

**A CASE STUDY OF THE COLLEGE EXPERIENCES OF A MEXICAN-
AMERICAN STUDENT WITH ATTENTION DEFICIT HYPERACTIVE
DISORDER: A CONVERSATION BETWEEN MOTHER AND SON**

A Dissertation

by

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ABSTRACT

The purpose of this study was to conduct an in-depth look into the perceptions of the college experiences of a male, Mexican-American student with Attention Deficit Hyperactivity Disorder to add his voice to the literature. For the methodology, I followed a qualitative case study framework. The main participant in this study, chosen by purposive sampling, was my son. I served as the second participant. The primary method for data collection occurred through open-ended interviews. Additionally, educational and medical records and my own journal reflections were also included as data.

Results of my study revealed four themes that included: (a) the pervasiveness of ADHD through years of education, (b) external and internal barriers in postsecondary education, (c) a desire to be like everybody else, and (d) teacher attitudes. I found that Juan faced internal and external barriers because of the ADHD which was complicated by a co-existing learning disability in math. This caused tremendous challenges for Juan when he was faced with teachers who were unwilling to accommodate their instruction for him.

My study adds to the body of research that points to the benefit that students with disabilities can receive from instruction on self-determination skills as part of their high school curriculum. Additionally, the college systems developed to serve students with disabilities in higher education served to hamper this student's success by requiring him to continually prove that his disability exists.

DEDICATION

I dedicate my study to Juan and to all those who are affected by ADHD and to those who love them.

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Above everything, I want to thank God for giving me the strength to accomplish my goals. I thank Him for entrusting me with my three beautiful sons, who never cease to amaze and inspire me. I thank Him, also, for the gift of my beautiful daughter-in-law and my grandchildren.

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TABLE OF CONTENTS

| | Page |
|---|------|
| ABSTRACT | ii |
| DEDICATION | iii |
| ACKNOWLEDGEMENTS | iv |
| LIST OF TABLES | vii |
| CHAPTER I INTRODUCTION | 1 |
| Statement of the Problem | 6 |
| An Overview of Adult ADD/ADHD | 7 |
| The Absence of the Voices of Students with ADHD and Learning Disabilities: Lack of Advocacy Training | 9 |
| The Intersection of Deficit Attitudes and Race | 11 |
| The Deficit Attitudes that Accompany the Disability Label | 12 |
| Purpose of the Study | 13 |
| Theoretical Framework | 14 |
| Methodology | 16 |
| Conclusion | 19 |
| CHAPTER II REVIEW OF THE LITERATURE | 21 |
| An Overview of Adult ADD/ADHD | 22 |
| Nature of ADHD | 24 |
| Diagnosis | 26 |
| Treatment | 28 |
| Characteristics of ADHD in Adults | 30 |
| Impact of ADD on Education | 31 |
| Laws that Protect Postsecondary Students with ADHD | 33 |
| Types of Accommodations in Postsecondary Education | 35 |
| Conclusion of Overview of Adult ADD/ADHD | 37 |
| The Absence of the Voices of Mexican-American Students with Learning Disabilities or ADHD: Lack of Advocacy Training | 38 |
| The Intersection of Deficit Attitudes and Race | 40 |
| The Deficit Attitudes that Accompany the Disability Label | 46 |
| Conclusion | 50 |
| CHAPTER III METHODOLOGY | 51 |

| | |
|---|---------|
| Qualitative Research Methodology..... | 53 |
| Case Study..... | 54 |
| Participants..... | 56 |
| Data Collection..... | 56 |
| Data Analysis..... | 58 |
| Trustworthiness..... | 60 |
| Researcher Bias..... | 61 |
| Conclusion..... | 62 |
| CHAPTER IV RESULTS..... | 63 |
| Themes..... | 63 |
| Theme 1: Pervasiveness of ADHD Throughout the Years of Public Education..... | 65 |
| Theme 2: External and Internal Barriers in Postsecondary Education .. | 89 |
| Theme 3: To Be Like Everybody Else..... | 101 |
| Theme 4: Teacher Attitudes..... | 105 |
| Summary..... | 112 |
| CHAPTER V DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS..... | 116 |
| Discussion..... | 118 |
| Research Question 1..... | 118 |
| Research Question 2..... | 121 |
| Research Question 3..... | 126 |
| Implications and Recommendations for Policy and Practice..... | 133 |
| Implications and Recommendations for Future Research..... | 136 |
| Epilogue..... | 137 |
| Consejos para mi Gente–What I Want Others to Know..... | 137 |
| Conclusions..... | 145 |
| REFERENCES..... | 147 |

LIST OF TABLES

| TABLE | | Page |
|-------|---|------|
| 1 | Undergraduate Enrollment in Postsecondary Institutions in 1976 and 2004 | 42 |
| 2 | College Students with Disabilities..... | 45 |
| 3 | Themes and Subthemes | 64 |

CHAPTER I

INTRODUCTION

My main problem is I don't get around to doing the things I want to do . . . I have been working on my Ph.D. for years, and the dissertation keeps sitting there, half done, winking at me like a sleeping turtle. Sometimes I wish it would walk away and leave me alone. (Hallowell & Ratey, 1994, p. 26)

Juan, a student of Mexican-American descent, was diagnosed with Attention Deficit Disorder with Hyperactivity (ADD-H) when he was in third grade but did not receive Section 504 services in school until he was in seventh grade. Juan is my son. I first noticed that he was having difficulties in his classes when he was in first grade, and by the time Juan reached the third grade, he had already scored below grade level in several areas of the Iowa Test of Basic Skills (ITBS) in both first and second grade. He was definitely hyperactive, and he obviously did not perform as well on standardized tests as my other two children. Additionally, mathematics was particularly problematic for him. I began researching his characteristics on the internet and came across the description of ADD-H, which was the name for ADHD at the time. I realized that most of the characteristics applied to him. I took him to a local pediatrician who specialized in ADD-H. He evaluated Juan and confirmed my suspicions. He made suggestions for instructional strategies for Juan and recommended medication to help ease his symptoms. Moreover, he advised looking into extra help at school for Juan in mathematics, possibly through a resource class. A resource class, however, would have

required my son to leave his mathematics classroom to receive tutoring from a resource teacher, whose specialty may or may not have been mathematics.

I informed his elementary school that my son had ADD-H, and the administrative team put together a committee to decide how they were going to serve him. I realized that in order for Juan to receive services, they were going to have to label him as a “Section 504” student. I decided that I did not want Juan to carry any labels, and even though the committee recommended placing him in 504, I refused the services. I also decided that I did not want Juan getting any medication.

One year later, I took Juan to the pediatrician for a follow-up visit. The pediatrician asked me how he was progressing in school, and I informed him that I had refused services and I was not getting medication for Juan. The pediatrician was very upset with me. He told me that by refusing to identify Juan and get him the support he needed, I was hindering his progress. He said that every year I delayed getting help was a year that he was getting further behind in school. That was my epiphany. I decided to fully educate myself about Attention Deficit Disorder (ADD) and to do whatever I could to make sure that Juan was successful in school. I accepted medication for Juan, but I still resisted having him placed in Section 504.

Additionally, even though the pediatrician recommended that perhaps he would benefit from resource classes in mathematics, I refused. To do this, I would have had to get my son qualified for Special Education Services, which I absolutely knew that I did not want to do. I met with the school district’s Special Education coordinator and discussed with her the scores that my son received in mathematics on the annual district-

wide achievement test. She highly recommended that instead of seeking support from resource classes, I should hire a tutor throughout his education to reinforce his deficiencies in mathematics. She said that his math scores were considered “borderline” for a mathematics learning disability, and that he would be better served by general education. Based on her recommendations, I never asked for Juan to be evaluated for Special Education. However, I eventually relented and accepted services from Section 504 for Juan when he was in seventh grade. Section 504 provided Juan with curriculum accommodations.

Not all of Juan’s teachers were interested in providing accommodations. When Juan was a 10th-grader, he was enrolled in a social studies class. His teacher gave the class an assignment to research the demographics of the 50 states. The project requirements included creating a table listing each state, along with the pertinent demographic information. The assignment had to be handwritten. As Juan was trying to get started on this project, he quickly became overwhelmed and felt that he would never finish. In fact, he was so sure that he would never finish that he could not even bring himself to get started on the project. I knew that Juan was very comfortable using the Internet and the computer, and I suggested that he use the computer for the project. He said the teacher would not allow it!

My husband and I made an appointment to discuss this project with the teacher. When we met with her, we reminded her that using the computer was an acceptable accommodation for him. She said that she did not want to change the assignment requirements. She had too many students with disabilities, and she did not have time to

cater to them. She also said that it would not be fair to the students in the class who did not have disabilities if she allowed Juan to submit his assignment using a computer. I told her I was not there to discuss the other students; I was only there to discuss my son. She refused to change her mind, and I proceeded to request a meeting with the principal. Juan was allowed to use the computer to complete his assignment.

In the spring of 2004, my husband and I were asked to attend a Section 504 transition meeting at Juan's school. This meeting was required because Juan was then an 18-year-old high school student getting ready to graduate and transition to college. At the transition meeting, the only people present who represented the school were the Section 504 coordinator, the school counselor, and Juan's English teacher. Juan was not invited; therefore, he was not present at this meeting, even though the decisions made about him would directly impact his life beyond high school. His other teachers had been notified of the meeting, but did not attend. At this meeting, the Section 504 coordinator (who was also a vice-principal) indicated that part of the process of preparing for transition beyond high school (for a student receiving services from Section 504) included documenting the accommodations that would be necessary for his success.

One of the topics that the English teacher brought up at this meeting was the Section 504 "label." She commented that she felt that it was not necessary to continue to label Juan. She wanted him to have a fresh start in college with nothing to point to a potential difference. I remember asking her if she thought he would be able to succeed in college without supports. She replied, "Well, he struggles, but he tries so hard." The teacher had tears in her eyes when she said this.

I told her that I appreciated that she wanted him to be rid of the Section 504 “label,” but that I felt that without it he would not just struggle, but he might also be without the needed support to work his way to a degree. I reminded her that she most likely was against labeling him as a Section 504 student in college because she had known Juan for approximately 6 years—as a student and as a member of a theatre arts group in which her children were also members. This teacher knew my son well and knew that he had many gifts and talents that became evident when he was performing on stage. On the other hand, his college professors would not know him and probably would not have time to get to know him. I told her that I knew she had not watered down the curriculum for him (she was his Advanced Placement (AP) English teacher), but she had used alternate ways to teach and assess whether or not he had mastered the material, as she did for all of her students. She was an extraordinary teacher. I explained to her, if Juan did not have continued services, I believed he would fall through the cracks of the higher education system. At the conclusion of this meeting, the committee made the recommendation to continue services from Section 504.

These incidents from my life, with a child with ADD-H and a possible learning disability, are indelibly etched in my memory. The single most problematic decision that I had to make was that of deciding to accept the Section 504 services. I resisted accepting services because I believed that not all teachers understood the meaning of the Section 504 label and felt that labeling him would result in lowered expectations on the part of his teachers. I did not consider a resource classroom for his possible math disability, because as a classroom teacher, I was very aware of the stigma that

accompanied this additional label. Throughout Juan's K-12 public education, I was able to be involved in and advocate for him; however, I realized that this might come to a halt as soon as he enrolled in college, which triggered my interest in researching what happens to students with learning differences once they enter postsecondary education.

Statement of the Problem

The subject of this dissertation is the college experiences of a Mexican-American student with ADHD. An exhaustive review of the literature regarding Mexican-American students with ADHD enrolled in postsecondary education revealed a complete absence of literature on this topic. The review of the literature revealed that there are some studies about students with ADHD in postsecondary education (Field, Sarver & Shaw, 2003; Jameson, 2007; Rabiner, Anastopoulos, Costello, Hoyle, & Swartzwelder, 2007; Reaser, Prevatt, Petscher & Proctor, 2007; Reid & Knight, 2006; Weyandt & DuPaul, 2006), but none specifically about Mexican-American students with ADHD or learning disabilities. Dr. J. Martin, (personal communication, February 12, 2009), editor of the *Journal of Postsecondary Education and Disability*, stated that his organization, the Zarrow Center at the University of Oklahoma, has not conducted any research on Latino or Mexican-American college students with learning disabilities. They have, however, conducted limited research on secondary students with learning disabilities. He also stated that as the editor of the journal, he had first-hand knowledge that there are no articles under review or coming out for publication focused on this specific topic. According to Wolf (2001), one reason why there may be such limited research about

postsecondary students with disabilities in general, and postsecondary students with ADHD in particular, may be because students who are currently attending college are some of the first cohorts of students who have been fully protected throughout their education by laws such as Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and the Individuals with Disabilities Education Act.

Because there are very few studies that focus on the postsecondary experiences of students with ADHD, and there are no studies specifically about Mexican-American students with ADHD, I included in my review articles about students with learning disabilities in postsecondary education as well as the limited articles that are available regarding students with ADHD. There were four areas in the literature about the postsecondary educational experiences of students with learning disabilities that provide a framework for this study. The four areas include (a) an overview of adult ADD/ADHD and its nature and medical history, diagnosis and treatment, impact on education, and legislation; (b) the absence of the voices of Mexican-American students with learning disabilities or ADHD in postsecondary education and self-advocacy; (c) the intersection of deficit attitudes and race; and (d) the deficit attitudes that accompany the disability label.

An Overview of Adult ADD/ADHD

Individuals with ADHD have been identified in the literature as far back as 1845, in the poem “Fidgety Philip” written by Heinrich Hoffman (Rogers, 2007). In 1902, George Still, physician, presented some lectures to the Royal College of Physicians in

England about a study he conducted of 43 children who exhibited characteristics that we now recognize as ADHD and conduct disorders (Still, 1902/2006). Initially identified as *minimal brain damage*, ADHD has undergone a series of name changes and is now commonly referred to as the ADHD (Kelly & Ramundo, 2006).

The presence of ADHD cannot be identified with a laboratory exam; however, through the use of a detailed medical history combined with questionnaires that identify characteristics of ADHD, it is possible to identify ADHD in children and adults (Weiss, Hechtman, & Weiss, 1999). Additionally, there exists brain imaging technology that now makes it possible to see ADHD (Amen, 2001). Once ADHD has been identified in an individual, it is possible to treat ADHD using medication to relieve symptoms; however, treatment does not cure the disorder, and once the effects of the medicine wear off, the condition is still present (Brown, 2005).

ADHD was believed to be a condition in children that was outgrown during adolescence; however, it is now known that ADHD can persist into adulthood (Hallowell & Ratey, 2005). ADHD can be as debilitating in adults as it is in children, and one of the primary arenas for poor performance by people with ADHD is that of education. Children, adolescents, and adults are referred for treatment for ADHD primarily because of poor academic performance (Barkley, 2001).

Because ADHD affects academic performance, the rights of individuals with ADHD are protected by laws that have been enacted to safeguard these students from discrimination. These laws include the Individuals with Disabilities Education Act (IDEA), which only protects students in prekindergarten through 12th grade, Section 504 of

the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (Wolf, 2001). However, when students transition to postsecondary education, it becomes the responsibility of the student with the disability to request assistance from university staff (Schwiebert, Selander & Bradshaw, 1998). Yet, studies of students with disabilities have found that some students may prefer to remain silent rather than disclose their disabilities to get the accommodations that they may need to be successful in college (Eisenman & Tascione, 2002; Field, Sarver & Shaw, 2003).

The Absence of the Voices of Students with ADHD and Learning Disabilities: Lack of Advocacy Training

The second area reviewed in the literature about students with learning disabilities or ADHD in postsecondary education is about how the voices of these students are missing from the literature. The literature review regarding the college experiences of Mexican-American students with ADHD revealed that there is no literature regarding this topic. The literature about college students with ADHD, in general is scant. Therefore, in my review, I included studies about students with disabilities in postsecondary education.

Barkley (2005b) recommended that when faced with a diagnosis of ADHD, the parent should become as educated as possible about the disorder and become an “executive parent” (p. xiii) who is completely in charge of advocating for their child’s care. According to Barkley (2005b), becoming an executive parent and serving as the voice for the child, is critical during the child’s formative years. However, also critical is

the need to teach the child to speak for him or herself because when the child turns 18 years old, the parent can no longer serve in the capacity of advocate.

Students with ADHD in K-12 education, who are being served through Section 504, are periodically monitored for progress through a Section 504 committee composed of parents, teachers, administrators, and ideally, the student. However, Neubert (2006) identified that the student's voice is often missing from the transition meetings, which take place to prepare the student for life after high school. In some instances, the transition meeting, as in the case of my son, excludes the individual who is to be impacted by the decisions. It is not uncommon for schools to hold transition meetings and make decisions about an individual's future without the individual present (Williams & O'Leary, 2000), which is in effect silencing their voices.

When an individual student becomes involved in the decision-making process, the student is practicing self-advocacy skills (Hadley, 2006). A child who has not been taught self-advocacy skills is very likely to experience many difficulties when maneuvering through the postsecondary education system (Field, Sarver & Shaw, 2003). Self-advocacy skills include developing an understanding of the disability and its impact on learning, communicating information to professors, and seeking accommodations. Having self-advocacy skills will make students more successful in college and will give them a voice in the decisions that are made about their future (Hadley, 2006).

The Intersection of Deficit Attitudes and Race

The third area has to do with the increase in enrollment of students with disabilities in postsecondary education. Henderson (2001) found that the nationwide representation of college enrollment of students with a disability has averaged between 6 and 8% during the time period covering 1988-2000, with a low of 2.3% in 1978. A closer examination of this data, however, reflects that the overwhelming majority of students attending college are White, followed distantly behind by African Americans and Mexican-Americans. According to Henderson, the demographics of a 2000 nationally representative cohort of full-time college freshmen reflected that 72% were White, 10% African American, 6.8% Asian American, 3.6% Mexican-American, 2.1% Other Latino, 1.7% American Indian, and 1% Puerto Rican students. The data regarding enrollment of students with disabilities in the same cohort indicate that 72.3% are White, 9.2% African American, 4.7% Asian American, 3.2% Puerto Rican and Other Latino, 2.9% American Indian, and 2.9% Mexican-American. The data reflect the under-representation of minorities in postsecondary education and the even smaller number of minority students with disabilities that enroll in college (Artiles, Harry, Reschly, & Chinn, 2002; Artiles & Trent, 1994; Cuotinho & Oswald, 2000; Dunn, 1968; Klinger et.al, 2005; MacMillan & Reschly, 1998; Zhang & Katsiyannis 2002).

Because college access is critical to the creation of opportunities for occupational success for all students, Reid and Knight (2006) argued that when educational institutions look carefully at the statistics that indicate growth in the number of students with disabilities in higher education, they will find that the growth represents White,

upper-middle-class students with Learning Disabilities. Reid and Knight stated that careful disaggregation of the data regarding students with disabilities who attend postsecondary education by “race, class, gender, and disability . . . [will expose the] . . . continued, systematic exclusion of ethnic minorities and the poor” (p. 21). Because college access and completion equips students with the tools to compete in a global economy, much research needs to be conducted on this topic (Reid & Knight, 2006).

The Deficit Attitudes that Accompany the Disability Label

The fourth area has to do with the impact of the disability label and the deficit attitudes that result. As already mentioned, I resisted accepting services for my son because I felt that to do so would brand my child with a label that would be with him for a lifetime. I felt that if he carried this label, teachers might lower their expectations for him. My concern was substantiated in Dunn’s (1968) seminal article about the dismal educational outcomes for children, overwhelmingly from African American, American Indian, Mexican-American, and Puerto Rican backgrounds, who tended to be labeled as mentally retarded and segregated in special classrooms.

Dunn (1968) questioned the use of labels on children and the effect that a label has on teacher attitudes and expectations. He questioned the need to find something wrong within the child. Dunn’s thinking was revolutionary in that he proposed that it was not the child who was deficient, but rather it was the system of instructional delivery. Artiles and Trent (1994), akin to Dunn, also proposed that it is not the child that is innately deficient but rather the instructional delivery system. Artiles and Trent

argued for preparing educators with skills to recognize and honor the diversity in learning styles and in the backgrounds that students bring with them to the classroom. Artiles and Trent argued for preparing educators to use teaching techniques that capitalize on the richness of diversity. Like Artiles and Trent (1994), Klingner et al. (2005) proposed that schools validate the funds of knowledge that children from different ethnic backgrounds bring with them to school, and to use those funds of knowledge as a resource in the education process. The concern is that it is overwhelmingly the minority students who are placed in special education programs and are denied access to education in a regular classroom setting. These students are also denied access to a rigorous curriculum that will prepare them for entry into college and for better employment opportunities (Zhang & Katsiyannis, 2002).

Purpose of the Study

The purpose of the study was to conduct an in-depth look into the perceptions of the college experiences of a male, Mexican-American student with ADHD to add his voice to the literature. As previously stated, there are very few studies that address the experiences of college students with ADHD (Field, Sarver & Shaw, 2003; Jameson, 2007; Rabiner, Anastopoulos, Costello, Hoyle, & Swartzwelder, 2007; Reaser, Prevatt, Petscher & Proctor, 2007; Reid & Knight, 2006; Weyandt & DuPaul, 2006).

Colleges and universities might benefit from listening to the voices of minority students labeled as disabled. Indeed, those students and their families are the experts who know the limitations of their K-12 educational opportunities and

their current needs, and that information could enable colleges and universities to provide the kinds and levels of multicultural support needed to ensure success in postsecondary placement (Reid and Knight, 2006, p. 21).

Reid and Knight (2006) stated that it is important for colleges and universities to listen to the voices of their minority, disabled students. However, the literature reveals an absence of those voices, particularly because there are no studies to be found that specifically address the college experiences of either Mexican-American or Latino students with ADHD. Therefore, as the parent of a Mexican-American student with ADHD and a possible learning disability, I have a unique perspective on the limitations of his K-12 experience and can provide insight into this case history. However, not only am I a parent, I am a parent who works in the public education system and have many contacts with people in the education world who have assisted me and my son in this journey. In that respect, I am sure that we made the best decisions for Juan. However, not all parents have the means and the resources to be able to diagnose, assess, and to provide treatment and therapy when necessary to insure the best possible outcomes for their children. The purpose of this paper was to provide a voice to ADHD in the next stage of Juan's journey—postsecondary education.

Theoretical Framework

The theoretical framework for this study is based on the theory of “deficit thinking.” According to Ryan (2010), deficit thinking is the idea of “blaming the victim” and locating the reasons for failure, “. . . the stigma, the defect, the fatal difference . . .

within the victim, inside his skin.” (p. 6). Ryan states that the result of this ideology is that rather than correcting any “gross inequities” in our *systems*, we attempt to correct the deficiencies in the *victim* (p. 8).

According to Valencia (1997), deficit thinking results in the “most powerful party” locating the blame for the problem or injury in the individual/victim rather than blaming “the structural problems . . .” (p. x). According to this paradigm, a student fails because of his deficiencies or the deficiencies within his family; however, deficiencies within the structure of schooling, such as inexperienced teachers, inadequate buildings, lack of textbooks and materials, inequalities in school finance and weaknesses in the curriculum are “held blameless” (p. xi). Valencia states that deficit thinking is a form of oppression, which is the “cruel and unjust use of authority and power to keep a group of people in their place” (pp. 304). Valenzuela (1999) further states that “The tendency to place the onus of students’ underachievement on the students themselves has been amply observed in ethnographical research among youth . . .” (p. 74)

Valencia (1997) presents the case for the existence of deficit thinking in education and educational practices. Reid and Knight (2006) identify deficit thinking as the predominant approach in special education, with the student’s disability being the condition that needs to be corrected or cured (18). Riester-Wood (2004) addressed deficit thinking in special education when she stated,

Too often, educators . . . give up or blame the student or their perceived deficit when academic difficulty is experienced. Additionally, when students are thought

of as “unable” or labeled disabled, the level of expectation is adjusted or “watered down” to accommodate their perceived problem. (pp. 273-274)

I selected deficit thinking as the theoretical framework for my study because deficit thinking is the process of assigning blame for someone’s failure within the victim rather than locating blame in the institution. Juan’s psychologist touched on the theory of deficit thinking when he cautioned his teachers “. . . to avoid unfair attributions about Juan’s difficulties with school and homework, e.g., he’s lazy, obstinate; he can do it but chooses not to, etc.” In effect, Juan was cautioning Juan’s teachers to avoid blaming Juan for the effects of ADHD on his education.

Methodology

In this study, I documented the experiences of my son, Juan, who is a Mexican-American college student with ADHD, in order to provide a voice to one Mexican-American student “labeled as disabled” (Reid & Knight, 2006, p. 21). Juan was attending a community college on the border of South Texas where the current college census shows that over 92% of the students and 75% of the teachers are classified as Hispanic; 1.6% of students and 2.6% of teachers are White (Accountability System, 2013). These demographics are reflective of the community where about 96% of the residents are Hispanic and 3.4% are White (Texas City Profile, 2013).

The following research questions guided this study:

1. What are Juan’s perceptions of his educational experiences before college as a student with ADHD?

2. What are Juan's perceptions of his college experiences and his expectations about his future as an adult with ADHD?
3. What are Juan's perceptions of his ability to communicate with his college professors as a student with ADHD?

My study followed a qualitative case study framework. The intent of my study was to concentrate in-depth on the college experiences of my son and to seek to understand his experiences as a student with ADHD and the possible impact this disability may have had on his educational attainment. This case study was selected because of my desire to obtain my son's story and to contribute his voice to the literature by documenting his experience of maneuvering through the postsecondary education system as a Mexican-American student with a learning disability.

There were two participants in this case study, chosen by purposive sampling (Merriam, 2002). The main participant in the study was my son, Juan, a Mexican-American student currently enrolled in a community college in South Texas. Juan was chosen because of my "intrinsic interest in the case" (Stake, 2005, p. 450) and because I expected the case to be "information rich" (Patton, 2002, p. 242). Moreover, because I, too, have shared his life and his experiences, I was the second participant. I was completely aware of the "inherent subjectivity I [brought] to my research" (Koschoreck, 1999, p. 53).

The primary method for data collection occurred through open-ended interviews between Juan and me. We met at home at our kitchen table during the fall semester of 2010. During the interview sessions, Juan and I discussed and reflected on the

perceptions of his educational experiences as a student with ADHD, perceptions of his future, and additional observations that he had about his struggles with college algebra. I also reviewed and analyzed, with Juan's permission, pertinent documents that included the primary documents from his pediatrician's office that spanned the time period from October 1995-January 2011 and primary documents about his public education experiences that spanned the time period from June 1990-March 2004 (Merriam, 2005). The interviews, reflections, observations, and document analysis helped me achieve triangulation of the data, and thus tested the data for consistency (Patton, 2002).

I served a dual role in the study as both participant and researcher. I kept a reflexive journal that helped me provide a context for the interviews, conversations, and reflections (Stake, 2005). Additionally, I audio taped, transcribed, and analyzed the interviews immediately upon completion of each session. When necessary, the interviews changed direction based not only on the results of ongoing data analysis (Merriam, 2005), but also on any events that emerged, developed, and unfolded during the course of the study (Lincoln & Guba, 1985). I employed member checks to allow Juan to review the data and verify or correct the accuracy of the transcripts.

I looked for common patterns and themes and simultaneously coded, interpreted, and reinterpreted the data as the different themes emerged (Stake, 2005). The tasks that I performed in the process of data analysis, as outlined by Lincoln and Guba (1985), included unitizing and categorizing the data. To identify the different themes or categories derived from the data, I looked for "units" (Lincoln & Guba, 1985, p. 344) of information. These units represented the smallest pieces of information that could be

understood in their own context without any additional explanation (Lincoln & Guba, 1985). I initially used an electronic spreadsheet matrix to categorize the units of information into themes; however, I became exasperated because the matrix made it difficult to organize the themes. I then decided that the best method to do the analysis was to assign each unit of information in the electronic spreadsheet matrix to an index card and categorized each card as it related to common content. I did this by cutting out the units of data from the printout of the electronic spreadsheet and gluing them to a note card and assigning a code to each card. This made it much easier to sort and resort the data by the emerging themes. Data analysis was completed as soon as no new categories emerged (Lincoln & Guba, 1985). I studied the case in depth so as to derive “complex meanings, . . . issues, contexts and interpretations” in order to be able to describe the results of the study with enough detail so the reader would be able to experience the phenomenon of ADHD and arrive at their own individual conclusions (Stake, 2005, p. 450).

Conclusion

Chapter I provided a framework for the importance of this study and the methodology proposed to advance the conversation regarding under-representation of Mexican-American students with ADHD in postsecondary education. Even though the research showed that the percentage of students with disabilities in postsecondary education has increased, further examination revealed that the presence of Mexican-American students with disabilities in higher education is minimal.

In the following chapters of this dissertation, Chapter II: Review of the Literature presents the background for understanding ADHD and its impact on educational attainment, as well as an overview of the relatively few studies that address the presence of ADHD in minority college students. Chapter III: Methodology provides the methodology and rationale for using a case study framework, as well as the selection of the participant, data collection procedures, and data analysis. Chapter IV: Results describes the results of the study. Chapter V: Discussion, Conclusion, and Recommendations provides a discussion of the results and recommendations for further research.

CHAPTER II

REVIEW OF THE LITERATURE

Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder are conditions that create a multitude of difficulties (including educational) for those who are diagnosed with either of them. The literature on ADD/ADHD is voluminous, particularly as it refers to this condition in childhood and adolescence. However, the literature regarding ADD/ADHD in college students is limited and nonexistent as it relates to Mexican-American college students with ADHD. It was not until the 1970s that follow-up studies of children with ADD/ADHD led researchers to understand that many of the ADD/ADHD symptoms present in children persist into adulthood (Weiss, Hechtman, & Weiss, 2001).

An exhaustive search of the literature regarding the college experiences of Mexican-American students with ADHD revealed there is no literature addressing this topic. The literature regarding college students, in general, with ADHD, is scant. This review will address four areas in the literature about students with learning disabilities in postsecondary education. In most of the literature reviewed, ADHD was discussed along with learning disabilities, rather than separate from these. The areas to be addressed include: (a) an overview of adult ADD/ADHD and its nature and medical history, diagnosis and treatment, characteristics in adults, impact on education, and legislation; (b) the absence of the voices of Mexican-American students with learning disabilities and ADHD due to lack of self-advocacy skills; (c) the intersection of deficit attitudes

and race; and (d) the deficit attitudes that accompany the disability label. For the purpose of this study, ADHD will be used throughout to refer to both ADD and ADHD.

An Overview of Adult ADD/ADHD

The American Psychiatric Association's (APA; 1994) *Diagnostic and Statistical Manual Fourth Edition* (DSM-IV), which is the handbook that is used to identify mental health disorders, identifies the core symptoms of ADHD as inattention, impulsivity, and or hyperactivity, not consistent with the individual's level of development (APA, 1994; Barkley, 1995, 2005b; Hallowell & Ratey, 1994; Weiss, Hechtman, & Weiss, 1999). The DSM-IV categorizes ADHD into three subtypes: (a) ADHD primarily inattentive, (b) ADHD primarily hyperactive-impulsive, or (c) ADHD combined type (Pediatrics, 2000).

The core characteristics of ADHD, inattention, impulsivity, and/or hyperactivity, have been studied in children for more than 130 years (Barkley, 2005b). The earliest description in the literature of children exhibiting the characteristics of ADHD, predominantly hyperactive-impulsive (Braun et al., 2004), is the poem, "The Story of Fidgety Philip," about a child called, Fidgety Philip, written in 1844 by German psychiatrist Heinrich Hoffman (as cited in Levin, Shaw, & Koka, n.d.).

Let me see if Philip can
Be a little gentleman
Let me see, if he is able
To sit still for once at table:
Thus Papa bade Phil behave;
And Mamma look'd very grave.
But fidgety Phil,
He won't sit still;
He wriggles
and giggles,

And then, I declare
Swings backwards and forwards
And tilts up his chair,
Just like any rocking horse; -
"Philip! I am getting cross!"

See the naughty restless child
Growing still more rude and wild.
Till his chair falls over quite.
Philip screams with all his might.
Catches at the cloth, but then
That makes matters worse again.
Down upon the ground they fall.
Glasses, plates, knives, forks and all.
How Mamma did fret and frown.
When she saw them tumbling down!
And Papa made such a face!
Philip is in sad disgrace.
Where is Philip, where is he?
Fairly cover'd up you see!

Cloth and all are lying on him;
He has pull'd down all upon him.
What a terrible to-do!
Dishes, glasses, snapt in two!
Here a knife, and there a fork!
Philip, this is cruel work.
Table all so bare, and ah!
Poor Papa, and poor Mamma
Look quite cross, and wonder how
They shall make their dinner now.
(Levin, Shaw, & Koka, n.d.)

In 1902, physician, George Still, presented a series of lectures to the Royal College of Physicians in England, based on his studies of 43 children exhibiting characteristics of ADHD as well as those of ADHD with coexisting conduct disorders (Barkley, 2005; Still, 1902/2006). Since Still's early description of children exhibiting characteristics of ADHD, ADD has undergone multiple name changes including: Post-

Encephalitic Disorder, Hyperkinesis, Minimal Brain Damage, Minimal Brain Dysfunction, Hyperkinetic Reaction of Childhood, Hyperkinetic Disorder of Childhood, Attention Deficit Disorder with Hyperactivity, Attention Deficit Disorder without Hyperactivity, Attention Deficit Disorder Residual Type; ADHD primarily inattentive; ADHD, primarily hyperactive; ADHD, combined (Kelly & Ramundo, 2006). According to Kelly and Ramundo (2006), the name assigned to the disorder is reflective of the research evidence throughout the different time periods since the disorder has been studied.

Nature of ADHD

ADHD has been researched for over 130 years, primarily focusing on the symptoms of childhood and only recently as a disorder that continues into adulthood. Researchers agree on the symptoms that ADHD presents; however, they disagree on the reasons for the disorder. Barkley (2005b) stated that the primary symptoms of ADHD are (a) difficulty in sustaining attention and distractibility, (b) controlling or inhibiting impulses, and (c) excessive activity. These core symptoms, together with difficulty following rules and instructions and variability when responding to situations (such as doing work), comprise the distinguishing symptom of ADHD, which is the inability to inhibit or self-regulate behavior. Thus, the individual with ADHD suffers from a lack of self-control and lack of execution of will power.

Furthermore, according to Barkley (2005a), current scientific thinking attributes the executive functions of the brain as critical to planning, organizing, and carrying out complex human behavior over long periods of time. In patients with ADHD, the part of

the brain that is supposed to be in charge of organizing and controlling behavior, helping the individual plan for the future, and follow through on those plans, is not doing a good job.

While Barkley (2005a, b) theorized that patients with ADHD are not able to inhibit or self-regulate their behavior, Brown (2005) described ADHD as a syndrome in which attention is the key in the “integrated operation of the executive functions of the brain” (p. 21). Brown organized the executive functions of the brain into six clusters. Brown (2005) stated that these clusters continuously working with each other represent the executive functions or the “management system of the brain” (p. 21). Brown defined attention as the continuous process of the six clusters working and interacting continuously with each other.

The six clusters identified by Brown (2005) include activation, focus, effort, emotion, memory and action. Activation involves “organizing, prioritizing, and activating to work” (p. 22); focus controls “focusing, sustaining, and shifting attention to tasks” (p. 22); effort regulates “alertness, sustaining effort, and processing speed” (p. 22); emotion deals with “managing frustration and modulating emotions” (p. 22); memory utilizes “working memory and accessing recall” (p.22); and action is “monitoring and self-regulating action” (p. 22). According to Brown (2005), people who have characteristics of ADHD Syndrome typically report difficulties in some elements of each of the six clusters, and when they receive treatment for one cluster, most of the symptoms in the other clusters improve.

Diagnosis

The presence of ADHD cannot be detected through laboratory exams (Barkley, 2005). According to Giedd, Blumenthal, Molloy, and Castellanos (2001), the single most important element that can be used to help identify the presence of ADHD in both children and adults, “the gold standard of ADHD diagnosis” (p. 45), is the clinical history. In describing the importance of a clinical history to the diagnosis of ADHD, Hallowell and Ratey (1994) stated,

A doctor talking to a patient, asking questions, listening to answers, drawing conclusions based upon getting to know the patient well . . . the diagnosis of ADHD depends absolutely upon the simplest of all medical procedures: the taking of a history. This is the most powerful . . . tool we have in making a diagnosis. (pp. 195-196)

Barkley (2005a) pointed out that the criteria used by the DSM-IV to assess for ADHD was developed using field trials of subjects aged from 4 to 16 years; therefore, the DSM-IV criteria is not “developmentally sensitive” (p. 18) to identify ADHD in those individuals who are adolescents and adults. In addition, the criteria may serve to exclude and under diagnose ADHD in those individuals. Researchers such as Barkley (2005a), Wender, Wolf, and Wasserstein (2001), and Weiss, Hechtman, and Weiss (1999) developed instruments that correlate the characteristics of ADHD in children to adult symptoms of those characteristics.

In addition to identifying adult ADHD symptoms through a clinical history, Weiss et al. (1999) recommended that clinicians look for the core symptoms of

inattention, impulsivity, or hyperactivity present before the age of seven years and that are not consistent with age level (APA, 1994). Clinicians should also look for possible coexisting disorders such as learning disabilities, Tourette's syndrome, oppositional disorder, conduct disorder, Asperger syndrome, affective disorders, anxiety disorders, substance abuse, and personality disorders, which are common co-existing disabilities in adulthood (Weiss et al., 1999). Barkley (2005b), estimated that as many as 30% of children who are identified with ADHD also have "at least one type" (p. 99) of learning disability. The clinical history, the determination of age of onset of symptoms, and the identification of the presence (or absence) of coexisting disabilities, aid in the diagnosis of ADHD when the symptoms significantly impair functioning in the patient's quality of life, family life, work, relationships, education, and daily living (Weiss et al., 1999).

ADHD in adults can also be diagnosed using criteria developed by Wender et al. (2001), known as the Utah Criteria. These criteria, like those of Weiss et al. (1999), attempted to establish the presence of ADHD in childhood through parent interviews or rating scales used by the parent to rate their offspring's childhood behavior. Wender et al. also used an adult self-report instrument consisting of 25 characteristics of childhood ADHD. To establish Adult ADHD, Wender et al.'s (2001) instrument requires that the individual either meet DSM-IV criteria for childhood ADHD, or that the individual exhibit characteristics of Hyperactivity and Attention Deficit and any two symptoms that may include mood shifts, hot temper, stresses easily, disorganized and unable to complete tasks, impulsivity or marital instability, lack of academic success, alcohol or drug abuse, or family history of ADHD (Wender et al., 2001).

In addition to the assessments listed above, there is research as to the effectiveness of brain imaging technologies to identify ADHD (Zametkin, 1990). In 1990, Dr. Alan Zametkin used Position Emission Tomography (PET) imaging in his studies of the brains of adult patients with ADHD. Dr. Zametkin observed that when ADHD adults concentrated, the PET images of the brain exhibited decreased activity in the prefrontal cortex. Dr. Zametkin's research showed ADHD as a medical condition that can be identified (Zametkin, 1990).

Like Dr. Zametkin, Dr. Amen (2001) used a form of imaging known as Single Photon Emission Computed Tomography (SPECT). SPECT is a form of nuclear medicine that evaluates blood flow to the brain and activity patterns in the brain. According to Dr. Amen, SPECT is easier to perform, is less expensive, and uses less radiation than PET studies. SPECT studies are able to detect good brain function and compromised brain function in the brains of ADHD patients (Amen, 2001). These studies, and others, have given support to the belief that there is a biological basis for ADHD (Giedd et al., 2001).

Treatment

Currently, there are no medications that can cure ADHD. A person with ADHD is like a person who wears eyeglasses—the eyeglasses help them see, but once they are removed, the vision problem is still present (Brown, 2005). Because ADHD results from problems in brain chemistry, medications that change brain chemistry have proven to be the most effective method of treating its symptoms (Brown, 2005). However, Amen (2001) cautions that it is very important for the patient to receive education about ADHD

in order that the patient and his or her family have realistic expectations about the limits and possibilities of medication for the treatment of ADHD symptoms.

The use of medication to treat ADHD has been controversial. However, a vast number of scientific studies have been conducted on the benefits of using stimulant medication in children (Amen, 2001). These studies have proven the effectiveness of medication in alleviating ADHD symptoms and in improving quality of life. The type of medication used to treat ADHD is a stimulant. Stimulant medications include but are not limited to Ritalin, Adderall, Dexedrine, Cylert, and Concerta (Amen 2001). According to Amen (2001), stimulant medications are used to target treatment goals that can include increasing the individual's attention span; decreasing distractibility, restlessness, and impulsiveness; and increasing the ability to finish tasks, thus "improving overall functioning at school, at work, at home, in relationships, and within the self" (pp. 233-234). Moreover, 80-90% of ADHD sufferers who use stimulant medication experience significant improvement in the symptoms of ADHD; however, medication has been found to be ineffective in 10-20% of sufferers. Stimulant medication that is used in children has also proven to be effective in alleviating symptoms in adults (Brown, 2005).

Along with medication, individuals with ADHD who also exhibit disruptive behaviors may benefit from behavior modification therapy for improving behavior both at school and at home. The purpose of behavior modification is to target behaviors that are considered the most problematic and to use a system of rewards and consequences to improve these behaviors. Depending on the severity of the symptoms, ADHD patients

may also use professional counselors, psychotherapists, and even ADD coaches to help modify and improve their behaviors (Brown, 2005).

Characteristics of ADHD in Adults

Until the late 1970s, it was believed that ADHD, formerly referred to as Minimal Brain Dysfunction (MBD), disappeared during adolescence. However, evidence presented in 1978 at a conference on MBD, indicated that rather than disappearing after adolescence, MBD continued into adulthood with symptoms that were just as disabling in adults as they were in children (Hallowell & Ratey, 2005). Furthermore, 12 years after the 1978 conference, Dr. Alan Zametkin's (1990) research confirmed a biological basis for ADHD in the imaging studies of his adult ADHD patients. The brain images studied by Dr. Zametkin showed differences in energy consumption by those areas in the brain that control attention, emotion, and impulsivity (Zametkin, 1990).

While Dr. Zametkin's research established that there is a biological basis for ADHD, Hallowell and Ratey (1995) identified a list of characteristic ADHD behaviors to help detect ADHD in adults: a sense of underachievement; difficulty getting organized; procrastinating/trouble getting started; starting many projects, not finishing them; speaking without thinking; always looking for stimulation; not wanting to feel bored; easily distractible; trouble focusing and tuning out easily; ability to hyper focus; creative, intuitive, intelligent; trouble following established procedures and guidelines; low frustration tolerance; impulsivity in spending money, changing plans and careers; excessive worry; insecurity; mood swings; restlessness; addictive behavior; low self-esteem; not able to understand their impact on others; and a family history of ADHD,

mental illness, substance abuse. At least 15 of the behaviors must be present to identify Adult ADHD. Additionally, a childhood history of ADHD must be present, with the symptoms not explained by other medical or psychiatric conditions (Hallowell & Ratey, 2005).

Impact of ADD on Education

Unlike physical disabilities, blindness, or deafness, ADHD is an invisible or hidden disability. The fact that ADHD is not immediately obvious to an observer may create difficulties for students by those who are skeptical that the condition even exists (Wolf, 2001). Academic performance is an area of severe difficulty for children, adolescents and adults with ADHD. Most clinical cases of referrals for children and adolescents with ADHD come about because they were or are not doing well in school (Barkley, 2001). According to Amen (2001), ADHD has a "powerful negative impact on a person's ability to do well in school" (p. 198).

Students with ADHD may suffer from deficits in planning, organizing, memory and higher-order thinking skills. Many also lack social skills and have low self-esteem, which may make it extremely difficult for a student to be able to tap into any available resources (Wolf, 2001). Moreover, deficits in attention make it difficult for students with ADHD to listen to lectures and to take good notes. Students with ADHD often take too long to read or to finish assignments, habitually procrastinate, and wait until the very last minute to complete work. Many times, these students will stay up all night to finish something that is due the following morning (Amen, 2001).

For students with ADHD, tests that are timed often prove disastrous. Timed tests have the effect of paralyzing students with ADHD. According to Amen (2001), the more that people with ADD try to concentrate, the worse it gets for them. The regions of the brain responsible for concentration turn off instead of turning on (Amen, 2001).

According to Wolf (2001), students (with or without disabilities) who are to be successful in college should possess skills that enable them to set goals, plan, organize, initiate, manage time and materials, monitor, and follow through. Wolf noted that these skills are considered “nonacademic executive” (p. 389) skills and for students with ADHD, these skills may be characteristically absent.

Barkley (2005b) estimated that between 50-65% of children with ADHD characteristics will continue to experience ADHD characteristics into adulthood. The estimate of ADHD in adults is from 4-5% of the population, with adults who have ADHD also having lower educational levels and lower socioeconomic status (Barkley, 2005b; Weiss et al., 1999).

Mannuzza, Klein, Bessler, Malloy, and Hynes (1997) conducted a study of 85 boys, average age of 24 years, all diagnosed with ADHD at approximately 7 years of age and a control group of 73 boys of similar age and socioeconomic status. The study found that the ADHD participants had an average of 2.2 years less education than the control group, with 25% of the ADHD participants dropping out of high school compared to 1% of the control group. Only 3% of the participants with ADHD were either enrolled in or had completed a graduate program compared to 16% of the control group. In addition,

Mannuzza et al. noted that compared to the control group, the ADHD participants also occupied lower positions in the occupational ladder.

To sum, ADHD is an invisible disability that has a very negative impact on educational attainment. ADHD impacts the executive skills that are necessary for success in higher education. More than half of the children who are diagnosed with ADHD continue to exhibit symptoms into adulthood and tend to have less education than individuals without ADHD.

Laws that Protect Postsecondary Students with ADHD

The two laws that protect the rights of postsecondary students with ADHD and other disabilities are Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA). Students who are currently attending college began their education fully protected by Section 504 and the ADA, as well as IDEA, which is the law that protects students with disabilities in prekindergarten through 12th grade education (Wolf, 2001). Section 504 is a Civil Rights law that protects students from discrimination based on disability (Brinckerhoff, Shaw, & McGuire, 1993; USDE, 2003). Section 504 applies to any entity that receives federal funds, including colleges, universities, postsecondary vocational education, and adult education programs. The Office of Civil Rights enforces compliance with the requirements of Section 504 (deBettencourt, 2002; Madaus & Shaw, 2004).

Section 504, Subpart E, specifically addresses the rights of qualifying postsecondary students (Madaus & Shaw, 2004). This legislation provides a qualified handicapped person with an equal opportunity to access program benefits. A qualified

handicapped person at the postsecondary level is someone who has a physical or mental impairment that limits a major life activity. Major life activities include caring for one's self, performing manual tasks, walking, seeing, hearing, breathing, learning, and working (Madaus & Shaw, 2004).

To be eligible for protection under Section 504 at the postsecondary level, the student must first meet requirements for admission into the university, program, or activity (Madaus & Shaw, 2004). If the individual does not qualify for entry, the individual cannot use this law to waive admission requirements (Madaus & Shaw, 2004). Once the student is accepted into a postsecondary institution, in order for the student to get services, students must initiate the disclosure of their disabilities and request accommodations (Field, Sarver, & Shaw, 2003).

The second piece of legislation that protects students with disabilities in postsecondary education is Title II of the ADA of 1990, which is an anti-discrimination law identical to Section 504 (Wright & Wright, Key Differences). ADA prohibits any public entity from discriminating against a qualified person with a mental or physical disability and guarantees equal access to services, programs, or facilities (Gordon, Lewandowski, Murphy & Dempsey, 2002; Wright & Wright, Key Differences). Public entities include state and local governments, public colleges, universities, and graduate and professional schools. Compliance with the requirements of ADA is monitored through the Office of Civil Rights (OCR; USDE, 1998).

Both Section 504 and the ADA have served to create awareness of the need to provide students with disabilities with the accommodations that will help them become

successful in college (Schwiebert, Sealander, & Bradshaw, 1998). Section 504 and the ADA address the need to provide qualified handicapped students with educational auxiliary aids to ensure that students with disabilities are effectively participating in a school's programs, services, or activities (USDE, 1998). Schwiebert, Sealander, and Bradshaw (1998) cautioned, however, that it is up to the college student with the disabilities to self-disclose their disability in order for them to request accommodations. Educational institutions may require that students provide diagnostic test results or prescriptions for auxiliary aides (USDE, 1998). If students do not self-disclose and request services, the college or university has no obligation to provide support to these students.

Types of Accommodations in Postsecondary Education

Colleges and universities provide program and academic accommodations and services for students with disabilities to help them become successful in college (Schwiebert, Sealander, & Bradshaw, 1998). Program modifications can include decreasing the amount of weight placed on the ACT or SAT test scores if a student's academic transcript indicates that the student is competitive for that university, or including personal interviews with the student to identify qualities that the student may have that are not evident when looking at purely quantitative admissions data (Brinkerhoff, Shaw, & McGuire, 1993). On a case-by-case basis, institutions may provide students with course substitutions or waivers in degree requirements in those cases where students have a disability that would prevent them from advancing in their

degrees, such as a language or math disability, allowing students with disabilities to demonstrate mastery in alternate ways (Brinkerhoff et al., 1993).

A university may allow students to enroll part-time, because of their disability, and still allow them to continue to receive financial aid (Brinkerhoff et al., 1993).

Universities may also allow professors to use pass-fail, particularly for those courses which students with learning disabilities have particular challenges such as foreign language courses or math courses (Brinkerhoff et al., 1993). For students who are easily distracted, universities may provide dorm accommodations that offer quieter settings or single-person accommodations (Brinkerhoff et al., 1993).

Some of the academic accommodations provided by colleges include the use of a distraction-free room for test-taking, extending the time needed for written tests, extending deadlines for completion of assignments, allowing students to use a computer for tests, testing in quiet areas; using different test formats, oral exams, textbooks on tape, readers, tape recorders, and allowing the services of a note-taker for class lectures (Brinkerhoff et al., 1993; Weyandt & Dupaul, 2006; Wolf, 2001). Some of the more frequent accommodations offered by 2-year and 4-year postsecondary institutions enrolling students with disabilities include alternative test formats and allowing additional time to complete exams, the use of tutors to assist students with coursework, the use of readers, note takers or scribes, registration assistance or priority class registration, the use of adaptive equipment and technology, textbooks on tape and course substitutions or course waivers (USDE, 1999). Additionally, some disability centers in colleges and universities teach methods for self-regulation and time management to

students with ADHD. The use of weekly planners, writing down reminders, setting study goals, test-taking strategies, and sitting in the front of the classroom, are also strategies which are known to help ADHD students maneuver through college (Reaser, Prevatt, Petscher & Proctor 2007).

In summary, students who have disabilities and enroll in postsecondary education benefit from accommodations to help them become successful. Accommodations range from course requirement substitutions or waivers, extra time on tests, and use of technology or textbooks on tape. Some institutions provide instruction for students on managing time and self-regulation. To qualify for accommodations, however, students must self-disclose their disability.

Conclusion of Overview of Adult ADD/ADHD

A description of the disorder that we now know as ADHD was found in the literature over 130 years ago. Individuals with ADHD suffer from a lack of self-control and willpower (Barkley, 2005b) and have difficulty planning, organizing, and carrying out complex behaviors over long periods of time (Barkley, 2005b; Brown, 2005). ADHD was thought to be a childhood condition that disappeared in adolescence; however, it is estimated that about two-thirds of children who have ADHD continue to have symptoms in adulthood (APA, 1994). ADHD has been found to be biological in nature. Diagnosing ADHD includes taking a detailed clinical history, assessing for co-existing disorders, and using behavior scales and brain-imaging studies. Treatment includes stimulant medications and behavior-modification therapy. Laws have been enacted to protect the

rights of individuals with ADHD and to provide them with reasonable accommodations; however, ADHD has a very negative impact on educational attainment.

The Absence of the Voices of Mexican-American Students with Learning Disabilities or ADHD: Lack of Advocacy Training

An exhaustive review of the literature regarding the college experiences of Mexican-American students with ADHD revealed that there is no literature addressing this topic. The literature regarding college students, in general, with ADHD is scant. Because there is an absence in the literature of Mexican-American students with ADHD in postsecondary education, in my review I included studies about all students with disabilities in postsecondary education.

The three laws that govern students with disabilities in education include Section 504, ADA, and IDEA. However, IDEA applies only to students from prekindergarten through high school graduation and does not apply to postsecondary education students (deBettencourt, 2002). Section 504 and ADA place the responsibility for disclosing a disability and self-advocating for that disability on the student. The prospect of self-disclosure of a disability may prove to be a very difficult activity for a student with ADHD. Weiss et al., (1999), state that it is very possible that it is a very small percentage of students with ADHD who have “sufficient insight and organizational skills to be able to request and use further assistance” (p. 206). Additionally, for some college students, disclosing to university faculty and staff that they have a disability such as ADHD in order to receive support services may prove stigmatizing, particularly since

these students have to continue to self-disclose their disabilities semester after semester. Many students prefer to remain silent and to struggle with their disabilities rather than to disclose them to get the accommodations to which they are entitled (Eisenman & Tascione, 2002; Field, Sarver & Shaw, 2003).

A student with a disability, such as ADHD, who is able to self-disclose, exhibits self-determination skills. Self-determination means that a student with a disability has the knowledge, skills, and beliefs that make it possible to “engage in goal-directed, self-regulated, autonomous behavior” (Field, Martin, Miller, Ward, & Wehmeyer, 1998, p. 2). The self-determined student knows his strengths and weaknesses and uses that knowledge to set goals. Unfortunately, however, many students with disabilities are not prepared to be self-determined when they reach college, primarily because the parents have been the ones who serve as advocates throughout their child’s K-12 education, giving a voice to their child’s disability. When students reach the age of 18 years, however, parents no longer have the right to advocate and act as the voice for their child. The students have to advocate for themselves by using their own voice (Field et al., 2003).

For students who have ADHD, the core characteristics of inattention, impulsivity and hyperactivity, interfere with their ability to set and execute goals. However, the students who do get to college and self-advocate may represent a “rather unique and high-functioning group that may be distinct from the population with ADHD as a whole” (Weiss et al., 1999, p. 206). These students may be more likely to not experience the

same types of academic difficulties that characterize the general ADHD population (Rabiner, Anastopoulos, Costello, Hoyle, & Swartzwelder, 2007).

In summary, even though Section 504 and ADA were enacted to protect the rights of individuals with disabilities, the requirement to self-disclose a disability keeps many postsecondary students from seeking assistance. Students may prefer not to disclose for fear of being stigmatized or because they do not have the self-determination skills required to self-advocate. Whatever the reason, they are silenced. Additionally, because there is an absence in the literature of Mexican-American students with ADHD and/or learning disabilities, their voices, too, are silenced.

The Intersection of Deficit Attitudes and Race

Most of the literature about postsecondary students with disabilities addressed the larger category of students with learning disabilities in postsecondary education. Study participants were predominantly White students with a minimal representation of students of color. There are some studies of students with ADHD in postsecondary education but there are no studies that specifically address male, Mexican-American students with ADHD, which is the focus of this study.

In order to understand the data about the enrollment of students of color with disabilities in postsecondary education, in general, and Mexican-American students in particular, it is important to place the data within the context of the overall enrollment of minorities in postsecondary education. Table 1 illustrates an increase in the total number of students enrolled in postsecondary education between 1976 and 2004. The

participation of all student groups increased during this time period, with the rate of increase for minorities exceeding that of Whites (National Center for Educational Statistics [NCES], 2007). The percent growth in enrollment from 1976 to 2004 was 461% for Asian/Pacific Islanders, 372% Hispanic, 130% American Indian/Alaska Native, 103% African American, and 26% White.

Even though the percent growth in enrollment for Hispanic students is the second highest, actual Hispanic enrollment in postsecondary education ranks third, below African American students and significantly below that of Whites. It is not possible to determine the actual enrollment of Mexican-American students because they are included in the much larger, Hispanic category, which includes students who are Cuban, Puerto Rican, South or Central American and other Spanish cultures (USDE, 2008, IPSEDS). Nevertheless, there is a considerable enrollment gap between total White students and enrollment of students of color in postsecondary education, with the largest gap being between American Indian/Alaska native, followed by Asian Pacific/Islanders and Hispanics.

Not noted in Table 1, but also significant, is the gap in the percentage of postsecondary enrollment by gender. According to Henderson (2005), between 1980 and 2004, the percentage of females enrolled in postsecondary education exceeded that of males in every subgroup category except that of Asian Pacific Islander. Asian Pacific Islander male postsecondary enrollment exceeded female enrollment by 5.3%. Female enrollment exceeded male enrollment by 10.2% for African American, 7.6% American Indian, 6.6% White, and 6.5% Hispanic. The significance of the gender enrollment gap

as it relates to ADHD is that, according to Barkley (2005b), ADHD is more prevalent in males than females.

Table 1

Undergraduate Enrollment in Postsecondary Institutions in 1976 and 2004

| Subgroup | 1976 | 2004 | % of 2004 Total ^a | % Growth |
|-------------------------------|-----------|------------|------------------------------------|-------------|
| Asian/Pacific Islanders | 169,000 | 950,000 | 6.56% | 461% |
| African American | 943,000 | 1,918,000 | 13.25% | 103% |
| American Indian/Alaska Native | 70,000 | 160,000 | 1.10% | 130% |
| Hispanic | 353,000 | 1,667,000 | 11.52% | 372% |
| White | 7,740,000 | 9,771,000 | 67.53% | 26% |
| Total | 9,275,000 | 14,466,000 | | |

Note. Source: NCES, 2007-039

^aMay not add up to 100% due to rounding.

Parallel to the increase in postsecondary enrollment of all student subgroups is the growth in enrollment of the number of students with disabilities in postsecondary education, which has increased steadily since 1978 (Norton, 1997; Reid & Knight, 2006; Wolf, 2001). This increase is attributed to Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and the Individuals with Disabilities Education Act of 2004, federal laws that protect the rights of individuals with disabilities (Madaus & Shaw, 2004). Statistics from four studies regarding students with disabilities in postsecondary education are compiled in Table 2. The data in Table 2 is not

completely comparable because the first two Henderson studies (1995 and 1999) included 2-year community colleges and universities, the 2001 Henderson study excluded community colleges, and the 2006 Horn and Nevill study excluded 4-year colleges and universities; however, the data reflect trends in enrollment.

The Henderson studies (1995, 1999) show that more than 9% of students with disabilities were enrolled in postsecondary education. This figure is substantial when compared to 1978 data, which show that 5 years after Section 504 was enacted, only 2.3% of students with disabilities were enrolled in postsecondary education (Henderson, 1999).

The 2001 Henderson study reported that only 6% of students with disabilities were enrolled in postsecondary education, an apparent decrease of 3.4% from 1995; however, the reason for the discrepancy is that the 2001 study included only 4-year colleges and universities and excluded community college data. In contrast, Horn and Nevill's (2006) study reported 11.3% of students with disabilities enrolled in postsecondary, a substantial increase from Henderson's 2001 study; however, Horn and Nevill's study included only community colleges and excluded 4-year colleges and universities.

What is common to the four studies is that all reflect an increase in the number of students with disabilities enrolling in higher education since passage of Section 504 of the Rehabilitation Act of 1973. The three Henderson studies reported an average of 76% of White students enrolled in postsecondary, compared to an average of 2.3% of Mexican-American students. In contrast, the Horn and Nevill community college study

(2006) reflected a more equitable distribution between the subgroups; however, the gap between White students and students of color was still evident with 12.6% of White students enrolled compared to 9.1% Hispanic students. Moreover, the larger percentage of White students attending college in the Henderson studies represented families with incomes of more than \$100,000 per year. Similarly, the majority of students with learning disabilities in Horn and Nevill's (2006) study were in the middle to highest percent of income levels.

Tables 1 and 2 reflect similar enrollment patterns, with the percentage of students who enroll in postsecondary education paralleling the percentage of students with disabilities enrolled. Both tables reveal enrollment gaps between White students and minorities. White students represent the largest enrollment demographic followed by African-American and Hispanic students.

Table 2

College Students with Disabilities

| Students | Henderson | | | Horn & Nevill 2006 ^{d,e} | Digest of education statistics 2008 ^{f,g} |
|----------------------------|-------------------|-------------------|-------------------|--------------------------------------|---|
| | 1995 ^a | 1999 ^b | 2001 ^c | | |
| With disabilities | 9.0% | 9.4% | 6.0% | 11.3% | 10.8% |
| With learning disabilities | 3.0% | 3.5% | 2.4% | 7.4% | — |
| With ADD | — | — | — | 10.9% | — |
| Asian American | 4.0% | 3.0% | 5.0% | 7.2% | — |
| Pacific Islander | — | — | — | 9.8% | 4.8% |
| African American | 8.0% | 8.0% | 9.0% | 5.8% | 12.7% |
| American Indian | 3.0% | 3.0% | 3.0% | 4.2% | 0.8% |
| Hispanic | — | — | — | 9.1% | 12.3% |
| Mexican-American | 2.0% | 2.0% | 3.0% | — | — |
| Puerto Rican | 1.0% | 1.0% | 1.0% | — | — |
| Other Latino | 1.0% | 1.0% | 2.0% | — | — |
| White | 77.0% | 80.0% | 72.0% | 12.6% | 63.3% |
| Other | 4.0% | 3.0% | 5.0% | 12.7% | 3.2% |
| Multiple Races | — | — | — | 9.8% | — |

^aData includes two-year colleges and universities. ^bData includes two-year colleges and universities. ^cData does not include two-year colleges. ^dData only includes community colleges and distinguishes Learning Disabilities and ADD. ^eDetails do not sum up to 100 because the data reflects the distribution of the 10.9% of students who self-disclosed ADD. ^fStudents with disabilities are those who reported ≥ 1 conditions: specific learning disability, visual handicap, hard of hearing, deafness, speed disability, orthopedic handicap, or health impairment. ^gMay not sum up to 100 because of nonresponse and rounding.

Furthermore, the data represented in Table 2 is consistent with Reid and Knight's (2006) assertion that while the number of disabled students attending postsecondary education are increasing, the increase appears to be due primarily to increasing numbers of White, upper-middle-class students, a statement which is corroborated by the data, and which implies "inequitable access" (p. 20) to postsecondary education by low-income, students of color with disabilities. The data in Table 2 is also consistent with Reid and Knight's contention that when disaggregated to look for the intersection of race, class, and disability, the data will show that educational institutions continue to exclude ethnic minorities from accessing a college education. Even though the data reflects an increase in the number of students with disabilities enrolled in postsecondary education, the gaps between the number of White students and Mexican-American or Latino students are very large, indicating that when disability intersects with race, ethnic minorities are excluded from accessing a college education (Reid & Knight, 2006).

The Deficit Attitudes that Accompany the Disability Label

Research on the postsecondary experiences of students with ADHD is limited (Field et al., 2003; Jameson, 2007; Rabiner et al., 2007; Reaser, Prevatt, Petscher & Proctor, 2007; Reid & Knight, 2006; Weyandt & DuPaul, 2006). This literature review includes studies about students with ADHD and/or learning disabilities in postsecondary education because as many as 30% of students who have ADHD may also have a coexisting learning disability in the areas of math, reading, writing, or spelling (Barkley, 2005b).

Many students who have learning disabilities report a lifetime of feelings of embarrassment, anger, and humiliation that begin early in their education (Barga, 1996). Eisenman and Tascione (2002) conducted a study of 22 students with learning disabilities enrolled in an English class at a vocational-technical high school. Eisenman and Tascione found that all students reported stories about being embarrassed, laughed at, and humiliated by peers and teachers. Similar stories of teasing, bullying, and abuse from peers were reported by students in a 20-year longitudinal study of 41 students with learning disabilities (including students with ADHD) conducted by Higgins, Raskind, Goldberg and Herman (2002). Additionally, these students reported being humiliated by their teachers in front of their peers (Higgins, Raskind, Goldberg & Herman, 2002).

These negative experiences follow students into postsecondary education. Students with ADHD and/or learning disabilities qualify to receive accommodations in postsecondary education, provided that they provide documentation of their disability; however, the nature of ADHD often makes it difficult for students to initiate disclosure and request accommodations. Moreover, students who do disclose often report experiencing negativity and deficit attitudes from their teachers or professors in response to their requests. Sarver's (2000) study of four students with disabilities enrolled at the University of Florida found that students reported difficulties in communicating with their professors, whom they characterized as inaccessible and remote. Students in Barga's (1996) study of students with learning disabilities reported lowered expectations from teachers and professors once they revealed their learning disabilities. Students also

reported that professors actively discouraged them from pursuing their goals upon learning of their learning disabilities (Barga, 1996; Sarver, 2000).

Similarly, in Worley and Cornett-DeVito's (2007) study of 21 undergraduate college students with learning disabilities (18 White, 2 Latino, and 1 African American) at a Midwestern university, students reported negativity when they requested accommodations from professors. One student indicated that his professor commented "You shouldn't be in college if you can't read and write" when asked to provide accommodations, while another professor asked the student, in front of the class, "if he was retarded" (Worley & Cornett-DeVito, 2007, pp. 23-24). Still another professor humiliated his student by having him report to his classroom to pick up a test to take to the testing center (Worley & Cornett-DeVito, 2007).

Students reported responding in different ways to instances of negativity and deficit attitudes from their professors. Some students responded by asserting themselves. These students attempted to explain to their professors the nature of their disability, their ability to do college-level work, and their rights under the law. They also reported challenging their professors and asserting their rights to accommodations (Worley & Cornett-DeVito, 2005).

Other students were silenced (Sarver, 2000). Because of the social stigma attached (Eisenman & Tascione, 2002), some students refused to reveal their learning disability (Barga, 1996; Worley & Cornett-DeVito 2007) or assimilated and pretended that they did not have a disability (Higgins et al., 2002; Norton, 1997; Worley & Cornett-DeVito, 2005). Still others spent a great deal of energy trying to make sure that

no one thought they were *retarded*. One student stated, “You can just never tell them” (Eisenman & Tascione, 2002, p. 39).

Some students revealed their disability if they perceived that they would get a favorable response from their professor, others did so only after they had failed the class and had to retake it (Norton, 1997), and still others persisted in asking for accommodations even though their professors were resistant (Sarver, 2000). Overwhelmingly, most students felt that asking their professors for accommodations, semester after semester, is frustrating, unpleasant, stigmatizing, and unending (Sarver, 2000).

Students identified lack of awareness and understanding about learning disabilities on the part of teachers and professors as being significant and expressed the need for training all education personnel about learning disabilities and related issues (Barga, 1996). The number of students with learning disabilities who attend college is increasing (Reid & Knight, 2006). Barkley (2005a) acknowledged that educational systems (K-12 and postsecondary) do count among their ranks educators and professors who feel “morally indignant” (p. 317) about the burden imposed on by an individual afflicted with a learning disability. This illustrates the importance of educating all stakeholders in the education process, from K-16 and beyond, about learning disabilities, as well as the need to teach students with disabilities to take an active role in their education and in their future. After all, “If a child fails, it’s because of us” (J. Scheurich, personal communication, July 12, 2005).

Conclusion

To summarize, the history, diagnosis, treatment, and educational outcomes of students with ADHD presented in this review of the literature offer conclusive evidence for the challenges experienced by students with ADHD in a college environment.

Although the numbers indicate that the enrollment of these students in college settings has increased, largely because of laws such as IDEA, Section 504, and the ADA, the fact remains that compared to students who do not have disabilities, students with disabilities lag behind in college participation rates and college completion rates.

CHAPTER III

METHODOLOGY

The purpose of this study was to document the perceptions of the college experiences of one Mexican-American student identified as having ADHD. The timeline for this study ran through the fall semester of 2010. The participants were Juan, a Mexican-American male student in his mid-20s attending a community college in South Texas and majoring in Fine and Performing Arts and myself, his mother.

Juan was born in the United States and is a third generation American of Mexican descent. His maternal and paternal great-grandparents were born in Mexico and came to the United States in the early 1900s. Juan speaks English, Spanish and French. Our small family became “Americanized” and the only remnants of our Mexican background are our religion and one Mexican holiday that we celebrated yearly. When travel into Mexico was relatively safe, Juan, his brother and I would make an annual 1400 mile pilgrimage, via charter bus, to visit and honor the Virgen de Guadalupe (Virgin Mary) in Mexico City. Juan has a very strong devotion to Our Lady of Guadalupe. The one Mexican holiday we celebrated was “el diez y seis de septiembre” (the 16th of September). We participated in the annual commemoration of “el grito de la independencia” (Mexico’s war cry calling for independence from Spain) by traveling to the annual feria (fair) held across the border from our hometown. Although far removed from our cultural heritage, we are very proud of our history and our “Mexican-ness” and choose to identify ourselves as Mexican-American.

Juan was identified with ADHD in fourth grade. I chose to study this particular individual because he is my son. I became interested in what happens to students with ADHD in college as Juan was finishing high school and preparing to transition to college. It was at this time that I realized that I would not be able to be his voice and advocate for his rights in college.

I believe that Juan's story will contribute to the unique knowledge that can only be generated by those people who live with ADHD and the people who love them. I have lived inside the world of ADHD for the past 26 years. I am a witness to the challenges posed by this disorder in the daily life of my son. I am female, middle-class, Mexican-American, a second-generation college graduate, and a career public school educator. I taught business education in secondary schools for 20 years, and I am currently serving as a central office administrator in a public school district in South Texas. One of my duties includes providing staff development to my teachers regarding the learning needs of students from special populations, which include but are not limited to students with learning disabilities, attention disorders, and English Language Learners.

My study drew upon the research of Putney (2005), Parker (2004), and Palmer (2002). Putney used a mixed-methods approach to her study of 125 students enrolled in four colleges and universities in the eastern United States. Putney's study focused on both learning disabilities and/or ADD/ADHD. Parker (2004) wrote a phenomenological qualitative study of six university undergraduates identified with ADHD. These students attended one of four universities in the northeastern United States. Palmer's (2002) study

was of eight student athletes with ADHD. Palmer and Parker both used purposeful sampling in their phenomenological studies of small groups of ADHD-identified students and Putney used a mixed methodology on a much larger group (125). A case study approach is lacking in this topic area.

Qualitative Research Methodology

In order to document my son's perceptions of his postsecondary experiences and what these experiences meant to him, I chose to use basic interpretive qualitative research methodology (Merriam, 2002). According to Merriam (2002), this research methodology has several key characteristics that are common to qualitative research designs. Qualitative research aims to discover how "individuals experience and interact in their social world [and] . . . the meaning it has for them" (p. 4-5); researchers build theory from their observations; and research data is in the form of words and pictures.

The researcher uses "richly descriptive" (Merriam, 2002, pp. 4-5) language to describe data derived from documents, field notes, participant interviews, and videotapes. Patton (2002) described qualitative research design as naturalistic, the research taking place in real-world settings, and the researcher not attempting to manipulate the phenomenon of interest as it "unfolds naturally" (p. 39). Patton stated, "Naturalistic inquiry designs cannot usually be completely specified in advance of fieldwork . . . A naturalistic design unfolds or emerges as fieldwork unfolds" (p. 44).

Lincoln and Guba (1985) compared the characteristics of the designs of qualitative and quantitative inquiry and noted that

The design of a naturalistic inquiry (whether research, evaluation, or policy analysis) cannot be given in advance; it must emerge, develop, [and] unfold. . . .

The call for an emergent design by naturalists is not simply an effort on their part to get around the “hard thinking” that is supposed to precede an inquiry; the desire to permit events to unfold is not merely a way of rationalizing what is at bottom “sloppy inquiry.” The design specifications of the conventional paradigm form a procrustean bed of such a nature as to make it impossible for the naturalist to lie in it—not only uncomfortably, but at all. (p. 225)

Qualitative research and quantitative research, therefore, are two different methodologies for arriving at truths or perceptions of truth. The fact that qualitative research is not governed by rigid and inflexible protocol does not make the results any less important or true. I designed my study to be flexible and emergent, allowing me to look for opportunities to gather data whenever opportunities presented themselves. By being flexible and allowing the data to shape the research, I was able to arrive at what it means to experience postsecondary education through the lens of ADHD.

Case Study

Merriam (2002) wrote, “A research study begins with your being curious about something, and that ‘something’ is usually related to your work, *your family* [emphasis added], your community, or yourself” (p. 11). Stake (2005) noted that one can choose the one case that is most accessible or the one case to which the researcher can devote the most time. I chose to use a case study approach for this research design because a

case study allowed me to focus, in-depth, on the college experiences of this single individual and optimized my understanding of these experiences (Stake, 2005).

According to Stake (2005), a case study reflects “a choice of what is to be studied” (p. 443) and my choice was to study one young Mexican-American male, currently enrolled in postsecondary education and living with ADHD. He, therefore, represents a “specific, unique, bounded system” (Stake, 2005, p. 445).

This case described in detail the experience of living with ADHD, specifically the experiences of living with ADHD as a postsecondary Mexican-American student, in order to give the reader of this case study a “vicarious experience” (Lincoln & Guba, 1985, p. 359) of this phenomenon. According to Stake (2005), the “unit of analysis” (p. 445) is what characterizes a case study and the focus is on what specifically can be learned from the single case. Stake (2005) classified case studies as intrinsic, instrumental, or collective. Intrinsic studies provide a “better understanding” (Stake, 2005, p. 445) of a case; instrumental studies provide “insight into an issue [or] . . . redraw a generalization” (Stake, 2005, pp. 445-446); and collective studies are used to study a “phenomenon, population or general condition” (Stake, 2005, p. 446). My study was an intrinsic study. I undertook it in order to gain a fuller understanding of this specific case; so, that the story of my son, who is “living the case” (Stake, 2005, p. 445), can emerge.

Participants

The participants for this study were selected using purposive sampling. Patton (2002) described purposive sampling as the selection of a case for study because in addition to it being “information rich [it is also] . . . illuminative” (p. 46) and offers a “useful manifestation of the phenomenon of interest” (p. 46). The reason for using purposive sampling is to provide insight about a phenomenon, not necessarily to make empirical generalizations (Patton, 2002).

For the purposes of this study there were two participants: Juan, who is my son and an ADHD college student; and myself, Juan’s mother. The selection of purposive sampling was deliberate because the best person to describe the experience of ADHD is the person who lives with it. According to Patton (2002), a key to purposive sampling is the selection of cases that are information-rich and allow the researcher to study the case in depth. I chose my son because I have a special interest in his case, and I believe that there is a great deal to be learned from his story. In addition, I want to note that although Juan and I were the primary participants in this study, this study also documented the voices of all of the teachers, administrators, and staff that were recorded in the public education source documents, as well as the voices of three psychologists, and his pediatrician (he saw the same pediatrician beginning from the age of 10 years).

Data Collection

I used semi structured, open-ended interviews to gather data regarding Juan’s perceptions of whether ADHD affected his college experiences (Merriam, 2002; Patton,

2002). I spoke to Juan at length before beginning the interviews so he would understand the interview process. Once he indicated to me that he understood the purpose of the interviews, I arranged a private meeting between him and a professor at the local university, who also discussed the purpose of the research. In addition, during their meeting, the professor explained the consent form to Juan, which he signed at that time. Once the form was signed, we were able to begin. I conducted six interviews and each interview lasted at least 1 hour. The interviews were audio-taped using the voice recording software of my laptop computer.

I made it a point to let Juan know ahead of time when the interviews would take place, allowing him time to plan appropriately. The six interviews took place in my home at the dining room table. I felt that our dining room table would provide an atmosphere that would be conducive to successful interviews, because we were alone, in a space that both of us considered safe, with no one else listening.

Before I began the interview process with Juan, I had many worries about whether or not he would open up to me during the interviews. Juan is a man of very few words and I worried about whether he would elaborate on his answers and whether he would become impatient and lose focus. Questions ran through my mind. Would I have enough data that I could analyze? Would he be truthful? My worries were unfounded because Juan began every interview with enthusiasm and with the desire to share his experiences with me. After each interview, I transcribed the recordings. Following transcription of the interviews, I presented them to Juan so that he could provide input as to the accuracy of my transcription.

Additional data were derived from educational and medical records used with Juan's permission. The information derived from these documents was used to provide "insights and clues into the phenomenon" (Merriam, 2002, p. 13). Moreover, as researcher and participant, I kept a journal with reflections of my son's interviews. This reflexive journal or diary was used to help me gather data about my thinking and decision-making processes as they related to my study.

Data Analysis

In qualitative research, data analysis is simultaneous with data collection. That is, one begins analyzing data with the first interview, the first observation, the first document accessed in the study. Simultaneous data collection and analysis allows the researcher to make adjustments along the way, even to the point of redirecting data collection, and to "test" emerging concepts, themes, and categories against subsequent data. (Merriam, 2002, p. 14)

Throughout the interview process with Juan, I was able to establish that he did not have many memories of his experiences during his elementary schooling. He had some memories of middle school and more memories of high school. Therefore, to gather data about elementary and middle school, I used the educational records that I obtained from the pediatrician and the school district to develop a picture of the manifestation of ADHD in Juan's public education experiences.

I began the analysis process by first reviewing the educational and medical documents in order to determine whether there were questions that needed to be asked

that were not already identified. I read through the interview transcripts to code the relevant data, looking not only for themes, but also for data that I felt needed clarification or elaboration. I followed the same process with the data from the documents obtained from his school and his physician. I analyzed and categorized them and I input the data into a large Microsoft Excel spreadsheet separated by category. I then printed the pages of the spreadsheet and taped them together. In so doing, I formed a matrix of categories and themes of the data from the records and interviews. Once these documents were reviewed, I looked for common patterns and themes and simultaneously coded, interpreted, and reinterpreted the data as different themes emerged (Stake, 2005).

Initially, I tried to develop the write-up from the printed Excel spreadsheet, but became exasperated because I could not figure out how to place the different pieces of data in an order that would make the analysis flow easily. The data were categorized into the different themes, but it was not necessarily in an order that flowed when I attempted to write up the results. I then decided to do my analysis the old fashioned way—I used the printed spreadsheet, scissors, note cards, and glue. I affixed the data to the note cards, coded them, and sorted them into themes. This made it easier for me to sort the data into a sequence that made sense and that resulted in the analysis and the written document.

The tasks that I performed in the process of data analysis included unitizing and categorizing the data (Lincoln & Guba, 1985). To identify the different patterns and themes, I looked for “units” of information that represented the smallest pieces of

information that can be understood, in their own context, without any additional explanation (Lincoln & Guba, 1995).

Each unit of information was assigned to an index card and categorized as it related to a common content. Data analysis was completed as soon as no new categories emerged (Lincoln & Guba, 1985). I studied the case in depth so as to derive “complex meanings [and] issues, contexts and interpretations” (Stake, 2005, p. 450). My desire was to describe the results of the study with enough detail so the reader could experience the phenomenon of ADHD and arrive at their own individual conclusions (Stake, 2005).

Trustworthiness

Trustworthiness is necessary to establish the credibility of qualitative research results (Lincoln & Guba, 1985). Credibility, or the *truth value* of a study, is established through the approval of the results of the study by those who are the “constructors of the multiple realities being studied” (Lincoln & Guba, p. 296). I triangulated the data to establish trustworthiness by using multiple sources of data. The data included open-ended, conversation-like interviews, reflexive journaling and document analysis (Lincoln & Guba, 1985, p. 283). However, the primary source of data was derived from the open-ended interviews (Merriam, 2002). Triangulating data not only serves to see if interviewing, journaling and analyzing documents results in consistent data, it allows the researcher to see if there are any inconsistencies in the data that might trigger changes in the direction of the case study (Patton, 2002).

Another method of establishing trustworthiness that I employed was member checking. Member checking allowed Juan to review the results of the case study as it was being developed. The reason for reviewing the results was fourfold: (a) to determine whether I accurately portrayed what Juan intended to say, (b) to correct anything that needed to be corrected, (c) to add anything that needed to be added, and (d) to delete anything that Juan did not want to be recorded in the study (Lincoln & Guba, 1985).

Researcher Bias

I had a dual role in this case study. As Juan's mother, I have shared his experiences and participated in and became part of the study through my reflections on his story, and with my "conscious acknowledgment of the inherent subjectivity I [brought] to my research" (Koschoreck, 1999, p. 53). As the researcher, I was the key to the interpretation of the research (Merriam, 2002). I served as the collector and analyzer of data, and, in so doing, I needed to be aware of my biases and how they may have colored the results of the study. To minimize bias, I employed member checks, peer debriefing, and data triangulation. Additionally, journaling helped me discover and acknowledge the inherent subjectivity and biases that I brought to the study (Koschoreck, 1999; Lincoln & Guba, 1985). I used member checks to verify with my son the accuracy of my interpretations. I also used peer debriefing to discuss my thoughts and results with a noninvolved peer. I triangulated the data by using multiple

data sources that included the participant interviews, educational and medical documents, and reflexive journaling (Lincoln & Guba, 1985).

Conclusion

I anticipated there would be plenty of challenges in the course of this project. I was in the unique position of knowing who my research subject was and was aware that it would not be easy to hold Juan's attention for long periods of time during the interview process. I looked to see how the research process unfolded and I followed wherever it led me in my search to provide an accurate portrayal of the life of a Mexican-American college student who happens to be attention deficit.

CHAPTER IV

RESULTS

This was a study of my son, Juan, a 25-year-old Latino student with ADHD, attending community college in South Texas along the border of Mexico. This chapter reveals the themes that emerged from the data analysis. Data for the study consisted of interviews, public school and physician records, and my journal reflections. Juan had no memories of his education experiences during his elementary schooling, some memories of middle school, and more memories of high school. I analyzed the records that I obtained from the pediatrician and the school district to develop a picture of the manifestation of ADHD in Juan's public education experiences as well as to fill in the gaps caused by his lack of memories of his early years. Included in this study were journal reflections on my own experiences as Juan's mother, which are found at the end of the theme sections.

Themes

Four data sources were used in this study: (a) my interviews with Juan, (b) physician's records, (c) school records, and (d) my journal reflections. The data analysis revealed four overarching themes: (a) the pervasiveness of ADHD throughout the years of public education, (b) external and internal barriers in postsecondary education, (c) a desire to be like everybody else, and (d) teachers' attitudes. Each theme had two or

more subthemes. The themes and subthemes are presented in Table 3. In addition, the themes and subthemes are described in detail in subsequent sections in this chapter.

Table 3

Themes and Subthemes

| Theme | Subtheme |
|---|--------------------------------|
| 1. The pervasiveness of ADHD throughout the years of public education | Elementary years |
| | Third grade |
| | Middle school |
| | High school |
| 2. External and internal barriers in postsecondary education | Lack of self-advocacy training |
| | College system |
| | Algebra |
| | Tutoring |
| | Procrastination |
| 3. A desire to be like everybody else | Accommodations |
| | Unfair advantage |
| 4. Teachers' attitudes | Positive |
| | Negative |

Theme 1: Pervasiveness of ADHD Throughout the Years of Public Education

The analysis of the records from the pediatrician, psychologists, and the school district clearly established the pervasiveness of the characteristics of ADHD as they manifested in Juan, the impact of ADHD in his prekindergarten-12th grade education, and a possible co-existing learning disability in math. Throughout the data, characteristics that were used consistently to describe the manifestation of ADHD in Juan included difficulty in giving attention to details and sustaining attention, completing tasks, organizing skills, sustaining mental effort, following directions, and working independently. Juan was also described as forgetful, easily distracted, having low frustration tolerance, losing things necessary for tasks, distractible, nervous, and easily stressed. Test data beginning in first grade all the way through 10th grade documented his consistent struggles with mathematics.

Subthemes. Three subthemes emerged in the data that related to the levels of education: (a) elementary years (PK-6th grade), (b) middle school, and (c) high school.

Elementary years. As I mentioned previously, when I asked Juan questions about his elementary school experiences, he had no recollections. I tried to prod his memory by mentioning some of the memories that I had of his early education, but to no avail. The earliest memories that he had were of middle school. Therefore, I relied primarily on the records provided by his pediatrician and the school system to fill in the gap regarding his struggles with ADHD in elementary education.

The earliest recorded comment about Juan's ADHD characteristics (pre diagnosis) was in kindergarten. Juan's teacher was a very experienced teacher with over

30 years in the classroom. At the end of Juan’s year in kindergarten, she wrote in the Student Cumulative Record (SCR) card that Juan (age 5 years) needed “Improvement” in conduct, working independently, and showing responsibility; and she gave him an “Unsatisfactory” in completing activities. Because of Juan’s experience in kindergarten, my husband and I felt that Juan was very immature for his age and would benefit from repeating kindergarten. We spoke to the kindergarten teacher at length about Juan’s maturity and while she agreed that he was immature, she did not recommend that Juan repeat kindergarten. My husband and I (both high school teachers with about 13 years of teaching experience at the time—my husband was certified in Special Education) decided that in the long run, it would be better for Juan to repeat kindergarten because we felt that this additional year would give him time to mature and catch up with his peers. My husband and I agreed that the fact that Juan turned five years old one month before school started contributed to his difficulties in conduct, working independently, showing responsibility, and completing his work.

In order to be able to have Juan repeat kindergarten, I withdrew him from his home school district and enrolled him in the school district in which I worked. Juan repeated kindergarten, but because he was in a different school with a different group of students and he was so young, it did not seem to bother him. At the end of his second year in kindergarten, and now 6 years old, Juan’s second kindergarten teacher indicated on his SCR that Juan performed at a satisfactory level in all subjects (the grading system in kindergarten was S (Satisfactory), U (Unsatisfactory), or I (Improvement needed)). The only area that was not satisfactory was study habits, where the teacher indicated that

Juan needed improvement. According to the SCR, Juan was promoted to first grade. Juan's grade average at the end of first grade was an 86.4. His first grade teacher indicated that Juan needed improvement in effort and study habits. Juan was promoted to second grade. His average at the end of second grade was also an 86.4, and his second-grade teacher also indicated on the SCR that improvement was needed in effort and study habits. Additionally, Juan's second grade report card indicated that social behaviors needed improvement in the areas of following instructions, completing work on time, working independently and completing homework, accepting responsibility, and working to the best of his ability.

In addition to grades and comments about his behaviors, Juan's school records included assessment data. At the time that Juan was in elementary, the school district he attended used the IOWA Test of Basic Skills (ITBS) to measure student achievement at the end of first and second grade. The results of Juan's first-grade ITBS indicated to me that, unlike my other children, Juan was not testing well. When I compared Juan's performance with the National Percentile Rank (NPR), which compared Juan's performance with a nationally representative group of students, Juan's performance was significantly below NPR. The ITBS indicated that Juan's strengths were reading comprehension and word analysis. His biggest weaknesses included listening skills and math concepts, which were below grade level; and listening, language, and math problems, which were slightly below grade level. As an experienced teacher, this was an important indication to me that Juan was struggling. I compared Juan's results to test

results for his brothers and the gap between his scores and their scores at the same grade level and on the same test was significant.

Juan's second-grade ITBS indicated that he showed at least one year's growth in listening, language, math problem solving, and word analysis. He grew slightly in reading, but not as much as in the other areas. He grew in math concepts but was still performing a year and a half below grade level. Evidently, Juan's school grades and the nationally standardized ITBS results did not correlate, because even though he was performing below grade level on the ITBS for both first and second grade, Juan had an 86.4 average. My husband and I were alarmed by Juan's performance on the ITBS, but we decided that his performance on the standardized tests was probably due to immaturity and we believed that he would catch up.

Juan was placed in a Gifted and Talented (GT) group setting at the beginning of the third grade. I do not remember that he underwent any formal GT identification process. Juan attended a small elementary school and he may have been placed in that setting either because he had been with the "high group" of students in first and second grade or because his two older brothers were in GT. However, during the middle of Juan's third grade year (he was 9 years old), on January 17, 1995, Juan received a "Request for Administrative Support," which was another name for a behavior referral (CASO, 2006, p. 30). Typically, this form was used after a teacher had exhausted all of the steps indicated in the district's "Assertive Discipline Plan."

There were three levels that indicated the severity of the behavior referral: (a) Level I indicating minor infractions, (b) Level II indicating more serious, and (c) Level

III indicating expellable offenses. Juan's referral was a Level I and the teacher checked "Other" as the category of "misbehavior." The referral was initiated by his third grade teacher who indicated the action she had taken in an "Intervention Strategies Documentation Form" that she had attached to the referral (CASO, 2006, p. 46). The teacher had "Referred" Juan "to Counselor . . . [and] . . . to Campus At-Risk Coordinator" (CASO, 2006, p. 30). The teacher wrote in the referral comments that "Juan is not disruptive in a loud way; he simply cannot finish his work. He has a very short attention span" (CASO, 2006, p. 30).

The intervention strategies documentation form, attached to the referral, covered the 10-day time period from December 5, 1994, through December 15, 1994 (CASO, 2006, p. 46). The teacher's first recorded intervention on December 5, 1994 was "Tried to work with him orally on a one to one basis (math). He does well at the board or with oral questioning and he knew [*sic*] the answers." Her second intervention dated December 15, 1994 was "I have allowed him to write half a page to one-page while I review his writing. He does not like to write. He cannot sit still and becomes frustrated." For her next entry on the column for "Intervention Dates," she indicated "Throughout the year" as the date of intervention and commented that "At different times, I try to get him to write reports with a group. He has some very good ideas, although sometimes the children tend to make fun of them. I, however, praise him for his efforts." The last entry dated December 5th noted that she referred him to Computer Assisted Instruction (CAI) and that this "has helped somewhat, but he gets frustrated during CAI, sometimes."

Attached to the intervention form was the “Student Intervention Plan,” dated January 17, 1995 (CASO, 2006, p. 45). In the Intervention Plan, the teacher noted that Juan had good attendance (87 days present, 1 absence, and 0 tardies) and that Juan “Needs glasses but forgets them at home sometimes.” The document indicated that he was placed in the Computer Assisted Instruction Program (CAI), which was a “Campus Alternative Education Program” on December 5, 1994. The outcome of that was “helpful, but frustrating.” The Intervention Plan referred Juan for “Section 504 Testing for ADD.” The Intervention Plan was signed by the principal, campus at-risk coordinator, and a case manager.

Following the referral, a meeting of the at-risk committee was convened on January 25, 1995 (CASO, 2006, p. 47). Members of the committee included an administrator, at-risk coordinator, nurse, counselor, and the referring teacher. The minutes of the committee deliberations stated that “The committee heard oral testimony about the accommodations and intervention strategies used for Juan.” His referring teacher made the presentation. The committee recommendations stated that “Because intervention and campus alternative programs have been of little help to Juan, the committee recommends that he be tested for Section 504 (ADD).” The data that they reviewed included “student work, intervention strategies, and accommodations.”

Following the At-Risk committee meeting, I received a “Notice of Evaluation for Section 504” from the Section 504 campus coordinator for an initial evaluation (CASO, 2006, p. 31). The evaluation included a Section 504 Student Profile Form—Initial Data that detailed Academic, Alternative Programs, Testing, Medical, Behavioral, and

Instructional Concerns (CASO, 2006, p. 33). Academic data indicated that Juan had an 88 average. The Alternative Program that he had been assigned was Computer Aided Instruction (CAI). There was no testing data reported. Medical data indicated 20/300 uncorrected vision and normal hearing. Behavioral criteria indicated that he had good attendance, there was no discipline record, and that parental contacts were “periodic.” Instructional concerns indicated the following areas below average: math and spelling skills, classroom work, and following oral directions.

Additionally, the form for the “Copeland Symptom Checklist for Attention Deficit Disorders” was completed by four of his teachers and one was completed by me and my husband (CASO, 2006, pp. 53-59). The form listed 10 categories of characteristics/behaviors that helped to determine whether or not the child was ADHD or ADD, to what degree, and what areas were of significant difficulty. The 10 categories of indicators included:

1. Inattention/Distractibility
2. Impulsivity
3. Activity Level Problems
4. Non-Compliance
5. Attention-Getting Behavior
6. Immaturity
7. Poor achievement/Cognitive and Visual-Motor Problems
8. Emotional Difficulties
9. Poor Peer Relations

10. Family Interaction Problems

The referring teacher indicated that Juan had significant difficulties in 9 out of the 10 categories (the only category not identified by her as a problem was Family Interaction Problems). Conversely, the music teacher only identified impulsivity as a problem (and not a significant problem). Five respondents identified him as being impulsive, four as inattentive and hyperactive, three as noncompliant and engaging in attention-getting behavior, and two identified poor achievement as problematic. Based on the results of the checklist, Juan was recommended for services under Section 504 (CASO, 2006, p. 47). Recommended accommodations included using a highlighter or using underlined reading materials/handouts, peer tutoring, adjusting assignments that required coping in a timed situation, shortened tests, shortened homework and assignments, using positive reinforcement, checking for understanding, behavior modification, and preferential seating (CASO, 2006, p. 44). Even though the committee recommended Section 504 placement, my husband and I refused services and Juan continued in a GT classroom setting without accommodations.

At the end of third grade, Juan was tested with the Texas Assessment of Academic Skills (TAAS) and the results of this assessment showed that he struggled with math, mastering only 1 out of 13 objectives (CASO, 2006, p. 1). He had more success with reading, but still struggled, mastering three out of six objectives. He did not meet “Minimum Expectations” in reading or math. His SCR in third grade reflected an 86.2 average and the teacher indicated that he needed improvement in effort and study habits. Juan was promoted to fourth grade (CASO, 2006, p. 24).

Fourth grade brought additional struggles for Juan. He had a different teacher in fourth. At some point during the year, I remember his fourth grade teacher telling me that Juan “did not belong” in the GT classroom and she wanted him to be exited from the program. In the process of analyzing his SCR, I noticed that Juan’s overall average went from an 86.2 in third grade to a 76.6 in fourth grade (CASO, 2006, p. 24). I also found that the fourth-grade teacher had evaluated him poorly in writing, drawing, and citizenship (Needs Improvement) and had given him a “U” (Unsatisfactory) for effort and study habits. Additionally, there was a 70, with an “M” written right below the 70 for his math grade. The “M” indicated that Juan’s grade had been modified as is done for students in special education.

At the end of the fourth grade, Juan’s math TAAS score improved slightly with Juan mastering three more math objectives than in third grade, for a total of four objectives mastered out of 13. However, he had a setback in reading, mastering only one objective out of six, compared to the prior year where he had mastered three out of six. The fourth grade TAAS assessment included a writing component. In writing, Juan mastered seven out of seven objectives, meeting Minimum Expectations in writing; however, he did not meet Minimum Expectations in reading or math (CASO, 2006, p. 1).

The pediatrician’s records documented that in July 30, 1996, when Juan was 11 years old, my husband and I began the process to have Juan evaluated for ADD during the summer following his fourth grade experience. The doctor wrote in his records that we had “delayed evaluating the ADD problem because she does not want him to be

labeled.” The records show that my reason for beginning the referral process was because of Juan’s difficulty with math and reading, and that I first noticed that there was a serious problem when he was in third grade (Physician’s Records [PR], 1995-2011, p. 31). The doctor referred Juan to a psychologist who conducted an evaluation. The psychologist documented that the reason for the evaluation was that Juan was not doing well in school. The overall evaluation was based on the following instruments (PR, 1995-2011, p. 36):

1. Behavioral Checklist for Students
2. Conners’ Rating Scales
3. Copeland Symptom Checklist for Attention Deficit Disorder
4. Behavior Assessment System for Children (BASC)
5. Parent/Teacher Rating Scale
6. Child Behavior Checklist for Ages 4-18
7. Behavior Rating Form (DSM-IV)
8. Home Situations Questionnaire
9. Raven Colored Progressive Matrices
10. Peabody Picture Vocabulary Test, Rev. Form L
11. Wechsler Intelligence Scale for Children (WISC III), 3rd edition
12. Wide Range Achievement Test – Revision 3 (WRAT-3)
13. Bender Visual Motor Gestalt Test (BVMGT)
14. Diagnostic Interview with Juan and Biological Mother

The psychologist used the Behavioral Checklist for Students to identify problem areas based on observed behavior, reliable case history, or information from a reliable informant. The checklist, completed by the psychologist, rated Juan on seven elements (PR, 1995-2011, p. 36):

1. Impulsivity-Frustration
2. Anxiety
3. Depression-Withdrawal
4. Socialization
5. Self-Concept
6. Aggression
7. Reality Distortion

Juan's problem areas identified by this instrument included impulsivity-frustration and anxiety.

Additionally, on the WRAT-3, Juan performed above-grade level in reading and spelling and about 4 months below grade level in math. He was identified as a visual/auditory learner (PR, 1995-2011, p. 39). The Behavior Rating Form identified him as failing to give close attention to details, difficulty sustaining attention, difficulty listening, does not complete schoolwork or chores, difficulty organizing tasks, avoids tasks that require sustained mental effort, loses things necessary for tasks, easily distracted and forgetful, and low frustration tolerance (PR, 1995-2011, p. 39). The psychologist diagnosed Juan with ADHD and anxiety. He recommended counseling, tutoring, and medication to aid with the ADHD and anxiety. He noted that he felt that

with these elements in place, Juan's outcome would be "quite positive" because "he wants to do better than he has been doing and with assistance, he will have a better chance at doing it." Based on the evaluation, Juan's pediatrician prescribed Dexedrine capsules to help with the ADHD symptoms. However, even though he had now been formally identified by the psychologist, my husband and I continued to refuse 504 program services from the school district.

Data from fifth grade indicated that Juan's grade point average dropped and it was slightly lower than fourth grade. His TAAS tests reflected that he mastered five objectives in math, which was one more than fourth grade, and improved his performance in reading, mastering three out of six objectives, which was better than fourth grade (CASO, 2006, p. 10). Juan was placed in the 504 Program during fifth grade because he fractured his leg, but it was a temporary placement, not related to his academic performance. However, in a visit to the pediatrician to follow up on his ADHD treatment progress, the pediatrician noted that Juan continued to have problems with math and noted a "possible math learning disability" (PR, 1995-2011, p. 45).

Middle school. Sixth grade TAAS results remained the same as in fifth grade. Juan mastered the same six Math objectives that he mastered in fifth grade. He mastered three objectives in reading, the same as in fifth grade; however, he now met "Minimum Expectations" for reading (CASO, 2006, p. 11). He had a setback in seventh grade mastering only four objectives in math; however, his reading improved dramatically, mastering five out of six objectives (CASO, 2006, p. 11). However, because of Juan's continued struggles in math, my husband and I decided to request a Section 504

evaluation by the school district so that Juan could receive accommodations in instruction. We initiated the 504 Committee process and the committee requested that the 504 Referral Teacher Observational Checklist be completed by his teachers. The checklist had three elements: Instructional Concerns, Behavior Rating, and Student Behaviors (CASO, 2006, pp. 53-57). Five of his teachers completed the checklist and all five noted his problem areas included “class work,” “homework,” “tests,” “following written and oral directions,” and “organization skills”. Four out of five teachers rated him as having “Poor attention and concentration,” “Often losing things necessary for tasks,” and “Easily Distracted”. Three out of five teachers noted “Difficulties in following directions” and “Shifting from one incomplete task to another”; two teachers identified “squirming,” “fidgeting,” and “restless behaviors”; and one teacher identified “interrupting others” as problems.

The committee documents included a Copeland Symptom Checklist for Attention Deficit Disorders completed by someone; however, it didn't indicate who filled it out. The checklist had indicators for ADD or ADHD and Juan's biggest problem areas in decreasing order of difficulty included: impulsivity, inattention/distractibility, over-activity/hyperactivity, and under activity (CASO, 2006, pp. 58-59). The Section 504 committee used the information from the checklists to arrive at a recommendation. The minutes of the Section 504 committee deliberations indicated that this was the “initial review” and that the major life activity determined to be limited by a disability as determined by the student evaluation is “learning.” Additionally, the minutes document

that there was a medical diagnosis of ADHD made by his psychologist (CASO, 2006, p. 61).

The committee determined that Juan was not a behavior problem in the classroom. They recommended that Juan be “given a tape recorder to carry around from class to class so that teachers can record his homework assignments since he tends to forget his assignments.” They also documented that “Juan is doing fine academically. Juan does very well verbally/oral presentations. Juan will be given 504 services beginning October 26, 1998 (Juan was 13 years old)” (CASO, 2006, p. 61). The Section 504 committee report determined that based on “characteristics of ADD/ADHD,” Juan would be “placed in regular education with Section 504 services” (CASO, 2006, p. 62).

The services provided to Juan, as per the “Modifications Determined by the Section 504 Review Committee”, included accommodations in the curriculum areas and testing accommodations. Curriculum accommodations included extended time for assignments, shortened assignments, modified assignments, peer tutoring, reduced paper/pencil tasks, preferential seating, and organization strategies. Testing accommodations included oral testing and modified testing. Additionally, the teachers were required to submit bi-weekly progress reports and to provide tutoring. For testing, the accommodation was to have the math portion of the TAAS test read to him (CASO, 2006, p. 63). My husband and I finally accepted the 504 Committee’s recommendations.

TAAS results in eighth grade indicated that Juan mastered 6 out of 13 math objectives, two more than seventh grade and for the first time in his entire educational experience, Juan “Met Minimum Expectations.” In reading, Juan mastered all objectives

and “Met Minimum Expectations.” In writing, he mastered six out of seven objectives and “Met Minimum Expectations” (CASO, 2006, p. 13).

High school. The next record regarding Section 504 was in October of 2000, when Juan was in ninth grade (15 years old), and I received the “Section 504 Notice of Re-evaluation” upon his transition from middle school to high school (CASO, 2006, p. 64). The committee reconvened to consider current data and to re-evaluate the educational services he was receiving to determine continued eligibility. The committee now added accommodations that included taped texts, highlight textbooks, taped class lectures, note-taking assistance, and re-teaching of difficult concepts. The TAAS testing accommodations remained the same, with only the math portion of the test to be read to him (CASO, 2006, p. 65). The records included with the committee deliberations included signature sheets that documented that his teachers had received notice of the accommodations plan (CASO, 2006, p. 66). The signature sheets contained a paragraph that cautioned teachers to

Be reminded that the accommodations noted on the student plan are legally binding. They are not optional. These accommodations must be implemented in order to assure student success. If you need clarifications on the modifications, please contact me as soon as possible. By signing this acknowledgement receipt, you understand the requirements for the student.

This document was used by the district to document that the district was meeting the letter of the law.

There was no re-evaluation paperwork for 10th grade. I believe that there was no re-evaluation because Juan had an evaluation in ninth grade; however, there are several documents included in the paperwork from the time Juan was in 10th grade (CASO, 2006, pp. 67-68). Two documents were receipts of student accommodation plans—one dated August 23, 2001 (fall semester) and the other dated January 15, 2002 (spring semester). The August 23rd report indicates that the re-evaluation checklist, evaluation notice, teacher checklists, and receipt of rights were current. These documents included teacher signatures acknowledging receipt of accommodations.

Included with these documents were two student progress reports from two different teachers. The reading teacher noted that Juan had “average” attendance and “average” behavior. She noted that Juan “is somewhat forgetful and needs to be reminded to turn in lessons after an absence. He needs a longer time span to turn in work so that he may maintain a passing grade.” The reading teacher did not provide any words in the progress report that would indicate what she meant by either “average” attendance or “average” behavior. I reviewed his report card and the report card did not list any absences. I believe that the teacher was referring to absences caused by school trips for both UIL academic competition and band competition. In addition, no behavior referrals were included in Juan’s school documents for high school. I could not find a reason why the teacher rated Juan’s attendance and behavior “average.”

The band director submitted a progress report that indicated an 87 average. He noted that Juan “needs improvement” in overall behavior and attitude, giving undivided attention in rehearsals, attendance at full band rehearsals, and public performances.

Again, the documents for Juan's 10th grade year did not reflect absences. The report contained no words to specifically describe how Juan needed to improve attendance. Because there were no absences recorded, this led me to believe that the band director was also referring to attendance in extra-curricular performances.

Also included with these documents was the state assessment report for the TAAS test, which at the time, was the "Exit" test that students needed to pass in order to be able to graduate (CASO, 2006, p. 17). Juan mastered 6 out of 13 objectives in math and met Minimum Expectations. He mastered five out of six objectives in reading and also met Minimum Expectations. In writing, Juan mastered five out of seven objectives and also met Minimum Expectations. Juan met "Minimum Expectations" in all three areas of the TAAS Test the first time he took it: he received a "3" in the composition (highest score was a "4"), he scored high in the reading (Texas Learning Index was a 70, the highest grade possible was a 97 and he scored an 89), and he passed the mathematics with a Texas Learning Index score of 75, the minimum passing score was a 70. This meant that Juan had completed assessment requirements for graduation.

The next 504 re-evaluation was dated May, 2003, at the end of Juan's 11th grade (age 17). The meeting was attended by his four teachers (one of the teachers was his father) and an administrator. Juan was not in attendance (CASO, 2006, p. 71). The "504 Referral Teacher Observational Checklist" had only two categories of information: Instructional Concerns and Behavior Concerns (CASO, 2006, pp. 74-76). Only three teachers filled out the checklist. Two teachers noted that he "Often loses things necessary for tasks." One teacher identified "Organization skills" as "below average"

and “is easily distracted.” Another teacher rated him “average” or “above average; therefore, she had no instructional concerns. She did note that he “shifts from one incomplete task to another” but in parentheses added “not all the time.” The checklist does not provide room for additional comments; however, this same teacher added that “Juan is a good student and a pleasure in the classroom. He is bright and articulate. Overall, Juan is a great kid” (CASO, 2006, p. 76; This teacher is one of the teachers that Juan also had when he enrolled in college and that he refers to in his interviews). The Section 504 committee report identified that “learning” was a major life activity determined to be limited by a disability (CASO, 2006, p. 78). He was identified as “having a physical or mental impairment that substantially limits” learning. He was recommended for continued “Regular education with Section 504 services due to having “characteristics of ADD/ADHD.” The accommodations were the same as the last report and included “sit close to the teacher and parental contact” as additional accommodations.

Prior to entering his senior year in high school, Juan “early-enrolled” in 6 hours of coursework at the local community college (CASO, 2006, p. 79). The main reason for enrolling at the community college was to help him acquire college coursework that would count towards Juan graduating with an “Honors” label on his diploma. Juan enrolled in the music program and took summer school classes in music appreciation and applied voice. Juan was very successful in summer school and he was the only one of my three sons to “early enroll” in college before graduating from high school. Juan did

not request any accommodations from the community college for his music classes because he did not have any difficulty learning music.

When Juan was in the 12th grade his final re-evaluation for Section 504 services took place in March of 2004 (age 18 years). This evaluation was considered the transition meeting to determine accommodation recommendations for postsecondary education. Only two teachers completed the Section 504 teacher checklist—his English teacher and his French teacher, who was also his father (CASO, 2006, pp. 81-84). In the category of academics, Juan was rated “below average” by his French teacher in the areas of memorization, skill extension, attention span, organizational skills, and homework. Additionally, his French teacher also indicated that the areas of biggest concern regarding academics were organization and study skills (CASO, pp. 81-82). The AP English teacher rated him below average only in the areas of test taking and class work. She had no additional areas of concern regarding academics (CASO, pp. 82-84).

In the category of Social/Emotional behavior, Juan received “below average” in the area of working independently from his French teacher (CASO, 2006, p. 82). His English teacher did not rate him “below average” in any areas of Social/Emotional behavior. She rated him as “excellent” in seven areas and “above average” in three. The English teacher indicated that she gave him “extra time and directions for written projects.” Regarding discipline, she indicated that discipline was not an area of concern and she described him as “excellent and respectful.” She did mention that he “becomes stressed easily” but that he is “hard working and positive.” (CASO, 2006, p. 84) This same teacher wrote a note to the 504 Committee:

This is to inform you that I cannot attend the meeting for Juan. Please be advised that Juan has a high C in my class. I feel that he has this C because of all the extra-curricular activities in which he is involved. He falls behind, then brings himself up to date. I see that he gets nervous and fretful, yet he still manages to submit his work. I do not feel he needs any modifications. He works hard and does his very best. Juan is a bright young man with a positive attitude and good upbringing. In my opinion, he already has what it takes to succeed. (CASO, 2006, p. 90)

The teacher did attend the meeting and she also mentioned at the meeting that she did not believe Juan needed accommodations. At the meeting I got the impression that she was very opposed to labeling Juan as ADHD. At that time, I told her that I understood how she felt, but that she felt that way because she knew Juan well and she knew me and his father. I told her that I was concerned that when he went to college, he would not know anyone and that possibly, his college teachers would not see past his disability and that I would feel better if he continued to be protected by the law.

The Section 504 committee reported that Juan was “Eligible to receive 504 Services upon graduation from high school” because the committee determined that the student “has, or has a record of having, or is regarded as having a physical or mental impairment that substantially limits one or more major life activities.” It was decided by the Section 504 committee that Juan “Continue in Section 504 placement.” The committee also noted that “Section 504 services will end when he graduates from high school but services will be needed at college” (CASO, 2006, p. 86).

Instructional accommodations recommended by the high school transition meeting committee to be used for college mathematics included oral testing, modified testing, note taking assistance, extended time for assignments, shortened assignments, peer tutoring, and the use of a calculator and technology. For English/Language Arts, the committee recommended oral testing, taped texts, highlighted books, note-taking assistance, extended time for assignments, shortened assignments, reduced paper/pencil tasks, organization strategies, re-teaching of difficult concepts and oral administration of tests. The committee report was signed by the Section 504 coordinator, counselor, regular education teacher (AP English teacher), and both of his parents (CASO, 2006, pp. 88-89).

In addition to the manifestation of the characteristics of ADHD, the possibility of a co-existing learning disability in math was brought up several times in the documentation by the pediatrician and both of the psychologists. My husband and I never considered Special Education services for Juan's math learning difference. I did have a discussion with the Special Education district director, who was a friend of mine, and I shared with her Juan's test data. Because his math scores were considered to be "borderline" for a math learning disability, she strongly encouraged us to forego any special education services and instead, provide him with tutoring for his math difficulties. My husband and I agreed with the Special Education director as we felt placement in Special Education would be more detrimental to his education. We chose to address this learning difference by providing Juan with tutorial services for

mathematics throughout his education. We believed that this was the correct decision for Juan.

Reflections on my own experiences as Juan's mother. When my husband and I received copies of the assessments and checklist documents filled out by the teachers when Juan was in third grade, I remember that it bothered me that the referring teacher noted almost all categories as "significantly" problematic. It also bothered me that she referred him in mid-January and the "intervention strategies" only covered a one-month time period (December 5-15, 1994). I asked myself if one month was enough time for an intervention to work with a ten year old child. Another comment by her that bothered me at the time was that "He has some very good ideas, although sometimes the children tend to make fun of them."

I knew that the referring teacher was a beginning teacher at the time of the referral. The fact that the intervention strategies covered only a one-month time period and the fact that the children in her classroom made fun of Juan's ideas made me feel that this teacher was lacking classroom management skills. In comparing her analysis of his behavior in the Copeland Checklist with the other teacher's analysis, I decided that it was most likely that he behaved like that in her class because she didn't have good classroom management skills and that everything about Juan bothered her. I based myself on the music teacher's evaluation of Juan and the fact that he found only "impulsivity" to be a problem. That told me that Juan was not a problem in music class because music interested him and obviously his referring teacher's class did not interest him.

Even though the committee recommended Section 504 placement, I refused services because I felt that if I accepted services, Juan would be labeled and I felt that the label would cause more harm than the disorder. The harm that I feared would befall him was that teachers would lower their expectations of him. I felt that I was not about to label my child because a beginning teacher did not know how to manage her class. Therefore, Juan continued to attend school in a GT classroom setting without any accommodations.

I remember the “M” well on Juan's fourth grade report card. To me, the “M” was the teacher’s way of identifying Juan as different from everybody else. When Juan brought this report card home, I was furious. I immediately called the teacher and asked why this grade had an “M” attached to it. She told me that Juan’s grade was “Modified”. I explained to her that “Modified” was only used with students who were identified as belonging to the “Special Education” program. Many of these students had a modified curriculum, which meant that they were not expected to master all of the Essential Elements (curriculum objectives). Juan was neither a Special Education student nor a Section 504 student; and he was certainly expected to master the entire curriculum.

I told the teacher that I wanted her to remove the “M” from his report card. When Juan next got his report card, there was a line written through the M. However, in the process of analyzing the education documents, I discovered in his SCR card that Juan’s math grade was still MODIFIED. My perception of this “M” was that it was her way of telling whoever read his records that he could not do the work—that his work had to be modified in order for him to pass.

Fifteen years later, as I sat at the computer analyzing the data, that “M” came back to haunt me. It stirred in me all of those feelings of anger, frustration, and fear that I’ve experienced periodically through Juan’s life—the anger and frustration were directed at how this teacher treated a 10-year-old child. The fear was about his future. As if the “M” recorded on the SCR was not enough, this teacher also recorded on the permanent record that “Juan does not participate or do his class work/homework.” As his mother, I felt that this teacher wanted to make sure that she labeled Juan. I wondered if this lady had any training on the differences between accommodations and modifications and whether she knew what a “modified” curriculum was. Her final comments for the year on the SCR were “Juan should not be placed in the GT class for 96-97.” The notations in his cumulative record card were “Non GT (Regular).” Juan was effectively removed from the GT program at the end of the fourth grade.

Because of his continued struggles with math, I finally relented and requested a Section 504 evaluation by the school district when Juan was in seventh grade, which was noted in the referral form as “Parent is requesting entry into 504 and that modifications be in place.” The decision to request services from the school district was based not only on Juan’s struggles in school, but also on a conversation with the pediatrician when I took Juan for a routine ADHD visit. At this visit, the pediatrician scolded me and told me in no uncertain terms that every day that I refused to accept 504 Services from the school, Juan was falling further and further behind. I remembered fighting back the tears as I listened to the doctor. For me, this was the visit that finally changed my attitude towards asking for Section 504 program services for Juan.

As I reflected on Juan's 10th grade TAAS results, I remembered an incident that occurred the day before he took the test. Juan had run out of his ADHD medicine the day before the TAAS math test. I called the doctor to renew the prescription, but the doctor's office forgot to submit the prescription to the pharmacy, and when I went to pick it up, the pharmacist explained that they did not receive the prescription from the doctor. I was frantic and in tears because I believed that without the medicine, there was no way Juan would pass the math test. The pharmacist saw how upset I was and gave me one capsule for Juan to use while they straightened out the prescription error with the doctor. I believed that Juan passed the math exit exam because of the kindness of this pharmacist, who understood the importance of the medication for a child with ADHD.

Theme 2: External and Internal Barriers in Postsecondary Education

"It's almost like having a disorder that you have to pay a tax for—a disability tax." (Juan)

External and internal barriers in Juan's education emerged as the second theme. External barriers are the systems that are in place for someone attending college and seeking the protections provided by Section 504 of the Americans with Disabilities Act that inadvertently become unintended barriers. For Juan, the external barriers revealed in the interviews included the lack of self-advocacy training in his PK-12 education, the systems in place to receive accommodations from the Office of Special Populations (OSP), the college algebra degree requirements, and tutoring.

Internal barriers are the obstacles that arise from the internal manifestation of the ADHD characteristics that can create academic problems for students with ADHD. For

Juan, Internal Barriers included the frustration of having to prove his condition yearly, remembering to seek accommodations, time disability, and his Learning Difference in Math.

Subthemes. The internal and external barriers distilled down to five subthemes: (a) lack of self-advocacy training, (b) college systems, (c) the algebra barrier, (d) tutoring, and (e) procrastination. I found that there was a very strong correlation between the external and internal barriers, and that an external barrier can also become an internal barrier.

Lack of self-advocacy training. Immediately upon graduating from high school, Juan enrolled in the local community college. His father accompanied Juan to the Office of Special Populations (OSP) at the community college, prior to him starting his first full semester. He was given an overview of the services provided by OSP and the process required for him to receive accommodations. This was Juan's first exposure to the process of self-advocacy, which is supported by a review of the documents pertaining to his prekindergarten-12 education. A review of the source documents reflected that Juan was not present in any of the meetings and/or deliberations that involved his learning difference, including the final transition meeting. Additionally, the source documents that detailed Juan's accommodations revealed that Juan did not receive training during his years in prekindergarten-12 to teach him self-advocacy skills. I did ask Juan, specifically, if he had any self-advocacy training in public school and he responded "I did not have any training in high school to prepare me to self-advocate. It would have helped me."

College systems. When I asked Juan how he used the OSP beyond the initial meeting, he replied that from the time that he started community college, he had visited OSP very few times. He remembered receiving accommodations for the math remediation class he had to take prior to beginning college algebra and for a government class he took. According to Juan,

The OSP offered me basic accommodations like shortening assignments, reading textbooks, providing note takers, and whatever you think you need help with. But you have to prove that you have ADHD or a disability. They require a note from a doctor saying you have been diagnosed. If you need accommodations, you need to provide proof to the professors every semester that your disorder is still there. Once you discuss it with whoever is in charge and they see the proof, they say they will provide you with whatever you need, *but you need to ask for it* [italics added].

Juan understood the process that he needed to follow to request accommodations. However, the process to get to the accommodations had become an external barrier for him because he was responsible for providing documentation each semester he attended classes. Juan noted that “they will provide you with whatever you need, but you need to ask for it . . . It is our responsibility to do this if we want accommodations.”

Juan knew what his responsibilities were; however, his ADHD characteristics contributed to making the process of the college system an internal barrier for him.

It's like making sure that I jump through the hoops every time I need help. It bothers me. It tests my patience. . . . They know I have ADHD. I think it's a big waste of my time to have to provide documentation every semester.

Obtaining the documentation from the doctor also added an external barrier (financial burden) and an internal barrier (frustration) to Juan. He pointed out that, unlike students who do not have ADHD, he had “to pay for medicine to function, . . . pay to see the doctor, . . . [and] pay with my time because every place that I have to go to is far away from the other.” Additionally, he was frustrated with the system established to provide him an equal chance to succeed. He voiced his frustration by comparing the process to a penalty when he stated, “It's almost like having a disorder that you have to pay a tax for—a disability tax.” Juan's ADHD doctor is a pediatrician and waiting in the pediatrician's office is another source of exasperation for him. He stated, “I am a grown man, waiting in a children's office and it's very frustrating. It's more annoying than anything else.”

Juan expressed that he had no problem with informing people that he had a disability. The requirements of the college system and the effects of ADHD were the barriers. His time was spent obtaining the documentation and “what's worse is that several times I have gone to OSP, gotten approval, gotten the forms, and then forgotten to ask the professor for accommodations.” Even though Juan had done everything that he needed to do, the ADHD characteristics resulted in sabotaging the process. “Having ADHD is like having selective memory.”

Several things jumped out at me as I listened to Juan tell me about his frustrations with the OSP and the process of seeking accommodations. This was the first time I ever heard him voice his frustrations about the process that he has to follow every semester. When he was speaking to me, I began to wonder why the college requires that a student has to repeatedly visit OSP to seek accommodations every semester. Juan touched on this when he commented:

It's a bureaucratic process, but I think they have to go through it because they don't want to give accommodations to students who don't need them. In one of my classes, when I was taking government, I had asked for accommodations and received them. One person in the class saw that I was getting accommodations and asked me about it. I said that I had this disorder and he said, 'Oh, cool. I probably have to do that for the rest of my classes. All I have to do is say that I have ADD.' I told him that he needed to have proof.

Juan used the example of the student in his government class who was eager to fake a disability to get accommodations and abuse the system as a reason why the bureaucratic system was established.

Right away someone is trying to get an opportunity to take the easy way out. And here I was telling myself, here is this idiot trying to take advantage of the system when there is nothing wrong with him and here I am actually suffering.

I am sure that this is part of the reason for having students repeatedly prove their disability.

Algebra. In addition to the ADHD characteristics, when Juan was 10 years old, his physician indicated that Juan may have a “possible math learning disability”. However, we never sought services from the Special Education program for this disability. The paragraphs that follow describe how the math learning disability and ADHD coexist. Juan said, “Math is a language that I do not understand.” He went on to say,

The earliest I can remember being stressed out about math is middle school. I don’t remember much about elementary school, but I remember one teacher in sixth grade because I was always stressed out in that class because the teacher was very strict. The tension in my sixth grade class got to me because I couldn’t relax, and when I feel anxious or nervous, I make mistakes, careless mistakes.

I also remember being stressed out by math in high school. I remember stressing over quadratic equations, functions, and graphing with quadratic equations. I had to seek extra tutoring after school, every day, so I could pass, so I could have a chance at passing the TAAS. I believe that I have a learning disability in math. It feels like math is a different language.

Juan used virtually the same words to describe his challenges with college algebra. Juan used words such as “stressed out about math,” “tension,” “couldn’t relax,” “anxiety,” and “nervous” to describe how he felt in his secondary math classrooms and his college algebra classes. He used the analogy of a foreign language to describe how high school math and college algebra felt to him. He explained to me that the reason he used the “foreign language” analogy for math was because he could relate to his

experience when he took 3 years of French language in high school. He was very familiar with how it feels not to understand a language, and he transferred this feeling to math.

Tutoring. To help Juan deal with the “borderline learning disability in math” that his pediatrician identified, my husband and I made sure that Juan received tutoring for math. Juan alluded to this when he mentioned that for high school math “I had to seek extra tutoring after school, every day, so I could pass, so I could have a chance at passing the TAAS.” Tutoring continued when Juan took college algebra, but it did not begin until he was nearing the end of the semester. When it did begin, Juan utilized a school tutor from the college’s learning center and the service of a private tutor at home. Juan said he fell behind in his class “because I took too long to get a tutor.” Because of this, he knew he needed a tutor right away when he took college algebra again. However, Juan fell behind again because he didn’t obtain a tutor right away. “It took me several weeks to ask for help. I didn’t find a consistent tutor, until a couple of assignments were past due, and I had gotten zeroes on them.” Juan also pointed out that the tutors availability was limited because the tutor was helping two other students and he “didn’t always have [the tutors] undivided attention.” Juan shared some of the experiences he had attempting to obtain tutoring help when he most needed it and how different tutors explain concepts in different ways. For Juan, not having his regular tutor proved problematic to his success on a test.

I had one more exam before the final. I had a specific tutor lined up. Thirty minutes before I was to go in to tutoring, my tutor called me to tell me that he

wouldn't be able to make it to tutoring. The owner of the tutoring center texted me to tell me that my session was cancelled. I called her and told her 'There's no way, you can't cancel my session. I have a test!' They were able to get me my original tutor, but it was really at the last minute and I only finished half of the review on Saturday. I had to go to tutoring Monday and try to finish it. Well, Monday came around but my usual tutor didn't show up. I got a different tutor on Monday and we finished the review, but I realized that I didn't remember anything. I was just not used to this tutor—I'm used to my own private tutor. He has a certain way of teaching me that helps me understand.

Juan felt that the tutoring center let him down because they did not provide him with the tutor that he felt more comfortable with. The director of Special Education told me and my husband that because Juan was considered only "borderline" for a learning disability in math, all we needed to do is get tutoring for him, which we did throughout prekindergarten-12; however, in college, it became Juan's responsibility to seek tutoring when he felt he needed it.

For the critical exam before his final, Juan's tutor and the tutoring center owner actually cancelled the review session that Juan had scheduled to prepare for the exam. Even though Juan was able to convince the tutoring center to follow through with the promised session, the threat of cancellation rattled him enough that he did not benefit from the tutoring.

I identified both internal and external barriers in the events that Juan related about his experiences with tutoring for college. One of the biggest barriers, an internal

barrier, is that Juan waits too long to get tutoring. In addition, Juan's lack of timeliness in seeking tutoring was compounded by the lack of effectiveness of the tutoring sessions, which I identified as an external barrier. While the tutoring center created an unintentional external barrier for him, a major barrier to Juan's success in college algebra has been the length of time that lapses between the time that he realizes he needs help and the time that he communicates that desire, and this, in turn, is viewed by others as "procrastination."

Procrastination. Procrastination and difficulty planning play a very big factor in Juan's internal ADHD struggles in getting help when he needs it, seeking help from the OSP, turning in required documents to professors and taking medication to alleviate his symptoms. Juan stated:

I stayed up the whole night finishing assignments, trying to get my grade up as high as I could. . . . I finished all of the assignments that I hadn't done during the semester on the night before the test.

Juan shared that "I was very behind because I wasn't able to find a tutor that was consistent." Yet, a reason he had difficulty was due to his delay in obtaining the help he needed. Juan admitted to his tendency to put things off. He said, "I had an assignment that I needed to turn in and I left it to the last minute in my typical procrastinating fashion." He shared that, "because I have ADHD, I leave things to the last minute, constantly, and I think that the pressure that something is due really soon drives me to complete it." Juan also shared that "finding time to study is a big challenge for me. Actually, having the patience to study is my biggest obstacle."

Forgetfulness was also a challenge for Juan.

I did not make an appointment with the doctor this semester because I just forgot.

Actually, I do remember, but I remember when it's too late. I have gone, gotten approval, gotten the forms, and then forgotten to ask for accommodations.

Juan shared that planning is very difficult for him. Even though he did not elaborate when discussing his future as an adult with ADHD, Juan did share how he felt when he said, "Planning out my future is a big obstacle for me." Difficulty planning led to problems that are perceived as procrastination. Procrastination led to Juan having difficulty completing his work in a timely manner and planning study time.

Additionally, difficulty planning impacted Juan's ability to seek accommodations "I just always forget." Perhaps procrastination and forgetfulness played a role in Juan not taking his medication consistently when he first started college. Juan pointed out that when he began college algebra "I wasn't taking my medicine regularly. I wasn't taking it every day and my attitude wasn't great two years ago. Last time, I had a bad attitude, I wasn't taking my medication." Either way, whether he procrastinated and eventually forgot to take his medication, or he made a conscious decision, he experienced an internal barrier.

Reflections on my own experiences as Juan's mother. As Juan's mother, I served as his primary advocate throughout his public education—although at the time, I did not realize that that was the role I had adopted. It was not until I started my review of the literature for this study that I realized that self-advocacy was a process that could be taught. I did research the topic of ADHD when I was first trying to figure out why Juan

was having so many difficulties in school. From that research, I remember clearly reading in one of Dr. Russell Barkley's books that the parent was going to have to become the primary advocate between the school system and the child; but at the time, my focus was on what was happening with Juan as a child. If I could turn back time, I would work on making sure that Juan developed self-advocacy skills as early as possible. Self-advocacy skills would have given him more tools to help him be successful in getting what he needed to succeed in college, including his use of the OSP and accommodations.

During the interview with Juan, in which he shared his frustration with the college requirements to re-establish his diagnosis of ADHD every semester, I wondered why the college did not use an automated system to inform the professors of a student's continued eligibility for accommodations. I wondered if there might be a hint of discrimination in this process. The reason that I say this is because my understanding of ADHD is that individuals who present with this disorder are not particularly patient and, in fact, frustrate easily. I would think that it would be so much easier for someone with ADHD to just give up rather than to have to go through this process every semester. Or maybe this is just an unintended consequence.

I do not understand why an individual, who has a proven record of having a disability that has been documented since elementary school, has to continue to prove his disability semester after semester. I question whether the process of getting accommodations to level the playing field for someone with a disability is actually

leveling the playing field—when someone who does not have disabilities does not have to go through any part of this process.

I was also struck by Juan’s analogy of a disability tax and how much of that tax we have paid since we first suspected ADHD—we have paid for three different psychologists for their evaluations (two evaluations when Juan was a child and a third when he graduated from high school and started community college). The pediatrician gets paid for every visit to evaluate Juan’s progress. The tests cost money, as does the medication, the gathering of information from his teachers, the time we have spent visiting doctors and psychologists, and the costs of tutoring. I wonder about parents who do not have the means to pay this “disability tax” and what happens to their children. I also asked myself why we never changed him to a different doctor—why is he still seeing a pediatrician? Granted, he knows Juan’s case better than anyone; however, if Juan feels so uncomfortable visiting him, he needs to find a doctor that treats Adult ADHD.

Juan’s comment about the student seeking accommodations even though he does not have the disability—“there is nothing wrong with him and here I am actually suffering”—gave me a glimpse into what it must be like for him every day of his life. He described himself as “suffering.” Prior to this interview, Juan’s suffering had been invisible, even to me.

When discussing his problems with math during the interviews for this study, for the first time I heard Juan say that he believed he had a learning disability in that subject. My husband and I never told Juan that he might have a learning disability. I am not sure

if I didn't tell him because I felt that if I did not speak of it, then it would not be true. Or, perhaps I felt that if he knew he had a learning disability, he would lower his expectations of himself. Perhaps I felt that admitting he had a disability in math and placing him in Special Education would lower a teacher's expectations for him. Perhaps my reasons hold a little bit of each.

When Juan was in public school, his father and I made sure that he received all the necessary tutoring he needed to help him succeed. This was facilitated by the protections accorded to him by Section 504, which included progress monitoring and progress reports to me and my husband every 3 weeks. When Juan started college, tutoring became more of a challenge because Juan had to determine when he needed tutoring and many times he requested tutoring after he was already too far behind. Additionally, we could not request progress monitoring from his professors.

Procrastination has been a big factor in Juan's difficulties with his schoolwork, particularly in the college setting. Procrastination has interfered with Juan's ability to pace himself so that his work is completed in a timely fashion. Procrastination has also been a barrier to Juan's seeking accommodations and tutoring. All of these elements have contributed to Juan's difficulties in completing his degree requirements, which have been compounded by his co-existing math learning disability.

Theme 3: To Be Like Everybody Else

"I knew I was different and I didn't care and even now—I don't define myself by what others think of me." (Juan)

When the interviews with Juan took place, he was enrolled in college algebra (for the second time), world literature, music theory, and ethics. Throughout the interviews with Juan, a theme that consistently surfaced was his desire to be like everybody else and to be “treated as everybody else”. As I mentioned previously, Juan is a man of very few words. Because of this, the fact that he mentioned his desire to be like everybody else several times, and because this theme has been identified in the literature, I decided that this was important enough to include.

Subthemes. Juan used a variety of terms to describe the reasons he felt he was treated differently and why he felt he was different from his college classmates. I distilled down the data related to this third theme and two main subthemes resulted: (a) accommodations and (b) unfair advantage.

Accommodations. Juan’s desire to “be like everybody else” appeared, particularly, during our discussions about receiving accommodations in his classes. As mentioned above, Juan was taking college algebra for the second time. The first time he enrolled, he struggled throughout the semester. I asked him at what point during the semester he had asked his instructor for accommodations. Juan replied,

I wanted to attempt this class from a *regular* standpoint. I could have asked for accommodations but I didn’t get any accommodations the entire semester because I told the teacher I wanted to try [algebra] without accommodations. I wanted to see how well I could do without the accommodations.

I asked him to clarify what he meant by “regular” and he explained “like everybody else.” He further explained that although he did not request accommodations

from the OSP, he did inform the professor that he had ADHD. I asked Juan why it was important for him to be “like everybody else” and he responded,

Well, a lot of people have categorized ADD and ADHD with being lazy and stupid. The accommodations really make me feel that I have a special *need*. .. I have ADHD, and I don’t want to be categorized by it.

Juan expressed his desire to succeed without accommodations:

I want to feel that I can get through life and not feel that ADHD is holding me back. Getting accommodations bothers me. It makes me feel that accommodations are necessary in order for me to do well.

Juan talked about how accommodations allow him to do less work, but that also indicates how he is not like everybody else, students who don’t need accommodations. He shared how he has to “minimize the amount of work I do in order to do well—I need somebody else’s help—I can’t do it by myself.”

Unfair advantage. Juan appeared to have a strong desire to not be given advantages that his peers did not have access to. He said,

There are students on financial aid who can’t afford to fail anything because they will lose their aid. They can’t afford to drop their classes. They don’t get any accommodations. I feel that I am getting an advantage over them and that’s not fair. It doesn’t feel right that I am getting more help than other students.

Juan mentioned a social studies assignment in high school where he only had to turn in half of the work that everybody else did, and said “I didn’t like it because I knew that everybody else was working harder than I was and I wasn’t working as hard. I didn’t

think it was fair. It just bothered me that I was doing less work than everyone else.” In reference to the accommodations he received for the TAAS, Juan commented

I felt weird because I was testing by myself and everyone else wasn't. It helped me, but it felt weird because nobody else was getting the same treatment. I wanted to be treated the same as everybody else. I didn't want to get an unfair advantage.

Juan spoke about his desire to be like everybody else by not having an unfair advantage over his peers. Juan seemed to believe that if he received shortened assignments, or if he asked for more time to finish assignments, that he was getting more help than his peers and did not feel that this was fair to them.

Reflections on my own experiences as Juan's mother. As I reflected on Juan's desire to be treated as everybody else, I realized that I waited so long to get him identified with ADHD because I did not want him to be different—I, too, wanted him to be like everybody else. The psychologist who evaluated Juan in 1998 made a comment in his report that “admittedly, Mrs. C has had and continues to have, significant difficulties acknowledging the possibility that Juan suffers from an attention deficit. Mrs. C has delayed evaluating him for ADHD because she does not want him to be labeled.” I found myself reflecting on all of the years that I spent in denial that Juan had ADHD and a possible co-existing learning difference. Even as I wrote these thoughts, I was still having difficulty admitting that he had a learning disability. I asked myself if he would have done better in school if I had just accepted the diagnosis earlier in his life. After all, how could I get him any help if I refused to acknowledge that anything might be wrong?

I know that Juan began seeing gradual improvement in his performance in school when I accepted the ADHD diagnosis and reluctantly accepted that he be given medication to help him concentrate. I wondered if Juan, like me, was in denial about the impact that ADHD had on his educational experiences and I wondered how long it would take him to accept the help that he needed to get through his postsecondary degree.

Theme 4: Teacher Attitudes

*Keep in mind that ADHD is a neuro-developmental handicap—an invisible handicap—it will be important [to remember this] so as to avoid unfair attributions about Juan’s difficulties with school and homework (e.g. he’s lazy, obstinate; he can do it but chooses not to, etc.).***Do not regard the child’s disability as a personality flaw that needs to be expunged** [bold and emphasis added]. (Psychologist)

The interviews with Juan and the analysis of the educational and medical documents revealed the theme of teacher attitudes. Overall, Juan’s perceptions about teacher attitudes toward his struggles with ADHD indicated that teachers were willing to help him when they were aware he had ADHD. However, there were instances where Juan encountered resistance, or perhaps it was frustration, from some of his teachers. Juan talked about a high school social studies teacher who refused to accommodate and a college professor who refused to let him redo an exam.

Subthemes. Two distinct subthemes were evident in the data that comprised this theme. Teachers attitudes were either (a) positive or (b) negative.

Positive. As mentioned at the beginning of the chapter, Juan had no memory of his experiences in elementary school and very limited memories of middle school. In his earliest recollections about middle school, the only memory he had was regarding his math teacher's attitude when he was in sixth grade. Juan shared how he felt a great amount of tension in her class because she was very strict. However, Juan also informed me that he "passed the class," because, "she saw how much I worked." Juan did not have specific memories about teachers' attitudes in high school. The only thing he remembered about high school was that he "had to seek tutoring after school every day so I could pass."

Even though Juan had a history of struggles with math, he did not elaborate about any specific math teachers or math classes prior to college. When Juan shared his college algebra struggles, he noted positive experiences. While explaining to me why he had repeated college algebra with the teacher in whose class he had previously failed, he said, "He is very patient with me. He knows that I struggle, but he sees that I'm actually learning. He knows that I'm very serious about getting knowledge from the class." Juan explained that his college algebra teacher saw he was struggling and that

He accepted all of my late work. He saw that I was really struggling. He accepted it because he wanted me to get my grade up as high as possible. He really tried to help me. He told me, "Ok, if you need accommodations, let me know."

Juan pointed out that when he disclosed to his college professors that he had ADHD and needed accommodations, his professors changed their attitude towards him, but "in a good way." He explained, "When I ask for accommodations, they realize I

actually need help and they give me help. . . . I think it's because they knew that I suffered from ADHD." Additionally, some of Juan's college professors had been his high school teachers (they left public education to become professors at the local community college). These professors, because they already knew Juan and his diagnosis, told Juan he didn't need to show them any documentation about ADHD—"They already knew me, and they knew what I had, and they were totally cool" (Juan). Juan detailed how his college history teacher (former high school teacher) altered her tests for him "providing multiple choice, matching, and essay questions." This teacher also decreased the number of questions that Juan needed to answer in order to complete the test. Juan said, "I was so overwhelmed with gratitude that I would actually try harder and try to answer them all." Juan perceived that his teachers wanted to help him, and they realized that even though he struggled, he did not give up.

Negative. Even though Juan overwhelmingly perceived positive attitudes from teachers, he did have a few experiences from high school and college that he considered negative experiences. Juan related several instances in which his teachers were not sympathetic. When referring to a high school teacher who did not want to accommodate for him in social studies, Juan said "I had a mean teacher in high school my junior or senior year. She was a social studies teacher." Juan's recollection of an assignment from this teacher was

My high school social studies teacher wanted me to write two or three sentences about each of the 50 states, and she also wanted me to draw the state and color it. I asked her if I could do it on the computer and she said no. At the time, I thought

it was overwhelming because [the assignment involved] ALL 50 STATES [all caps added for emphasis as per voice inflection on recording]. I complained about it to her and she didn't like it. She told me "Too bad, you have to do it!"

After a parent meeting with the principal, the teacher was required to shorten the assignment. Juan indicated that he could tell the teacher was upset about having to change the assignment because "She was a control/power freak and the fact that someone made her do something she didn't want to do bothered her very much. I could tell because of the look on her face when she saw me the next day." Juan noted that he thought the teacher "didn't feel it [accommodating the assignment] was fair to the other students."

At college, Juan perceived that his algebra professor did not meet him "half way" on two separate occasions. In the first occasion, Juan felt confident that the tutoring he received had prepared him well for a mid-term exam. "After that session, I was driving home and it felt nice to understand the material for once. . . . By the end of tutoring, I felt so confident for the first time" (Juan).

When it came time for Juan to take the test, which was conducted on a computer, Juan explained that he did all of his calculating by hand on paper and forgot about the computer. Juan ran out of time before he could input the answers from his paper into the computer. When Juan explained to his professor what happened, the professor responded, "Well, I can't really do anything about it." Juan shared what his professor told him.

At any university, the professor doesn't really care about the kind of day you are having. He doesn't care if you've had the worst day ever, someone ran over your dog, or you have a flat tire. It doesn't matter. What really matters is that you do the work. It doesn't matter if you need help. In the big universities, it doesn't matter.

In the second incident, when Juan called to ask his professor for more time to prepare for the test, the professor entered into a "negotiation" with Juan. If Juan showed up for the test and got two problems correct, he would give him a makeup test. Juan met his end of the negotiation, but the professor backed down when Juan asked for the make-up. At the next class meeting, the professor surprised the class with a make-up test that was un-announced. Juan felt that the professor let him down because he did not notify him ahead of time that he decided to give the makeup, thereby, not giving Juan time to get tutored. Juan reveals his disappointment with the professor when he shares his feelings about the unannounced makeup test: "He thought it was ok to leave a makeup test without telling us ahead of time so we could prepare . . . How could I possibly pass the makeup test if I did not have any time to study?"

In the third incident, Juan shared an epiphany he had one evening when he went out for drinks with his philosophy professor and some classmates. Juan shared that their informal discussion turned into a discussion about each individual's personal "flaws." When it was Juan's turn, his professor and fellow classmates told Juan that his flaw was that he was "lazy." Juan talked about how difficult it was to listen to this:

. . . My teacher said that I was lazy. He said that I procrastinate and he threw it in my face. That is very hard to do—to hear about my flaws. I felt defensive but I realized that I had to bring my defenses down in order to really understand this message. The point of this was to self-realize my problem and the steps I needed to take to change.

Juan accepted the professor and his classmate’s judgment that it was Juan’s “laziness” that was causing his difficulties in class.

Reflections on my own experiences as Juan’s mother. As I reflected on Juan’s experiences with his high school teacher and professors, I thought back to the cautionary statement made by Juan’s psychologist:

Keep in mind that ADHD is a neuro-developmental handicap—an invisible handicap—it will be important [to remember this] so as to avoid unfair attributions about Juan’s difficulties with school and homework, e.g. he’s lazy, obstinate; he can do it but chooses not to, etc. *Do not regard the child’s disability as a personality flaw that needs to be expunged* [emphasis added].

As Juan’s mother, I have been battling “unfair attributions about Juan’s difficulties” since he enrolled in preschool when he was 5 years old. At the end of his preschool year, Juan’s teacher gave him unsatisfactory grades in conduct, completing assignments, working independently, and showing responsibility. In fourth grade, at age 10, Juan experienced an overall drop of 10 points in his grade point average. His fourth grade teacher attached an “M” representing “modified curriculum” to his math grade. At the time, an “M” was only used for Special Ed. Students who were not required to

master all curriculum objectives. This same teacher exited Juan from the GT program. She also wrote in his SRC that “He does not participate or do his class work/homework”.

Unfair attributions followed Juan to middle school where his English teacher documented that she attempted to help Juan improve academically. However, she had only tried “interventions” for ten days before she referred him for an ADHD evaluation (CASO, 2006, p. 46). Unfair attributions persisted in high school when Juan’s social studies teacher initially refused to accommodate for him when assigning the project over the 50 states. When my husband and I went to see her, she had the audacity to tell us that she did not have time to accommodate for Juan because she had 30 other students to worry about. When she told us this, I snapped back at her that I did not care about the other 30 students—I cared only about my son! As I reflected on these teachers’ attitudes towards Juan, I was upset with the grades that the preschool teacher gave him when he was just a little boy. I was upset with the high school English teacher for referring Juan after trying “interventions” for only 10 days. But I was outraged with Juan’s fourth grade Gifted and Talented (GT) teacher. Her notes on the SCR card reminded me that this was just a mean teacher. In my mind, this was the type of teacher that makes it necessary for students with disabilities to be protected by the law. However, in all of these instances, I had a voice. In elementary, I had a voice when I refused to have Juan admitted into Section 504. In middle school, I had a voice when I requested that Juan be admitted into Section 504. In high school, I used my voice when the high school social studies teacher refused to accommodate; I made my voice known to the principal and made that teacher give him the accommodations that he was entitled to.

However, when Juan started postsecondary, I was silenced. No longer did I have the right to confront Juan's philosophy professor about embarrassing Juan in front of his peers when he accused him of being lazy. I could not force Juan's algebra professor to give Juan additional time to input his test answers or to give him a makeup. I could not tell this same man that he was wrong—that at the university, the fact that Juan had a learning disability not only mattered, it was protected by the law. I could no longer use my voice as Juan's parent to complain to the professor's supervisors, and make them accommodate for him. The loss of my voice upon Juan's graduation from high school left me feeling as though I had failed Juan by not teaching him to demand that he be given the accommodations he was entitled to.

Like me, Juan's voice was also silenced when he accepted these judgments from his professors as the truth. Juan accepted the blame for being lazy, for taking too long to finish his test, and for not preparing enough for his final exam—all caused by the manifestations of ADHD. In turn, Juan's professors attributed Juan's failures to reside inside of Juan. Juan's professors did not blame themselves for their inability to teach him or accept responsibility for refusing to help him. In Juan's case, some of the professors who held power were not held accountable and did not accept their responsibility for their contributions to Juan's failure to learn.

Summary

This chapter presented the results of the interviews with Juan regarding his educational experiences with ADHD and my reflections. Juan's psychologist defined

ADHD as a “neuro-developmental handicap—an invisible handicap.” This “invisible handicap” has resulted in many difficulties throughout Juan’s educational experiences.

One of the most insightful comments that Juan made during our interviews regarding how ADHD manifests itself in him was when he told me,

I think that I’ve found ways to deal with ADHD, but other times, I can really feel that it has a strong hold over me. And I can feel it and I can identify when it has control over me and when it doesn’t. And the times that it does, it is a strong grip. It hasn’t conquered me, but it is a daily struggle.

Like the researcher who is doing an ethnographic study, I have lived the experience of ADHD with Juan for 26 years. I have a unique insight into how the “strong grip” and the daily struggles present themselves. However, even though I have lived ADHD with Juan, I feel that I never really understood ADHD as I did after he verbalized his description of the grip that takes over. I have witnessed the impact of that strong grip and what results when he is unable to escape it. I have seen him unable to break away from it even though he knew he had a looming deadline—nothing that I did or said motivated him to act. In addition, I witnessed when he failed an assignment or failed a class, when he had not sought tutoring in a timely manner, and when he did not make an appointment to register early for his classes in order to secure the best teachers. As his mother, I have felt helpless, frustrated, and at a loss on how to help him. And while some of his professors and teachers have characterized him as someone who procrastinates and is lazy, as his mother, I have also witnessed his daily struggle to keep ADHD from conquering him.

Although ADHD has been characterized as an invisible disability, it has been visible to me every day for 26 years. On the one hand, I wish he did not have ADHD, or a learning disability. On the other hand, because of Juan, I have learned so much about ADHD. Prior to Juan, none of my children struggled in school. Because of Juan's struggles, not only with ADHD but also with a learning disability, I became a more empathetic teacher—a better teacher. I became more patient with my students who struggled, because I recognized their struggle. Because of what I learned with Juan, I knew how to help those struggling students. I also believe that God gave Juan to me with ADHD and a learning disability in order to instruct me so that I may instruct others. As I have grown in my knowledge of ADHD I have used this knowledge to help all of the teachers that I supervise (180 teachers, yearly, as of this writing). In my staff development sessions I have been including yearly training in ADHD and other learning differences.

I wish I could have insulated Juan from the mean, insensitive, unsympathetic teachers/professors he encountered in his educational process. I wish all of Juan's teachers had been like his high school Pre AP English teacher who noted “Juan works hard and does his very best. . . a bright young man with a positive attitude and good upbringing . . . already has what it takes to succeed.” Or like the high school government teacher (who became Juan's college professor) who wrote about Juan, stating that he was “. . . a good student and a pleasure in the classroom . . . bright and articulate . . . an overall great kid.” As reflected in this chapter, the reality is that while there are teachers who choose to see the positive side in all of their students, there continue to be teachers

who see ADHD students as “lazy” or “obstinate,” or who believe that these students can do the work but “*choose* not to”.

The following chapter, Chapter V, will provide a discussion of the research results and recommendations for further research.

CHAPTER V

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

The current research was a qualitative case study of one Mexican-American male who was attending a community college and had been identified with ADHD and a co-existing learning disability. The research represents the story of my son Juan and my reflections as his mother. In this final chapter, I conclude with a discussion of the research studies on which our story is based. Specifically, I address Juan's perceptions about his experiences and my journal reflections about his perceptions and frame them around the research questions, comparing them to the current literature. Finally, I offer conclusions and implications for policy, practice and future research.

The purpose of this study was to conduct an in-depth look into the perceptions of the college experiences of a male, Mexican-American student diagnosed with ADHD, to add his voice to the literature. The data collected for this study included educational and medical records, interviews with Juan and my journal reflections. The study was framed around three research questions:

1. What are Juan's perceptions of his educational experiences before college as a student with ADHD?
2. What are Juan's perceptions of his college experiences and his expectations about his future as an adult with ADHD?
3. What are Juan's perceptions of his ability to communicate with his college professors as a student with ADHD?

The literature review included (a) an overview of adult ADD/ADHD and its nature and medical history, diagnosis and treatment, characteristics in adults, impact on education, and legislation; (b) the absence of the voices of Mexican-American students with learning disabilities and ADHD due to lack of self-advocacy skills; (c) the intersection of deficit attitudes and race; and (d) the deficit attitudes that accompany the disability label. The review of the literature revealed limited research on students with ADHD in postsecondary education and an absence in the literature of the college experiences of Mexican-Americans with ADHD and/or learning disabilities. According to Wolf (2001), a reason for this gap in the literature is that students with disabilities currently enrolled in postsecondary are some of the first cohorts of students who have been fully protected by laws enacted to protect individuals with disabilities. Another reason for the absence in the literature regarding postsecondary students with ADHD was noted by Hallowell and Ratey (2005). They pointed out that it was not until 1978 that evidence presented at a conference on Minimal Brain Dysfunction (an early label for ADHD) revealed that ADHD continued into adulthood. Hopefully, Juan's story will begin the conversation about Mexican-American students in postsecondary education who have ADHD and may have co-existing learning disabilities.

The analysis of the interview transcripts and educational and medical records revealed four over-arching themes. The themes were (a) the pervasiveness of ADHD characteristics throughout Juan's education, (b) external and internal barriers in postsecondary education, (c) a desire to be like everybody else, and (d) teacher attitudes.

Each theme had two or more subthemes. The following section provides a discussion of the research results as they relate to the research questions and the current literature.

Discussion

Research Question 1

The first research question asked, What are Juan's perceptions of his educational experiences before college as a student with ADHD? The results of my study revealed that Juan had no memories of his experiences in elementary education; therefore, I had to rely on educational and medical records to determine how ADHD may have impacted him.

Amen (2001) described five core symptoms of ADD which included short attention span, distractibility, difficulties organizing (cluttered environment, being on time, timeliness, disorganized approach to projects) difficulties with following through (completing work/projects) and difficulties with internal supervision (creating and executing goals) (pp. 12-19). Juan's preschool teacher was the first to record that Juan had difficulty completing activities, working independently, and showing responsibility. The same characteristics identified by this preschool teacher were documented by Juan's teachers throughout his public education as well as by his physician and psychologists in every office visit and in every psychological evaluation. Characteristics that included inattention/distractibility, hyperactivity, impulsivity, low-frustration tolerance, non-compliance, not completing work, difficulty organizing, difficulty following directions, and poor achievement were used by Juan's teachers, psychologists and his M.D.,

consistently, to describe the impact of ADHD on Juan's education and were consistent with the research on ADHD.

Juan's recollections were clearer about his middle and high school experiences, and he was, therefore, better able to share his perceptions. Juan felt that because of ADHD he could not do the same amount of work that his peers could do, and therefore he had to be given accommodations. For example, Juan recalled being in a social studies class and feeling overwhelmed with a project that he had to do which required him to list, draw, and describe the 50 states. Juan felt that he just could not do all 50 states, like his peers could. Juan's teacher was required to accommodate for him by decreasing the assignment to 25 states, which caused Juan to feel guilty about doing less work than his peers.

Juan shared that the ADHD caused him to forget details, processes, concepts, feel overwhelmed with lengthy assignments, and caused him to forget to take his ADHD medication. According to Barkley (2005b), individuals with ADHD exhibit difficulty in sustaining attention (distractibility), impulse control (inhibition), hyperactivity, following rules and instructions, and variability in responding to situations such as doing work (p. 34). Additionally, Barkley (2005a) pointed out that ADHD is not an attentional disorder, but rather a disorder of "inhibition, self-control, and time." (p. x). According to Barkley, this disorder impairs the capacity of an individual to focus "behavior towards time and the future" (p. x). Barkley attributed the major impairment in ADHD to be caused by a deficit in an individual's ability to inhibit behavior. Juan shared that he was anxious in his algebra class and that anxiety caused him to forget the process to solve

problems and led to his making careless mistakes. Like Barkley, Hallowell and Ratey (1995) described ADD/ADHD as a “neurological syndrome whose classic defining triad of symptoms include impulsivity, distractibility and hyperactivity” (p. 6). Kelly and Ramundo (2006) described ADHD as a “disorder of the central nervous system (CNS) characterized by disturbances in the areas of attention, impulsiveness and hyperactivity (p. 14). The results from Juan’s experiences concur with the results of Amen, Barkley, Hallowell and Ratey, and Kelley and Ramundo, indicating that the core characteristics of ADHD of inattention, hyperactivity and impulsivity are pervasive and can impact an individual’s education in a negative manner.

In addition to the ADHD characteristics, Juan had a coexisting learning disability in math that began to manifest when Juan was 8 years old and in second grade. Juan’s results on the ITBS Math Concepts test indicated that Juan’s performance was a year and a half below grade level. In third grade, Juan only mastered 1 objective out of 13 in Math. In fifth grade, when Juan was 11 years old, his pediatrician noted that Juan had a possible math learning disability; however, I never mentioned to Juan that he had a learning disability. However, during the interview process, he told me he felt that he might have a learning disability because math was so hard for him that he felt he was in a foreign language class. Juan recalled feeling stressed about high school algebra. He felt that he could not possibly pass algebra unless he got tutored after school every day. Barkley (2005b) identified that between 20% to 30% of children with ADHD may have at least one type of learning disability in either math, reading, or spelling (p. 99). Hallowell and Ratey (1995) attributed the incidence of a coexisting learning disorder to

be from 10% to 80% (p. 163). Moreover, Kelly and Ramundo identified that individuals with ADD “often also have learning disabilities” (p. 101). Juan’s experiences concur with Barkley, Hallowell and Ratey, and Kelly and Ramundo. While Barkley and Hallowell and Ratey had a very wide range of the incidence of ADHD and coexisting learning disabilities, the variance can be attributed to how the learning disorder is defined by the researcher (Hallowell & Ratey, 1995, pp. 162-163). Of importance is that Hallowell and Ratey’s numbers may have included behavioral disorders in addition to learning disabilities. Juan’s experiences are consistent with the research that reflects that ADHD is pervasive, and that many times it is aggravated by a coexisting disability. This pervasiveness needs to be addressed and will be brought up further in the implications section of this chapter. Juan’s experiences contribute to the literature on ADHD and coexisting learning disabilities and strengthen the literature on ADHD characteristics.

Research Question 2

The second research question asked, What are Juan’s perceptions of his college experiences and his expectations about his future as an adult with ADHD? My results regarding the impact of ADHD on Juan’s college experiences and his expectations about his future were that Juan experienced internal and external barriers that hindered his success. External barriers included a lack of self-advocacy skills, his frustration with the college systems, algebra and tutoring. Internal barriers included the learning disability in Math and the ADHD characteristics that resulted in procrastination and difficulty planning. Additionally, Juan acknowledged a feeling of being different and spoke of a

strong desire to be like everybody else. This manifested in his resistance to seek and take advantage of accommodations.

Juan shared that he did not receive any self-determination skills training during high school to teach him to self-advocate and felt that this training might have helped him. Additionally, Juan was not present at any of the Section 504 Committee meetings or the transition meeting where discussions were held regarding his ADHD in high school. Moreover, neither my husband nor I ever discussed with Juan the possibility that he had a learning disability in math. This topic only came up when Juan shared with me that he believed that he had a learning disability during one of our interviews. Therefore, Juan did not have training providing skills to self-advocate, and he did not have knowledge of his disability and how best to address it.

Juan's lack of training on self-advocacy skills and lack of knowledge about his disability are consistent with the results of Norton's (1997) study that identified that students need to be educated about their disability and how the disability affects their learning. Norton noted that students need to be taught "ways to approach professors" (p. 6) to help their professors understand the types of accommodations that are needed. Juan's experiences are also consistent with Sarver (2000), who found a positive relationship between self-determination skills and GPAs of students with disabilities. Sarver pointed out that in order to succeed academically in a postsecondary environment, students need to be taught self-determination skills. These skills should be taught as part of a curriculum and student progress towards the development of these skills needs to be monitored (p. 124). Field, Sarver, and Shaw (2003) identified that the

fact that parents are the primary advocates for a student with a disability from prekindergarten-12 contributes to a student not being prepared to advocate for themselves upon graduating from high school and entering postsecondary (p. 340). Juan's experiences concur with those of Field, Sarver, and Shaw, Norton, and Sarver, and point to the need for increased self-determination skills training. If these skills are taught throughout prekindergarten-12 and also at the postsecondary level, students with learning disabilities would be better prepared for postsecondary education and employment success. Hadley (2006) addressed the need for self-advocacy training. Hadley pointed out that students with disabilities should receive "deliberate" (p. 16) self-advocacy training and practice in high school to help them develop an understanding of their disability and how it affects their learning. This deliberate training will teach students methods to help them seek appropriate accommodations for college success.

The process to seek accommodations required that Juan visit his physician yearly. Juan expressed a great deal of frustration by this process, in particular, about the time that he had to spend waiting to see the doctor. On occasions, Juan chose not to seek accommodations because he did not want to spend long hours waiting in a doctor's office. Additionally, Juan questioned why he needed to continually prove he still had ADHD if he had it all his life. Juan's experiences support Weiss, Hechtman and Weiss's (1999) finding that for students with ADHD, the requirement to seek support for their disability "can be quite difficult" and "it may be that only a fraction of the students with ADHD have sufficient insight and organizational skills to be able to request and use further assistance." (p. 206) Juan's experiences also support Field, Sarver, and Shaw's

(2003) study's results that having to continue to self-disclose a disability semester after semester in order to receive services may prove stigmatizing to some students resulting in student's choosing to remain silent and struggle with their disabilities rather than to disclose them (p. 346). Juan's experiences agree with this literature to an extent. Juan did find it difficult to request assistance and sometimes opted not to seek it. However, in many instances when he chose to remain silent, it was because for Juan, it was a huge struggle to have to *wait* in the doctor's office and did not seem to have anything to do with stigma.

Even though there were instances when Juan deliberately did not ask for accommodations because he did not want to go through the stress that he felt while waiting in his doctor's office, there were other occasions when Juan did not ask for services that did appear to be related to stigma. At one point, Juan shared "I knew I was different and I didn't care . . . If you are different, you are not socially acceptable . . ." Juan talked about not asking for accommodations the first time he took college algebra because he wanted to approach it from a "regular standpoint" which he explained as "like everybody else." Juan touched on the stigma of the label when he shared that people categorize someone with ADHD as being "lazy and stupid." He shared that when he asked for accommodations he felt that he had a "... special *need*. I have ADHD and I don't want to be categorized by it." Juan also felt that getting accommodations would give him an advantage over other students which would not be fair to them. Juan's mixed feelings towards receiving accommodations and about being different but striving to be like everybody else concur with Barga's (1996) study which identified that

“labeling” can be positive when it helps students understand why they are having difficulty and enables them to get help for their struggles. However, the label has a negative effect when it sets students apart from others or provides them with “differential treatment from others.” The nine university students in Barga’s study were identified with a learning disability in elementary and all, except for one, knew that something was different about their ability to learn prior to being identified (p. 415). Like these students, Juan acknowledged his *difference* and sometimes did not seek help in his quest for *sameness*. Similar to Juan’s stated desire to “be like everybody else”, one student in Hadley’s (2007) study spoke about the need to become more independent by not seeking assistance for her disability. She said “I just want them to see me as everybody else, you know, treat me like [sic] the same as everybody else.” (p. 14).

By the time the interviews for this study took place, Juan had already taken college algebra two times. He failed the first time and retook it for a second time with the same professor and was still struggling. Before the interviews ended, Juan dropped the class. The algebra degree requirement became a barrier as Juan began to feel that he just could not pass it. Additionally, he was only identified with ADHD and never formally diagnosed with a learning disability. There is literature that identifies that institutions of higher education may offer course waivers or substitutions. Brinkerhoff, Shaw and McGuire (1993) discussed that institutions may provide students with course substitutions or waivers in degree requirements when a student has a disability that would prevent them from advancing in their degree, allowing students to demonstrate mastery in alternate ways. However, Juan had not asked for a waiver or a course

substitution; and, if he had, he probably would not have been granted one because he was not formally identified with a learning disability in math.

Juan did seek tutoring for algebra both times he took it, but it was not very effective. The first time he took algebra, Juan waited until the end of the semester to seek help. However, he was too far behind for the tutoring to be effective. The second time, he was more timely, waiting only “several weeks” to ask for help. However, the tutoring became ineffective because the tutoring center used different tutors and cancelled sessions at the last minute. Juan’s difficulties in seeking tutoring are related to his difficulties with planning, which he has identified as being very difficult for him. Additionally, Juan shared that he considered planning for the future as a “big obstacle” for him. Juan stated “Because I have ADHD, I leave things to the last minute, constantly . . .” Juan’s difficulties with planning concur with Barkley’s results (2005a) that Attention Deficit Disorder impairs the capacity of an individual to focus “behavior towards time and the future” (p. x).

Research Question 3

The third research question asked, What are Juan’s perceptions of his ability to communicate with his college professors as a student with ADHD? Unlike students in Sarver’s (2000) study who had difficulty communicating needs to faculty and staff, Juan did not perceive that ADHD impacted his ability to communicate with his professors. Juan asked his algebra professor for help in two very critical instances. In both instances, Juan challenged the professor’s decision when the professor refused to give him more time. Juan’s experiences partially support the research literature about student’s

communicating with their professors. The literature showed that the nature of ADHD and learning disabilities sometimes makes it difficult for students to communicate their disabilities. This difficulty is attributed to students having experienced feelings of embarrassment, humiliation, negativity, and deficit attitudes in response to their requests for help from their university professors. Although Juan did not have difficulty in *communicating* his desires to his professors, the results of his communications were ineffective because they did not result in Juan getting the results he requested.

Juan was not successful in his request to the professor to give him more time for testing, or to give him a makeup. Juan never experienced a professor outright telling him that he did not belong in college such as happened to the student in Barga's (1996) study, who was actually told by his professor, "You can't make it here. The students are smart and you could never keep up with them" (p. 416). However, Juan did experience "reluctance or negativity" from his professors in response to his requests for assistance, much like the students in Norton's (1997) study who shared that faculty appeared "suspicious, reluctant or negative" (p. 5) when approached by them about accommodations for their learning disabilities.

Juan experienced both positive and negative attitudes from professors towards him and his requests for accommodations. Juan had two professors in college who had previously been his high school teachers. These professors did not require documentation from him to give him accommodations—they just gave him accommodations. In contrast, there were two critical instances in which Juan's college algebra professor refused to help him. He responded to Juan's plea to retake a test by

refusing and telling Juan that he could not do anything about it. When Juan asked for more time to study for a final exam, this same professor refused to give him more time. The professor informed Juan that at the university level, it didn't matter if he needed help. The professor emphasized that what mattered was that he did the work. In both of these cases, Juan challenged the professor's stance but did not change the professor's mind. Juan failed the class the first time he took it and dropped the class the second time. Regarding the professor's negative attitude towards Juan's requests for help, Juan stated "I can't blame him. It is my fault."

Juan also experienced a negative attitude from his favorite professor. This professor, in a social setting with other students, told Juan that he was lazy. Juan did not take this comment as humiliating, but rather framed it as a comment given to him in an effort to help him recognize his "flaws" and act on getting rid of them. Once again, the professor identified the flaw within Juan, procrastination (a major characteristic of ADHD), and termed it as "laziness." Juan then also accepted this "flaw" recognized by his professor.

Juan's ADHD and math learning disability caused him to struggle with algebra, to forget to request accommodations, and to procrastinate; and thereby, to appear "lazy." Yet his professors, the persons in power, rather than extending him help, chose to blame him for these same characteristics, as if Juan was in control of them. Juan accepted the blame for his lack of success in algebra, for running out of time during a timed computer-based test and for not being able to study for a test because the tutoring center cancelled his sessions at the last minute. He also accepted the blame for not being

prepared for an unannounced makeup test, for forgetting to request accommodations, and for being “lazy.” The professor’s attitudes reflected the belief that if Juan could not make it on his own (without accommodations) he really did not belong in postsecondary education. When, in reality, it appeared that the professors did not understand learning differences and how to teach students who have them. Perhaps if these professors employed teaching strategies to help Juan break down a lengthy assignment into manageable steps, Juan would have been more successful.

Juan’s negative experiences with the algebra professor and his favorite professor are consistent with the experiences of some students in Sarver’s (2000) study who felt that faculty appeared not to know much about learning disabilities. These students also reported that college faculty attitudes were inconsistent or sometimes hostile in their response to requests for assistance. Juan’s experiences were also consistent with students in Barga’s (2006) and Worley and Cornett-DeVito’s (2007) studies. Students in Barga’s study identified that educators were not well-informed about learning disabilities. These students “stressed the need for more training of teachers, professors, administrators and other school personnel” (Barga, 2006, p. 420) to make them more sensitive to the needs of students with disabilities and to serve these students without “stigmatizing and alienating them” (Barga, 2006, p. 420). Worley and Cornett-DeVito’s (2007) study stressed the importance of college faculty being sensitive to the needs of students with disabilities and responding appropriately to help students achieve learning. It may have been that Juan’s professors responded negatively to Juan’s requests for assistance because they lacked knowledge of and sensitivity to the effects of learning disabilities,

which contrasts with the reactions of the professors who were Juan's former high school teachers.

Juan's professors, in refusing to help him and in chastising him for procrastinating, were in effect, blaming him for the effects of having ADHD; and, they were held blameless for not knowing how to teach him. The institution was held blameless for not properly training their teachers on methods of teaching students with disabilities. The institution was also held blameless for the policies that require a victim of a disability to be solely responsible for proving his disability yearly. Dunn (1968), Ryan (1976, Rev.), and Valencia (1997) described these behaviors as *victim-blaming*, which is the process whereby the most powerful party blames the victim for his failure and holds the victim responsible for the failure of those in power. Dunn, Ryan, and Valencia are, in effect, describing Juan's experiences with his college professors and with the institution. Juan experienced discrimination at the hands of his professors and his educational institution because of his disability even though legislation was passed 40 years ago to stop this discrimination.

Federal lawmakers enacted legislation (The Rehabilitation Act of 1973 and Section 504 of the Americans with Disabilities Act) to prohibit discrimination against individuals with disabilities by entities that receive federal funds. However, the burden of proof of a disability rests on the student with the disability. For a student with ADHD, the burden of proof is sometimes insurmountable. Juan's postsecondary institution set up the rules for students to receive accommodations and the liaison between Juan and the institution was the Office of Special Populations. Juan's ADHD characteristics caused so

much anxiety for him that on several occasions Juan chose to forego requesting accommodations rather than experience the anxiety that he felt while waiting in a doctor's office. Juan referred to the accommodation-seeking process as a process that forced him to "jump through hoops" in order to receive them. In fact, the Office of Special Populations at this community college acted much like the institutions that Reid and Knight (2006) wrote about when they stated that "the unquestioned notions of the individual responsibility for learning . . . reside in the student" (p. 20). This notion of an "individual responsibility for learning" does not take into account the impact on an individual of the manifestation of the characteristics of ADHD and how difficult "individual responsibility for learning" is when the institution and its representatives do not overtly seek to help these students. For Juan, this discrimination based on lack of awareness about the effects of ADHD (or refusal to be aware) by the faculty and institution he attended, may not have been the only obstacle he faced. As a Mexican-American student, he was also a potential target of racism.

Discrimination based on the intersection of race and disability was prevalent in my literature review, and was the basis of my theoretical framework. When I did my study, I assumed that I would find that Juan perceived discrimination based on race and disability. However, as I indicated in Chapter 4, this theme did not explicitly surface in comments made by Juan. However, the intersection of race, class, and disability is pervasive within this study. Institutional racism was pervasive throughout Juan's life. As evidenced in the preceding paragraphs, discrimination against Juan because of his disability continues to be ongoing. Scheurich and Young (1997) and Reid and Knight

(2006) addressed the presence of discrimination in our society. According to Scheurich and Young, “label-based institutional racism continues to exist” (p. 6). Reid and Knight concurred with Scheurich and Young when they stated, “Although discrimination against all groups is illegal, it nevertheless persists” (p. 18). The fact that Juan did not perceive racism does not mean that he had not been the victim of racism, but rather that he had lived with discrimination based on disability all his life and had accepted the responsibility for being ADHD.

Juan did state that he felt he did not experience discrimination because his community college was predominantly Mexican-American. Juan shared that Mexican-Americans comprised the majority of students and faculty at his community college. In fact, Juan’s community college demographics reflected that 92% of students and 75% of professors were Hispanic (Accountability System, 2013). Juan’s perception was that because the majority of the population at his community college was Mexican-American, his White professors adapted to the Mexican-American culture. Juan even described his White professors as being more Mexican-American than White. While Juan did not elaborate on this comment, it is possible that Juan’s White professors lowered their expectations to meet the perceived needs of their Mexican-American students, even though Juan believed that he was held to the same expectations as all students without disabilities. Even though Juan did not perceive the experience of racism because he lived in a homogeneous community, my perception is that he did experience racism but did not recognize it as such. As the victim of racism, Juan owned his “flaws” and perceived them to be his fault and not the fault of the institutions he attended or of

the institution's representatives. The implications shown by the results of my study indicate that new practices and policies need to be implemented in order to further safeguard students with disabilities from the discrimination that hinders their chances for success in postsecondary education.

Implications and Recommendations for Policy and Practice

According to Amen (2001), ADHD has a “powerful negative impact on a person’s ability to do well in school” (p. 198). Because ADHD is not immediately evident to an observer, it may create difficulties for students by those who are skeptical that it exists (Wolf, 2001). Section 504 of the Rehabilitation Act of 1973 and the ADA of 1990 are laws enacted to protect individuals with visible and invisible disabilities from discrimination. Accessibility to buildings for persons with physical disabilities in the form of ramps and elevators is an obvious result of these laws, and the evidence of this access is everywhere. However, for individuals with invisible disabilities, accommodations, which are the ramps and elevators for them, are not visually evident. A college or university must provide ramps and elevators to facilitate access to university buildings for individuals with physical disabilities, and they must also provide accommodations for those whose disabilities are invisible. Ramps, elevators and accommodations create pathways for individuals with disabilities. Professors who do not provide accommodations to qualifying students are denying them access to their ramps, and they are breaking the law by doing so.

More students with ADHD and learning disabilities are attending postsecondary education because of Section 504, the Individuals with Disabilities Education Act (IDEA; which protects students with disabilities in Pre-K through 12th grade) and the ADA. Students who currently attend college began their education fully protected by these laws (Wolf, 2001). Researchers have found evidence that students who disclose their learning disabilities report experiencing negativity and deficit attitudes from teachers or professors in response to requests for accommodations (see, for example, Barga, 1996; Eisenman & Tascione, 2002; Field Sarver & Shaw, 2003; Higgins, Raskind, Goldberg & Herman, 2002; Norton, 1997; Sarver, 2000; Weiss, Hechtman & Weiss, 1999; Worley & Cornett-DeVito, 2007). In contrast, the results from the current study showed that the two college teachers who taught Juan when he was their high school student provided accommodations for him even when he did not bring them the supporting documentation. This may be because secondary education teachers have been provided with more training to help them work with students with disabilities. It may be beneficial for faculty at postsecondary institutions to undergo mandatory, ongoing professional development aimed specifically at helping them understand the different types of learning disabilities and the types of accommodations. In so doing, faculty will be better prepared to help students become successful despite their disabilities. In addition to understanding the different learning disabilities and accommodations, training on the laws should be undertaken to ensure that professors understand that granting a student an accommodation is the law, and not an option. Sensitivity and

diversity training can also be included to make sure that no student is ever subjected to humiliation by college faculty.

Results from Juan's experiences demonstrate that the bureaucratic procedures students in college systems have to follow in order to receive accommodations are ineffective for students with ADHD. Therefore, students may benefit from the implementation of new procedures that use technology to inform professors when a student meets the requirements to receive accommodations. Students might also benefit by having universities eliminate the requirement that mandates that they have to prove on a yearly basis that their condition continues to exist.

Weiss, Hechtman, and Weiss (1999) noted that it is a very small portion of students with ADHD that may have enough insight and organizational skills to seek assistance in postsecondary education. Therefore, postsecondary institutions may benefit by looking at the established practices in their OSPs as they pertain to students with ADHD. Rather than sit in their offices waiting for students with ADHD to knock on their doors and ask for assistance, administration and faculty may consider developing procedures to actively outreach to these students and to provide them with more services than are required to meet the letter of the law.

Finally, results from Juan's story showed ADHD characteristics and coexisting learning disabilities to be pervasive and carried into adulthood. Policies in special education programs and Section 504 programs in public education need to establish provisions that allow students with disabilities to start as early as possible being part of decision-making that will impact their future. In order to benefit students with

disabilities, these institutions also need to include self-advocacy training for students as early as possible. Therefore, by the time the transition-to-college meeting takes place during their high school senior year, students will be well aware of their learning differences and how to best meet their learning needs.

Implications and Recommendations for Future Research

The review of the literature revealed that there is a gap between White students enrolled in postsecondary education and Hispanic students with disabilities who attend postsecondary education. The gaps between White and Hispanic students are very large, indicating that when disability intersects with race, students of color may be excluded from accessing a college education (Reid & Knight, 2006). According to Reid & Knight, “disability has served historically as an instrument of institutionalized systems of disadvantage... largely because of... definitional loopholes and assumptions associated with [the] understanding of disability” (p. 21). Additionally, there is a significant gap in enrollment in postsecondary education by gender, with female enrollment exceeding male enrollment in postsecondary in all subgroups except Asian Pacific Islanders (Henderson, 2005). The gender gap is significant because, according to Barkley (2005b), ADHD is more prevalent in males than females. A comprehensive review of the literature revealed that there are no studies pertaining to the college experiences of Mexican-American males with ADHD and co-existing learning disabilities. In order to help fill the gap in the literature, more studies focused on Mexican-American male college students with ADHD and/or learning disabilities are needed. These studies may

include focus on Mexican-American students who attend institutions in a variety of geographical locations in the United States where the Latino populations vary in size. Future studies could also be conducted that are focused on primarily Hispanic-serving institutions in order to learn about the training they provide their staff to create awareness of ADHD and related learning disabilities. In addition, a quantitative study could be undertaken to examine how many male, Mexican-American students with ADHD with or without co-existing learning disability are succeeding in postsecondary education.

The laws that protect students with learning disabilities may also have the unintended consequence of hindering students with disabilities as institutions, intent on following the letter of the law to help students with these disabilities, may, however, not be following the intent of the law. Further research is necessary to determine the outreach that is provided by Offices for Special Populations and whether that outreach is actively reaching out to help students with disabilities become successful.

Epilogue

Consejos para mi Gente—What I Want Others to Know

I had a conversation with one of my dissertation committee professors after my defense. She told me that I needed to go deeper into my analysis. She said she wanted to hear more of Juan's and my voice. She pushed me to tell the story of myself as the mother in this story and not as an academic. My professor asked me to take a step back from my role as a researcher and to reflect over my lived experience as the mother of a

child with ADHD—to really think about what I, as a mother, would want other mothers of Mexican-American male students with ADHD to know. When she asked me to do this, it caused me to reflect on what I was not saying because of my role in this study as researcher. In discussing my professor's comments with my family, they helped me understand what I already knew, that the reason that I was having trouble getting past the surface of my analysis was because I feared how others might perceive our story. One of my sons told me that I needed to embrace Juan's diagnosis and use it to teach others, to help ADHD children adapt and turn their difference into strengths.

In looking back through my doctoral experience, I realized that I was silencing my own voice. One reason I silenced myself and suppressed our story is because I found that writing about my own son's experiences was very painful for me, and I continued to feel this pain every time I sat down to write. I silenced my mother voice because, as a doctoral student, I was playing a new role as an academic. I held back on my reflections because I was still finding my place in this academic realm. I feared going against the norm of academic expectations. I feared that my dissertation would be ridiculed by friends, colleagues and academia. However, because my professor pushed me into going deeper into my reflections, I found myself peeling back the layers of Juan's and my story in order to give us a voice. The most difficult part of the story was reliving the wounds that I had suppressed along the journey; wounds that re-opened, resulting in tears streaming down my face as I proofread my document. I can attribute these tears to my perceptions of others viewing my baby boy as deficit because they did not understand ADHD or learning disabilities. This was my Goliath.

Throughout the course of the study, I was conflicted by my dual role. I remember the first time I first presented a proposal for my study as part of a class with Dr. M. I stood up to present, and as soon as I began, I was suddenly overwhelmed with emotion. I could not proceed with my presentation, because I was so choked up about the topic—my baby boy with ADHD. I was choked up knowing how much he has struggled because of ADHD and about my fears regarding whether he would be able to finish college. My emotions were right below the surface and I had not realized how raw they were. I remember several members of my cohort looking at me as I stood there crying, unable to speak, and I could see in their eyes that they wanted to help me. Several of them offered to run the presentation for me.

Eventually, I was able to take control of my emotions and got through the presentation, with the aid of one of my cohort members who advanced the slides. At the end of my presentation, my professor challenged me. She told me that students with disabilities need to be able to meet the expectations of a university setting. However, by the time we finished with the discussion, my professor commented that if in the school of education professors were unaware of the impact of ADHD on learning, then what could be expected in other departments of the university that have nothing to do with education theory? When class finished, as members of my cohort were leaving the room, most of them gave me words of support and encouragement. One woman, a member of our cohort who eventually completed her Ph.D. and became a superintendent in a school district in my community, told me that I had chosen a good topic “because people need to know about *those children* [emphasis added].” I hated what she told me, but there was

some truth in her comment. In the eyes of some of the people discussed in this study, my baby boy became the *other*, the child with a *disorder*, the *deficit* child, *the deficit*.

The story about our struggles with ADHD began the day my baby boy set foot in his prekindergarten classroom. Juan's ADHD proved to be pervasive and not something that he outgrew. Throughout the journey, he encountered barriers—those caused by the manifestation of the ADHD characteristics and those that were set up by educational institutions. He encountered positive and negative teacher attitudes and expressed his desire to be just “like everybody else.” What do I want to tell other Mexican American mothers? I would tell them not to be afraid of putting a label on the characteristics. The label helps to identify the reason for the behaviors and the treatment to help alleviate the symptoms. I would tell them to embrace the label. Get him the help he needs. Defend him when necessary. Teach him to defend himself.

Juan's and my journey has not been easy. We have traveled together for 27 years down the same road and Juan has taken ownership of his disorder. In prekindergarten, Juan was labeled as being “Unsatisfactory” in completing school activities, working independently and showing responsibility. In the third grade, Juan was a child who “simply could not finish his work,” who “had a very short attention span,” and the child who other children used to “make fun of.” In fourth grade, Juan was the child who “did not belong” in a GT classroom. He was the child whose effort and study habits were “Unsatisfactory” and who was given an additional label reserved for special education students as part of his math average.

In middle school, Juan was the student who was labeled restless, disorganized, impulsive, inattentive, and distractible. In high school, Juan's reading teacher labeled him as being forgetful, needing to be reminded to turn in assignments, and needing more time to finish work. Even the band director labeled him as needing improvement in overall behavior and giving undivided attention in rehearsals. As an 11th grader, Juan's teachers labeled him as someone who often lost things that were necessary to complete tasks, was easily distracted, had below average organization skills, and shifted between incomplete tasks. As a 12th grader, Juan was even labeled below average by his French teacher-father, who stated that he had problems with attention, organization, completing homework, and working independently.

In college, Juan was the student who failed to seek tutoring and accommodations for algebra on a timely basis. He was the student who chose to forego seeking accommodations because the idea of having to sit in his doctor's office, yearly, proved too daunting for him. Juan was the student who ran out of time during a computerized algebra test and failed the test; and, the student who needed more time to study for his midterm exam. In college, according to his professor, Juan was the "lazy" student.

What would I say to other mothers? I would tell them that every single one of these characteristics that Juan was being blamed for are not his fault! Every single one of these labels was screaming out, "This is not Juan! This is what Juan's ADHD looks like!" It looks like an elementary school child who could not work independently and had difficulty being responsible enough to complete his assignments. It is a child who has a short attention span and to whom other children make fun. It is a child who does

not belong because he cannot put forth enough effort to complete his work. ADHD looks like a middle school child who is restless, inattentive, distractible, and impulsive. He has difficulty organizing to complete assignments and needs more time to finish. It is a middle school child who forgets to seek tutoring or forgets to turn in his work. ADHD looks like a high school student who lacks organization skills, is easily distracted, does not turn in assignments and needs more time. In college, ADHD looks like a student who forgets to turn in accommodations or decides not to seek them because waiting in a doctor's office causes him too much anxiety. ADHD looks like a college student who waits too long to seek tutoring, or who waits until the very last minute to work on a project, or who forgets to take his ADHD medication.

Juan has been taught for 27 years by some in the educational system to believe that he is flawed. This has been Juan's truth, and he has taken ownership of his flaws. The educators' labels have prompted Juan to believe that he is deficit—he is inadequate, different, unsatisfactory, does not belong, and he is not like everybody else. In essence, these teachers have placed the reasons for Juan's failure within Juan. Juan's experiences are the experiences that Valencia (1997) described as the most powerful parties (the educational institution) blaming the victim for his deficiencies. In Juan's case, the powerful parties included the education institutions and some of his teachers and college professors. According to Ryan (2010), deficit thinking prevents people from identifying and correcting institutional system inequities.

What would I say to teachers, professors, and institutions? I would say to them, "Let's get together and identify the inequities in our systems, so we stop blaming the

child and start figuring out how to help him.” I would say to teachers and professors, “You do have the power to help ADHD children. You are the ones who make the assignments, and you are the ones who can differentiate them based on strengths and weaknesses of your students.” I would tell institutions to take notice of their data. If they look carefully at their enrollment data by gender, disability, and race, the data will speak to them about the gaps and help them identify the members of those gaps.

Juan’s and my story is not over. The interviews for this study concluded with Juan failing college algebra for the second time. Since the interviews, Juan registered for college algebra for the third time. This time, Juan took algebra in summer school, heeding his father’s advice. I hired a tutor for Juan starting the first day of summer school. Juan was tutored every day and every weekend. The tutoring cost me several thousand dollars, but, by the end of the summer session, Juan passed college algebra with an 85 average! I have never seen Juan as happy as he was the day he saw his algebra grade. Passing algebra removed what had once seemed like an insurmountable barrier for him. Juan is very close to finishing his Associates Degree, after which he plans to transfer to a university that specializes in music education with a specialization in percussion. He has been working intermittently as a substitute teacher. I still worry about Juan’s future, which is the reason why I undertook this study. My worry at that time had to do with what would happen to Juan in postsecondary. My worry now is about what will happen to Juan in life, when he has outlived my husband and me.

I believe that Juan’s and my story will have a happy ending and that Juan will achieve his goal because his disorder has been identified, and because he receives

medication to ameliorate his symptoms. However, I believe Juan is not the only member of my family with ADHD. Knowing what I know now about this disorder, Juan's maternal grandfather and his paternal uncle exhibited characteristics of ADHD. When I compared the lives of these men to Juan's life, I could see the similarities. They were entrepreneurs and established businesses that dealt with the sale of liquor and both eventually failed. Juan tried to start a business offering drum lessons, but he was not able to get it off the ground. Juan's grandfather and uncle were addicted to alcohol. Thankfully, Juan has not developed any drug or alcohol addictions, but he does have an "addiction" to video games which keep him from focusing on his college work. Both men were undereducated and underemployed. At age 27, Juan has not finished his Associates degree and works as a part-time substitute. Both men had difficulty establishing long-term relationships with significant others. My father separated from my mother when I was 10 years old. My brother-in-law never married. Juan has not yet had a long-term relationship with a significant other. Juan's grandfather and uncle were never formally identified with ADHD and, therefore, neither man was treated for its symptoms. Their lives became unfulfilled promises. ADHD is a very serious condition that, in many cases, continues into adulthood. But, I believe that because Juan's ADHD was identified, and because he does take medication to help ease his symptoms, Juan's outcome will be better. It is up to us, the mothers of these ADHD children, to explore every avenue to help them become successful. It is our responsibility to find out what works for every single child.

Conclusions

In this study of the postsecondary education experiences of one Mexican-American student with ADHD who was attending a postsecondary school, results showed that students with ADHD attending postsecondary face tremendous challenges because of their disability. In Juan's case, ADHD was pervasive; it was identified in preschool and continued into adulthood. The ADHD was complicated by a co-existing learning disability in math. The learning disability became more pronounced when Juan entered college and was faced with advocating for himself in order to access accommodations. My results add to the body of research that points to the benefit students with disabilities would receive from instruction on self-determination skills as part of their high school curriculum. My results add to the literature about the importance of self-advocacy skills training for students with disabilities

In addition to the ADHD, Juan's success in postsecondary was hampered by the college systems that make it necessary for students with ADHD or learning disabilities to continuously prove the continued existence of their disability. Finally, Juan did not have difficulty communicating with his professors about his learning disability. His college professors who had been his teachers in high school did not request that he provide paperwork to access accommodations. However, on various occasions, one of Juan's professors refused Juan's requests for assistance. Even though Juan faced many difficulties because of ADHD, he remained resilient and persisted in his efforts to acquire his degree.

Throughout the course of this study, I had many doubts about interviewing my son for this dissertation. On the one hand, I struggled with letting others know that he has a learning difference, and this has been a life-long struggle for me. However, as I reviewed and analyzed the data and the source documents, and read and re-read, listened and re-listened to the interviews, I realized how powerful his reflections were. I was reminded of the statement by Reid and Knight (2006) when they wrote,

Colleges and universities might benefit from *listening to the voices of minority students labeled as disabled* [emphasis added]. Indeed, those students *and their families* [emphasis added] are the experts who know the limitations of their K-12 educational opportunities and their current needs, and that information could enable colleges and universities to provide the kinds and levels of multicultural support needed to ensure success in postsecondary placements. (p. 21)

I have reflected on the statement by Reid and Knight (2006) many times, and I believe that this study could not have been done any other way. For Juan is the voice of a Mexican-American student labeled as disabled and I am his family. We are the experts who have the knowledge of Juan's educational experiences and who know Juan's current needs. We bring this knowledge to colleges and universities to inform them and to help them make postsecondary experiences successful for these students.

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