualitative data. Quantitative data was collected in order to objectively assess and compare

learning support services, their accessibility, and referral protocols. Qualitative data was gathered

through open-ended questions, allowing advisors to share their personal insights and reflections

about advising PsyD students with diagnosed or suspected ADHD/LD. Given that advisors have

one-on-one experiences with advisees, their observations and perceptions are direct and uniquely

personal.

Measures

Prior to survey development, the primary investigator informally interviewed the director

of Disability Services at the University of Denver and faculty advisors within the university's

PsyD program. The director of Disability Services and faculty advisors validated the purpose of

this study and provided suggested topics to consider for inclusion in this research. Questions

were drafted, reviewed, and refined in consultation with the primary investigator's faculty

sponsor. The online survey consisted of 18 multiple choice questions to assess the availability,

awareness, and accessibility of institutional learning support services. Qualitative questions

focused on issues pertaining to communication dynamics, ethics, privacy, legality, and advocacy.

The survey was conformed and distributed using the University of Denver's secure

Qualtrics server. A web link to the survey was sent by e-mail to PsyD faculty advisors in the

United States. Participants were directed to an implied consent page on Qualtrics.com. On that

page, information regarding the purpose of the study, inclusion/exclusion criteria, potential risks

and benefits of participation, ethical considerations, right to withdraw at any time, and the

contact information for the researchers. There was no incentive offered for participation.

Respondents signed a consent form prior to starting the survey. To maintain anonymity of

participants, they were not asked to sign their names or to provide any identifying information. If

respondents consented, they were then directed to an initial inclusion/exclusion criteria question,

which ensured that participants were the targeted demographic (PsyD faculty advisors).

The survey was distributed to PsyD faculty advisors and program training directors

directly in the United States via publicly accessible contact information on the university's

website. Both accredited and non-accredited PsyD programs were contacted. The PsyD program

directors were targeted to distribute the survey to their affiliated faculty advisors ("snowball

sampling"). Additionally, leaders of professional psychology organizations were directly

contacted from publicly accessible contact information, including multiple APA divisions. The

survey was also distributed by numerous listservs related to professional psychology training.

The survey was distributed twice to reach the same contacts (433 total), PsyD faculty advisors, in

August and September 2021.

Results

Quantitative Results

Of the 433 direct email contacts, there was a total of 89 respondents (not including

listservs). Response rate from listservs was negligible and unable to be calculated. Out of the 89

people who clicked the survey link, 81 people qualified as PsyD faculty advisors and consented

to proceed with the survey. This resulted in a calculation of an 18.7% response rate associated to

direct email contacts. Eighty-four and a half percent were identified from private institutions, whereas 15.5% were from public institutions. The small sample size was the sole limitation of this study, which prohibited a statistical comparison of private and public institutions.

Respondents were asked to select a category most appropriate for their student population. Categories were divided into percentage ranges. Sixty-five percent of respondents stated 1-5% of students disclosed their ADHD/LD diagnosis to the PsyD program. Additionally, 54.6% of participants claimed that 1-5% of their students did not disclose their diagnosed or suspected ADHD/LD diagnosis. Continuing with this line of questioning, 48.9% of advisors reported no attrition per PsyD cohort due to ADHD/LD struggles, and the remaining portion estimated up to 10% of their student population withdrew and/or were terminated due their academic difficulties.

The next survey question asked advisors to specify multiple areas of difficulty for students with diagnosed or suspected ADHD/LD. Of the advisor responses to this question, 26.6% specified time management, 24.6% reported organization, 15.6% entered study skills, 14.1% selected self-advocacy, and 10.1% indicated note taking. Write-in responses included writing skills, managing stress, maintaining attention during lectures, and utilizing support services. Many types of academic support resources on-campus were reported as available, however, promotion of these services varied. Almost universally, the methods of promotion included the Disability Services website, faculty advisors themselves, and the program's Student Handbook.

Survey participants were then able to respond to quantitative questions on a 5-point Likert-type scale (1 = "Strongly Disagree" and 5 = "Strongly Agree"). When asked "To what extent do you agree with the following statement: PsyD students with ADHD/LD are aware of

these support services," 27.6% stated they strongly agree, 44.8% claimed they somewhat agree,

and 19% stated they somewhat disagree. Thirty-eight percent of advisors reported they were

"somewhat" aware and informed of all available academic support services, whereas 27.6%

stated they were fully aware of these services. The next question in the survey addressed the

faculty advisor's opinion of their training around how to promote and/or refer these support

services to students. The category of "somewhat" lacking was specified by 36.2% of advisors,

and 24.1% claimed their training was "somewhat" sufficient.

Advisors reported they would benefit from more direction and training in communicating

with ADHD/LD students, including recurrent trainings and workshops, resources specifically for

graduate students, written guidelines, more information, and increased collaboration with

academic support services. Of the 58 responses to a question asking whether their PsyD program

had formal guidelines or protocols for discussing diagnosed or suspected ADHD/LD issues with

advisees, 87.9% indicated having none. Legal restrictions around communication of disability

issues were reported to have little to no impact on the success of PsyD students with ADHD/LD,

according to the majority of respondents. Seventy-two percent of advisors did not fear potential

legal or professional repercussions for discussing ADHD/LD with advisees.

Qualitative Results

Qualitative responses help provide information that is often missed from quantitative

analysis and data. Advisors face many challenges when working with students with diagnosed or

suspected ADHD/LD. There were many meaningful statements in response to the survey, and

three overarching themes emerged. These responses are organized into three themes below and

shed light on the challenges that advisors encounter.

Lack of knowledge and understanding

Firstly (1), Advisors lack knowledge and understanding of program policies and protocols for supporting students with diagnosed or suspected ADHD/LD. Every advisor reported that their university had a Disability Services program, however, additional academic support resources varied. As an example, one advisor who has a background in school psychology stated, "These services are not widely advertised or understood by our graduate faculty… I find myself needing to provide basic education to my faculty and dean about students' rights and needs."

Navigating self-disclosure in advisor-student communication

A second theme (2) concerns the complexities of communication dynamics related to suspected or confirmed ADHD/LD. Throughout the survey, advisors emphasized the importance of student self-disclosure of their academic or learning struggles (whether a student is diagnosed or not). The advisors' passive stance relies on the students' initiation regarding self-disclosure of their academic difficulties. Advisors' inhibition stems from apprehension regarding students privacy, especially in the context of legal restrictions and boundaries. Thus, faculty feel "safer saying nothing" due to concern of saying the "wrong thing to a student about a potential disability."

Barriers to accessing support services

Thirdly (3), there are many barriers for graduate students to utilize academic support services. An advisor explained, "Graduate students are much less likely to access services through our Student Support Center as compared to undergraduates for a number of reasons including:

- don't feel like they need additional support (have managed fine as undergrads)

- don't perceive services as useful for grad level work (services tend to be geared towards

undergrads)

- are concerned that faculty/peers may find out and see them as impaired (stigma)

- lack time or perceive a lack of time to seek out services/make use of services."

These are all valid barriers for PsyD students with ADHD/LD to get the support they need.

Discussion

As a reminder, the respondents to this survey were PsyD faculty advisors. One question

asked about attrition rate. According to this survey, 48.9% of advisors reported no attrition per

PsyD cohort due to diagnosed or suspected ADHD/LD struggles, and 40.4% estimated up to 5%

of their student population withdrew and/or were terminated. It should be noted that some PsyD

programs may not have any students with suspected or confirmed ADHD/LD, and therefore

there would be no attrition.

From this present study, a primary finding is that many advisors do not know either what

to communicate or how to communicate with students who are struggling academically due to a

lack of training with program protocols or a lack of awareness of available services. For

example, an advisor stated, "As a recently hired faculty member, more orientation and training

around resources available to students with ADHD/LD would be needed, as well as specific

policies about the advisor's obligations and limitations with promoting student success when

ADHD/LD barriers interfere with their academic progress."

Of all respondents, only 12% reported that their program has formal guidelines for how

to discuss diagnosed or possible ADHD/LD with advisees. This deficiency in training and

program procedures is a foundational problem to this issue. Communication limitations

associated to boundaries and privacy is also a factor. One advisor stated, "I think it's challenging

when you notice a student is struggling and suspect they may have a disability or diagnosis… but you can't ask and so it feels like a bind around what to do to help and support them." This bind is due to uncertainty of how to navigate privacy issues related to disability status.

There were many other notable takeaways from this study. It is evident that the levels of support for ADHD/LD vary greatly among PsyD programs. The few programs with high-level learning support practices have close, collaborative relationships with their university's academic support services. Additionally, these advisors indicated that their PsyD programs recognize and inform how advisors can support students with diagnosed or suspected ADHD/LD. As an example, one advisor shared that their PsyD students are able to schedule weekly individual consultations with their university's "Center for Academic Success." This is an example of a proactive program that works to facilitate and maximize students' academic achievement. It seems that many other PsyD programs operate from a reactive position. Advisors throughout the survey advocated for more collaboration between advisors, students, and academic support services. This collaboration may include a specialized liaison who could encourage self-advocacy. Students with ADHD/LD need support related to organization, time management, report writing, and self-advocacy, according to advisors surveyed.

Numerous respondents underscored how academic support services are targeted to the undergraduate population, and thus, are sometimes overlooked in graduate programs. Possible reasons for this include graduate students being more independent and less likely to utilize support services, time limitations, and lack of awareness of available support services. Regarding awareness of support resources, one advisor stated, "graduate students tend to not know about them," and another commented how graduate programs are "sometimes disconnected from using these services regularly." Also, the support services may not meet the student's needs (or the

perception thereof). Advisors highlighted the potential to be seen as impaired (stigma) by PsyD

faculty and peers as a deterrent for trainees from utilizing support services.

As delineated by the APA's Standards of Accreditation for Health Service Psychology

and Accreditation Operating Procedures (APA, 2019), maximizing student success and

minimizing attrition should be the aim of every psychology training program. Advisors do not

hold all of this responsibility, as they follow the direction of program leadership. Seventy-seven

percent of faculty supervisors in professional psychology training programs stated they had little

to no training in supervising students with disabilities (Wilbur et al., 2019). This is also reported

by the psychology trainees who also perceive faculty as often lacking in training or knowledge

around disability issues (APA, 2009). This is evidence of a clear problem. A focus on supporting

students with ADHD/LD needs to be prioritized by the leadership of PsyD programs. Advisors

would benefit from feeling empowered with adequate knowledge and guidelines to proactively

support their advisees with diagnosed or suspected ADHD/LD. Foundational change needs to be

initiated by program leadership, such as PsyD training directors. Values of equity and an

appreciation for visible and invisible diversity includes attention to, and intention for, supporting

psychology trainees with ADHD/LD.

Recommendations for programs

As previously described, PsyD applicants with disclosed ADHD/LD may experience

discrimination or prejudice in the initial application process, fieldwork placements, and the

internship match. This displays that the field of professional psychology may be further

perpetuating the stigma. Faculty advisors are well-positioned to act as mentors and role models

to students, given the individualized and personal nature of these relationships. They can model

vulnerability through self-disclosure of any personal limitations. Faculty's disclosure could

possibly occur in their online profile on the PsyD program website. However, faculty may not feel safe self-disclosing because of the stigma within programs. Ideally, PsyD faculty would have policy and departmental support for disclosing as having ADHD/LD. Then, students who want to match with these faculty have an opportunity to do so. Advisors with ADHD/LD can successfully work with advisees with ADHD/LD; however, shared identities are not necessary to build a successful mentorship relationship, nor do shared identities necessarily build successful mentorship relationships.

Mentorship is important as it can model success and lessen the barriers encountered by students with ADHD/LD. Psychology trainees with invisible disabilities have cited mentorship from others with disclosed disabilities as most meaningful and helpful to them in navigating PsyD program completion (Lund et al., 2014; Lund et al., 2016). Yet, there are rarely such mentors within psychology training programs for the same reasons already identified (e.g., stigma, biases, and discrimination) (Lund et al., 2014; Lund et al., 2016). These students have also shared that without mentorship, they may feel isolated (Lund et al., 2014; Lund et al., 2016). Such feelings of isolation may be correlated to possible future attrition. In order to help meet this need, PsyD programs should work to recruit and retain faculty with invisible disabilities, including those with ADHD/LD. Psychology trainees with invisible disabilities also report peer support valuable (Lund et al., 2014), underscoring the need to recruit more students with invisible disabilities. Ideally, PsyD programs can work towards developing a training environment where faculty and students can be transparent about their invisible disabilities so that they can access support, mentorship, and community.

Regarding improvements for training in PsyD programs, professional development for faculty would be advanced by adopting a Disability-affirmative Training Environment (DATE;

Wilbur et al., 2019) where students with ADHD/LD can flourish. Wilbur et al. (2019) describes a

DATE as involving a strengths-based perspective of disability issues, a commitment to

establishing accommodations, and a willingness to advocate for disability rights. Aiming to

create a DATE, Lund (2021c) recommends that both faculty and students be informed of

resources for psychology students with disabilities, including the APA Office on Disability

Issues and the associated Disability Mentoring Program, the Disability Identity Committee of

Division 22 (Rehabilitation Psychology), and the APA Council on Disability Issues in

Psychology (CDIP). Openly declaring disability as an aspect of the university diversity policy

and including invisible disability in trainings for cultural competency is another meaningful

proposition (Lund et al., 2020a). A DATE would be reinforced with increased communication

and collaboration between academic support services and PsyD programs.

     In order to create this disability-affirming training environment in PsyD programs, the

power differential between students and faculty must be acknowledged. PsyD programs would

benefit from more training focused on the communication dynamics between faculty and

students who are struggling academically, while also respecting students' boundaries and

privacy. More specifically, a training workshop could be offered that is focused on how to have

dialogue with students with diagnosed or suspected ADHD/LD. The first meeting between the

student and advisor is critical to establishing rapport and facilitating open dialogue. It is

recommended that programs consider developing an intake-like template to assess educational

functioning history, best used in the initial meeting between advisor and advisee. This template

could include a question that invites the advisee to disclose any learning differences, such as,

"Did you ever utilize academic support services in the past?" Another way an advisor may

engage with a student during the introductory encounter could be, "In my role as an advisor, I

always ask students about personal strengths and limitations, and ask if there's any way I can be

of support."

Leadership within PsyD programs could benefit from developing a comprehensive list of

available academic support services both on-campus and in the local community. Resource lists

should be updated regularly, as they are expected to change periodically. These support services

need more visibility at the graduate level in order to increase awareness. For example, existing

research could be cited on PsyD program websites regarding the academic improvements and

successes for students with ADHD/LD after implementing skills for time management, studying,

test-taking, and organization. The intensity of doctoral psychology programs makes the support

services even more critical.

It may be unrealistic to expect every advisor to have up-to-date personal knowledge of all

available services, given that these resources frequently change. Thus, incorporating a meeting

about support resources for trainees with ADHD/LD could be included as part of the annual

orientation for incoming PsyD students. Another possibility is to consider having a designated

individual (e.g., faculty advisor or a representative from Disability Services) who has knowledge

of current support services and resources. The purpose of the designated individual is to facilitate

collaboration and communication with the goal of increasing awareness and utilization of

academic support services.

Lastly, programs should de-emphasize the promotional fast-track completion of the PsyD

degree. The accelerated nature of PsyD programs can be a stressful environment that may

overwhelm students with ADHD/LD. In turn, this can inhibit them asking for help. Thus,

programs are encouraged to remind students that they can complete the PsyD program at their

own pace.

Recommendations for general faculty

It is recommended that communication channels between PsyD general faculty (core faculty and adjunct faculty) and advisors be open and accessible to maximize student success. As an example, professors should be encouraged to share their observations and/or concerns about a student's possible ADHD/LD symptoms. As another example, advisors could communicate with professors and ask about their perceptions of a student's behavior and/or academic performance. In order for this communication to occur, core and adjunct faculty should have access to a database of students' academic advisors. It is recommended that general faculty familiarize themselves with institutional resources such as the Disability Services office and ADA compliance officers.

PsyD faculty and advisors who want to increase their cultural competence in working with students with ADHD/LD may consider contacting specialists within the APA Committee on Disability Issues in Psychology, the APPIC diversity committee, and the Office of Disability Issues, all of which may offer direction and support on applicable disability-affirming advising and training. PsyD faculty advisors and supervisors may value important literature on cultural competence training (e.g., Lund et al., 2016; Lund et al., 2020a; Pearlstein & Soyster, 2019; Taube & Olkin, 2011; Wilbur et al., 2019).

Recommendations for advisors

Advisors need to feel that they are provided sufficient training to address suspected or diagnosed ADHD/LD issues with advisees. It is essential for advisors to acknowledge the potential presence of an invisible disability among all advisees. Regarding the nuanced communication dynamics, advisors should understand the difference between asking about disability as compared to asking about accommodations. In order to protect an individual's

privacy, the ADA forbids direct inquiries about disability. Readers are referred to a resource

from 2010 that delineates the legal rights pertaining to disability and the process of establishing

accommodations (Olkin, 2010). Rather than the advisor solely advocating on behalf of the

student, it is recommended that the advisor work to empower the student to independently

advocate for themselves. Some students may feel intimidated or uncertain as to how to self-

advocate. Institutional academic support services may include a workshop on self-advocacy for

students with invisible disabilities, including ADHD/LD. Self-advocacy is particularly essential

for students with ADHD/LD, both in their graduate training and throughout their professional

career.

Given the similar power differential between advisor-advisee and therapist-client, it is the

responsibility of the advisor to initiate this discussion and foster a safe, non-judgmental space in

which the advisee feels willing to self-disclose. To combat the stigma of ADHD/LD, advisors

can facilitate an environment that is open, encouraging, and accepting of learning differences.

Advisors can adopt a collaborative posture and underscore advisees' training needs as a priority,

which may help to promote an open dialogue. Following the assessment of this proposed intake-

like conversation, advisors can make appropriate referrals and recommendations to advisees

regarding available support services on-campus (e.g., academic coaching, workshops for

organizational skills and time management, writing center) and in the community (e.g., local

providers who specialize in ADHD/LD).

Equitable advising means that conversations about learning differences and academic

support services occur regardless of an advisee's disclosure status. If a student has disclosed their

ADHD/LD to the advisor, the advisor could help navigate the self-disclosure process within

fieldwork settings. More specifically, advisors can anticipate what types of questions a student

may be asked by fieldwork supervisors pertaining to their ADHD/LD. There may also be an

opportunity to invite dialogue about how ADHD/LD fits with the advisee's professional identity.

Advisors and training directors are encouraged to familiarize themselves with available

support resources, including the university's Disability Services office. Accessing

accommodations requires that students submit proof of diagnoses (e.g., psychological assessment

report) to their university's Disability Services office. A proactive well-informed approach may

help address a common assumption among graduate students that there are no available

accommodations that could be helpful to them. As a student progresses in their training and

professional development, such discussions will likely empower and enable students to navigate

future barriers in the workplace. Finally, advisors are encouraged to maintain an open dialogue

with students throughout their training (e.g., quarterly check-in meetings) and request feedback.

Recommendations for doctoral students

Self-awareness, self-advocacy, and self-acceptance are all necessary for academic

success for students with ADHD/LD. Self-awareness entails understanding one's learning

style(s), personal strengths, and limitations. Knowing one's limitations may require setting

boundaries for the level of involvement in coursework and extracurricular activities. Advocating

for oneself can entail asking for help when needed and utilizing support services when possible.

Self-advocacy for psychology trainees with ADHD/LD can manifest as self-disclosure. With that

said, disclosure of invisible disabilities is a multifaceted issue. Primarily, self-advocacy is

applicable to the advisor-advisee relationship. If a student does not feel secure with and/or

understood by an advisor, this may signal that a request for a different advisor may be

appropriate. It is important that a student be compatible with their advisor. Progressing through

one's doctoral training, self-disclosure of ADHD/LD may limit fieldwork and/or internship

prospects (Lund et al., 2014, 2016). In an ultra-competitive environment, this is significant.

It should be acknowledged that disorganization and time management are common

struggles for college students with or without ADHD. It is important that undiagnosed students

who are struggling academically consider being assessed for ADHD/LD. Protocols and standards

for diagnostic clarification via psychological assessment varies significantly between universities

and states, due to differing legal restrictions. More specifically, some universities require a

comprehensive psychological evaluation, whereas others require fewer testing measures.

Students are encouraged to consult with their university's Disability Services office or

Counseling Center to determine appropriate procedures. A formal diagnosis affords students the

opportunity to access available resources and accommodations through their university's

Disability Services office.

Self-acceptance of one's learning differences is foundational to self-advocacy. Whether

or not a student has ADHD/LD, self-acceptance may include accepting that their pace of

progress is different than others. The fast-track expectation for program completion may be

unrealistic for PsyD students with learning differences. If the goal is to cross the finish line with

a PsyD degree, students must know that it's a marathon, not a race.

Future Directions

The diversity, equity, accessibility, and inclusion (DEAI) initiatives signify an

appreciation of diversified perspectives that aim to enrich the whole community. The

contributions of psychology trainees with ADHD/LD are valuable and necessary for advancing

the field. As previously stated, invisible disabilities may be overlooked in the implementation of

these DEAI initiatives. It is recommended that PsyD programs' DEAI initiatives have

specifications for individuals with invisible disabilities, including ADHD/LD.

This present study revealed that only a small minority of PsyD advisors reported that they

feel fully competent in working with students with diagnosed or suspected ADHD/LD; nor are

they aware of all available support services and resources. One respondent to the survey stated,

"This is such an important topic to study as I believe that there are many students who struggle

with ADHD and other neurobehavioral disorders who are brilliant but do not make it or do not

achieve what they can achieve as a result of lack of support and limited understanding from

programs and instructors." This study also showed that each PsyD program has different support

services and resources. Further research is warranted to differentiate the effective vs. ineffective

programs in providing services that support students with ADHD/LD.

The term "stigma" is not hyperbole. The power and influence of stigma is significant in

psychology training programs. Evidently, psychology trainees' concerns of possibly being

identified as having ADHD/LD overrides their utilization of support resources that may help

them. This likely speaks to not only the fear of prejudice, but also how little ADHD/LD is valued

as a component of diversity in psychology training programs. How does change begin when we

find pronounced stigma within our own educated psychology training programs? One can only

imagine that it may be even more prominent in non-psychology programs where the faculty do

not have the same education and expertise. More analysis should be conducted on the stigma and

biases pertaining to invisible disabilities within psychology training programs. Ultimately, it is

the responsibility of the PsyD program leadership to provide culturally competent training for

advisors working with students with ADHD/LD. Addressing systemic obstacles, leaders in PsyD

programs must proactively drive for real changes that enable students with ADHD/LD to both

start and complete doctoral training.

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