



Creating an ADHD Support Team

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Colgate University

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Land Acknowledgement



We would like to acknowledge the land on which the University of Buffalo operates, which is the territory of the Seneca Nation, a member of the Haudenosaunee/Six Nations Confederacy. This territory is covered by The Dish with One Spoon Treaty of Peace and Friendship, a pledge to peaceably share and care for the resources around the Great Lakes. It is also covered by the 1/94 Treaty of Canandaigua, between the United States Government and the Six Nations Confederacy, which further affirmed Haudenosaunee land rights and sovereignty in the State of New York. Today, this region is still the home to the Haudenosaunee people, and we are grateful for the opportunity to live, work, and share ideas in this territory.






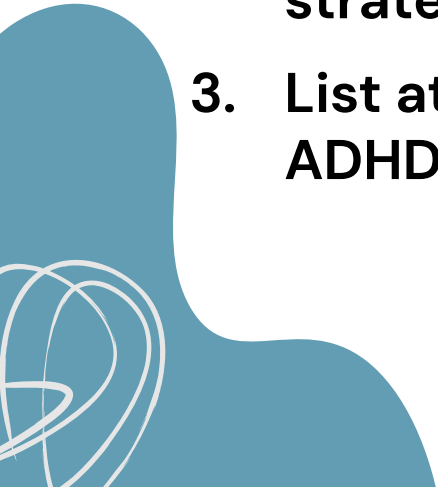



Conflict of Interest Statement

The presenters have no actual or potential conflicts of interest in relation to this program.



Today's Objectives

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1. Participants will be able to identify three ways in which ADHD impacts college student success.
 2. Understand the benefits of a multidisciplinary team to support students with ADHD and consider strategies for their unique campus' needs.
 3. List at least three strategies to promote a functional ADHD Support Team.
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But first... an activity!



Let's Discuss... What are you seeing on your campus?

- Have you seen any changes in ADHD-related concerns in the last 5, 10, 15 years?
- How do you see ADHD impact your students' experiences?

- Academics
- Student activities
- Commuters vs. residential


How are faculty/staff talking about these issues?

What frustrations/challenges have you experienced around this topic?



Our “Situation”

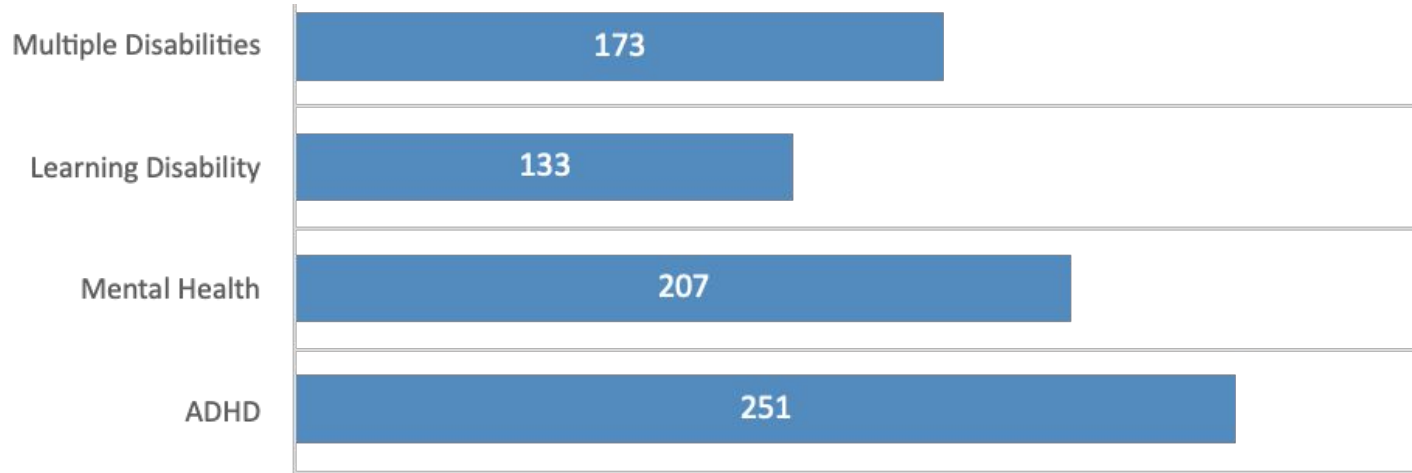
Perspectives from Three Offices

 Student Health Services	Lack of psychiatric service; med mgmt; limited referral options/ access to neuropsychological evaluations; needed support for complex students
Counseling Center	Long-standing coordination with SHS for psychiatric services evolving; desire for collaboration with OSDS; no resident “ADHD expert”; lack of resources for students needing skill-building
Office of Student Disability Services	Significant increase in number of students needing support; contract with neuropsychologist for students with financial need
Other Considerations	Increasing rate of requests for ADHD evaluations; SES barriers; parental barriers; generational characteristics; Faculty/staff lack of awareness



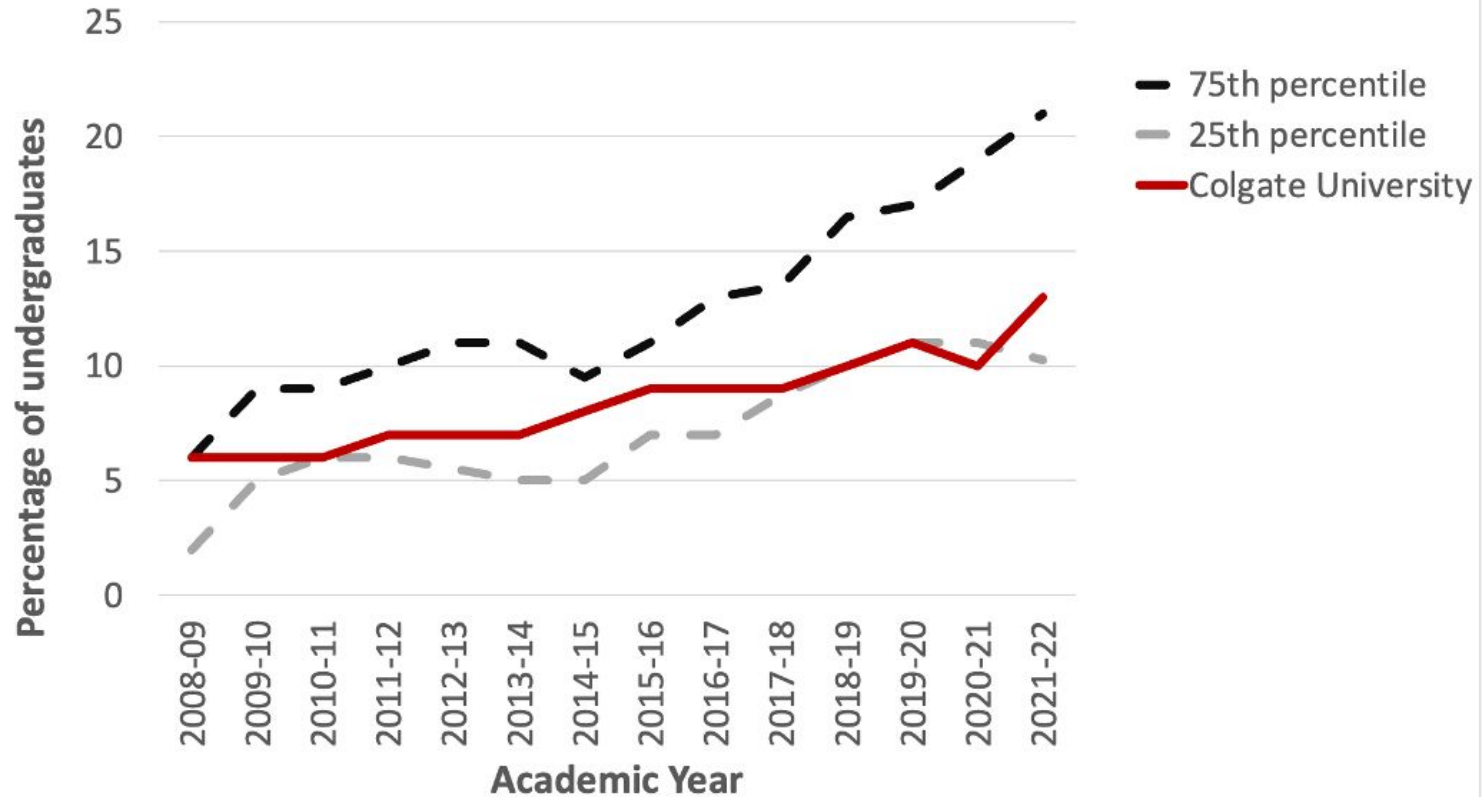
Colgate University Student Population: Registered Academic Adjustments

- 597 students registered with OSDS for academic adjustments



** Provided by Colgate University Institutional Research
(October 2022)*


Undergraduates with registered disabilities at selective small liberal arts colleges





There's Got to be a Better Way!

The “solution”



Evaluation/ Treatment: ADHD Team; ADHD workshop; Mantra; Contracted neuropsychologist

ADHD Support team: Referral process; shared consent form; google sheet to track; bi-weekly meetings; packet A and packet B; CCAPS as screening tool

Support/ Education: ADHD Workshop; EF coaching; Faculty/ student sessions; Film screening; 1:1 support



There's Got to be a Better Way!

The "Solution"

**Mantra
Procedure**



**ADHD
Support Team**



**ADHD
Skills
Workshop**



**Campus
Programming**



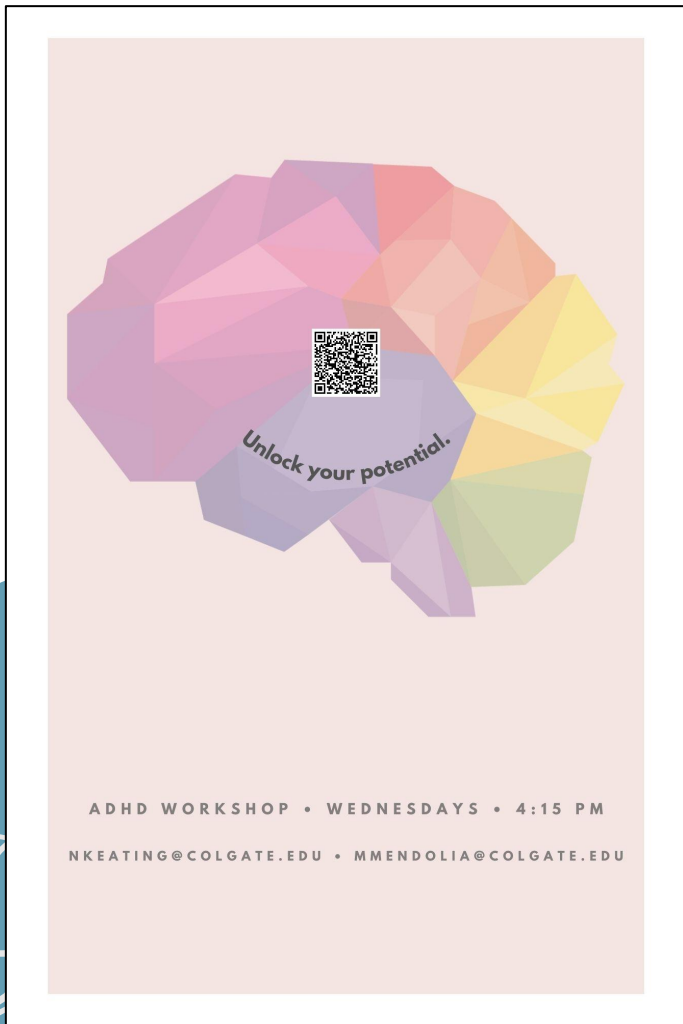
More on the ADHD Workshop

4-session workshop targeting skills for ADHD management

- Neurobiology of Attention
- Sensory Integration Needs & Strategies
- Executive Functioning Concepts & Strategies
- Emotional Regulation

Interactive discussion & experiential learning activities

- Improved participation with movement added to activities and discussions



Documentary Screening & Discussion

All Colgate Community Members are invited to a
film screening & discussion on

THE DISRUPTORS

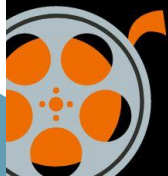
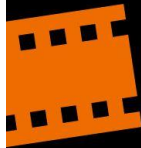
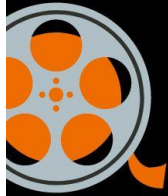
*An immersive investigation of the challenges and strengths
of those living with ADHD*

Wednesday, April 5th

6-8 PM

Persson Hall Auditorium

Dinner Provided
Pre-registration Required





Pause for Questions?



It went great! Mostly!



Evaluation/ treatment:

✚ Stats from ADHD Team (Niki/Ellen)

✚ Mantra referral procedure, trust each other, better referral process into spring

Support/ education: ADHD Workshop attendance; film screening initiative



It went GREAT! (mostly...)

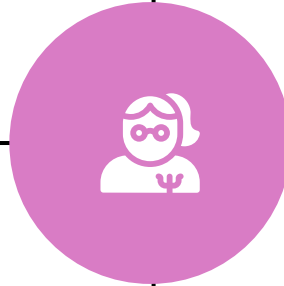


Evaluation

Mantra protocol; more effective use of neuropsych. resource

Support Resources

ADHD Skills group (4 sessions); effective inter-office referrals



Treatment

Streamlined access to options; Mantra referral more efficient to get to medication trials (if appropriate)

Educational Initiatives

Film screening; faculty and student lunch sessions



ADHD Support Team Numbers



Students referred to the team, n=55



- 71% referred to Mantra, 25% neuropsychological evaluation, 2% SHS
- Class year break-down, nearly equal!
- Outcomes: 50% referred to Mantra Dx with ADHD/ not ADHD; 83% referred to neuropsych Dx with ADHD



Growing Pains and Lessons Learned

+ Procedures

Combined ROI;
referral process;
paperwork
inconsistency

Communication

Moving students
between offices;
circling back around



Skills Group

Higher attendance
earlier in the semester;
not labeling 4-week
structure

Relationships

Developing trust,
asking questions



Our future aspirations



evaluation/ treatment:

- + -moving all paperwork to electronic format, prevent attrition/ encourage follow-through

-follow-up back to OSDS for adjustments

support/ education:

-faculty awareness/ education

-ADHD workshop, more consistency in offerings, better time?

-tracking demographics? Tracking academic performance? In counseling? On meds?

What do we want to know? What happens to students who aren't Dx?



Our Future Aspirations



- ✓ Moving paperwork to electronic format; prevent attrition
- ✗ Following back up with OSDS for adjustments
- ✓ Faculty/stats awareness and education
- ✗ ADHD skills workshop marketing and planning
- ✓ Tracking more demographics
- ✓ What happens to the students who aren't Dx?





Questions?
What are your “takeaways”?

