College Students and the Stigmatization of ADHD

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Abstract

This study focuses on the stigmatization of Attention Deficit Hyperactive Disorder or ADHD

Keywords: ADHD, Stigmatization

Introduction

Many college students experience mental health issues. In particular ADHD is a common disorder among college students "Henderson [1999] and Guthrie [2002] reported that nearly two of five college students with disabilities have ADHD… In general, it has been estimated that 25% of students receiving disability support services receive services for ADHD and this percentage has increased substantially since 1975" (Weyandt & DuPaul 2008). With any disorder, health issue or other problem, stigmatization may occur due to the fact that others may respond negatively to those that they view as deviating from what is seen as normal. This study aims to look at college students and the stigmatization goes in terms of ADHD and the extent to which this varies between those not diagnosed or reporting symptoms as compared to those diagnosed or reporting symptoms.

History and Background

To understand ADHD labeling one must first understand the way ADHD is diagnosed and the corresponding symptoms. ADHD diagnosis usually takes place in childhood. Consistent diagnosis is difficult due to the many types of medical professionals that are allowed to diagnosis this disorder (Schlachter 2008). Also, there is no common understanding and approach between practitioners. Some may diagnose only for extreme symptomology while others may diagnose

less extreme cases. Now, health care professionals cannot solely be blamed for the confusion that exists over diagnosis. They follow the DSM, however, the DSM is criticized due to the fact that it fails to provide enough specific indicators of unusual levels for the symptoms listed, thus subjectivity is inevitable (Schlachter 2008). There are concerns about measurement reliability as well as error and bias.

The American Academy of Pediatrics points to another problem. Their subcommittee (2011) states that the diagnosis of ADHD in children and youth is particularly challenging for primary care physicians because of the limited time provided to addressing the situation, for this disorder requires more time than most of the other illnesses they are used to addressing. This guideline recommends spending more time with patients and families to develop a better understanding of symptoms. The guidelines also suggest developing a thread of communication with the school and other personnel to whom a physician should work alongside to provide continuous, coordinated care. This type of care is a very time consuming task and the guideline strongly suggests physicians who believe they cannot provide this level of care should seek help from another doctor specifically in the field of mental health (Subcommittee 2011).

With all of this confusion regarding diagnosis comes a vulnerability to stigmatization. Varying diagnosis causes the general public to question the validity of the disorder which in turn leads to questioning the motives or character of those with the diagnosis. In general, stigma toward peers with mental health problems exists (McKeague et al 2015). It also has been found that this stigma imposed by peers translates to self-imposed stigma or self-stigma by those diagnosed with a psychiatric disorder. Both forms of stigma lead to issues such as feeling different, being bullied, retaliation and keeping ones disorder a secret. Another study found that ADHD is more explicitly stigmatized than depression, a disorder known to be stigmatized and

thus a good comparison. “Adolescents were less accepting and more prejudiced towards both disorders, especially ADHD. This could be explained by adolescents’ preference for social order within the peer group and their tendency to advocate exclusion of peers who might impinge on successful group functioning” (O'driscoll et al 2012).

Theoretical Framework

Howard Becker’s theory of labeling and deviance explains the process. “According to Becker (1963), the fundamental truth about being different is that the concept of difference is established by the society or community in which certain rules are set up and those who break these rules are regarded as outsiders” (Algraigray & Boyle 2017). He explains that society’s process of labeling is often not justifiable in that one may be labeled as deviant when in fact they have not done anything wrong or have not violated social mores. Moreover, he asserts that defining people as deviant because of their disability is harmful and abusive (Algraigray & Boyle 2017). Individuals with the disorder may violate folkways, i.e., minor social norms such as being able to focus for a long period of time, specifically in the classroom, not getting up from your seat often, not fidgeting often and other behavioral norms students are expected to follow. When students are diagnosed with ADHD and take medications for their disorder they may also be marked as different from norms of physical and mental health. A deviance label invites social sanctions and ostracism. To the extent that ADHD is treated as deviant, this can be detrimental to the overall life of a student with ADHD.

With all of this said, the student is the one actually living with the disorder and facing the risks of the deviance label. The stress of fitting in falls on their shoulders. They have to present themselves in a way that makes them no different than anyone else. Erving Goffman explains the difficulties of impression management in his Dramaturgical Theory. This is the idea

that our presentation of self is a performance and humans are the actors that play different roles in order to contribute to the smooth functioning of social interaction in different social settings. Social behavior is role playing and society would be impossible without social role performances (Dillon 2014). Everyday an ADHD student who is trying to avoid being ostracized has to put on a performance. They have to try and hide perceived deficits. This is stressful and creates what Goffman calls performance pressure. “In their capacity as performers, individuals will be concerned with maintaining the impression that they are living up to the many standards by which they and their products are judged” (Lemert 2017). Having the disorder and being diagnosed with ADHD can make it hard to live up to “standards.”

Existing Studies

Previous studies have examined the correlation between ADHD and negative physical, psychological, or social effects, Castens and Overbey’s (2009) investigated the correlation between ADHD, boredom, sleep disturbance, self-esteem, and academic achievement in college students. This survey consisted of 166 participants. Questions about boredom, self-esteem, sleep and behavior were asked and an additional "yes/no" question was put at the end of the questionnaire asking participants if they had ever been diagnosed with Attention Deficit Hyperactivity Disorder. Of the 166 participants only three men and nine women indicated having been diagnosed with ADHD. The researcher also measured symptoms of ADHD were assessed using Johnson and Lyonfields' Adult Behavior Checklist, an 18-item self-report questionnaire. Boredom proneness was assessed using the Boredom Proneness Scale. Self-esteem was measured using the Rosenberg Self-Esteem Scale, a 10-item self-report questionnaire measuring feelings of self-worth and self- esteem. The study found significant correlations between boredom proneness, sleep disturbances, self-esteem, and symptoms of ADHD.

Davis-Berman and Pestello (2010) conducted a study on college students to find personal and social issues faced due to ADD/ADHD. Twenty students from a private university in the Midwest volunteered to be interviewed for this study. Some of the questions were "How was the need for medication identified? What was the process of being placed on medication? What were the effects or side effects? What were the reactions of others? Did medication users experience any reactions from others to their medication use? Participants were also asked about their awareness and experience with the abuse of stimulant medication. Finally, they were asked to identify any positive consequences about having ADD/ADHD" (Davis-Berman et al 2010).

A Constant Comparison method was then used in which themes were identified. From this, five themes emerged from the data: "recruitment of the young, freedom from personal stigma, social issues surrounding stimulants, and side effects and abuse" (Davis-Berman et al 2010). There were few negatives found among respondents taking stimulants. The researcher suggested that it is possible that the early age of first exposure to medication has normalized this experience among these young people, where growing up in an atmosphere where taking medication for ADD/ADHD was normal, accepted and even expected. To explain further, these students never talked about themselves as weak for having to take medication, nor did they seem to view themselves as somehow sick or damaged. This study expressed that there is an entire generation of young people being raised to think that medicating for concentration, attention and behavior is acceptable if not desirable, and that there is no corresponding impact on the sense of self. In addition, it is recognized in this study that stimulant drugs also shift attention away from social factors that might diminish one's ability to concentrate and learn better study skills. Those social factors might enhance academic performance without medication.

Overall, regardless of the lack of personal stigma seen in this study, the students still

seemed to be aware of society's negative view of ADHD. This includes an overlying skepticism about the validity of ADD/ADHD as a disorder.

McKeague et al, conducted a study in which they looked at retrospective accounts of self-stigma experienced by ADHD and depressed youth. Self-stigma occurs when people with mental health problems recognize the negative attitudes that others hold against mental illness, believe these views, and apply themselves to the views, thus causing a decrease in self-esteem. These researchers investigated whether experiences with stigmatization are internalized similarly by children and adolescents.

These researchers interviewed young adults and had them reflect on their childhood and adolescent years. The research questions that fueled this study were: "(a) Do young adults recall experiencing stigmatization during childhood/ adolescence? (b) Do young adults recall internalizing the stigmatizing views of others during childhood/adolescence? (c) Do young adults report a change in the nature of stigmatization or self-stigma over time?" (McKeague et al 2015). The participants in this study had either ADHD or depression in childhood or adolescence. Due to high levels of congruency between both disorders, those with a dual diagnosis were also included. In total there were 16 participants who had a self-reported childhood diagnosis of ADHD or depression. Their ages ranged from 18–30 years old. The interview began by participants being asked to describe the time when they were first diagnosed. The rest of the questions related to subtopics that were seen as relevant to self-stigma: peer relationships, disclosure to peers, reactions to stigma and how experiences changed over time.

From the interviews, three main themes emerged: being different, responses to peer stigmatization, and selective disclosure and a move toward greater openness. The discussions on

being different are relevant to self-stigma because being different was interpreted negatively and contributed to negative self- evaluation. Another aspect reflective of avoiding being different was the diagnosis of ADHD or depression being perceived as helpful by some participants because they could see that their experiences were more common than they had previously assumed. Participants also disclosed that as they became older they developed a better understanding of their mental health problem and found ways to cope with the symptoms. Some even reported that they now feel a sense of self-acceptance and have a new perspective on what it means to be "different."

In response to peer stigmatization the results yielded a potential path from peer stigmatization to self-stigma. These experiences caused some to become upset or to reinforce the experience of being different. Some experienced bullying, which brought about stress and made them question why they were different. However, converse responses to victimization were also discussed. Some described that over time, they began to retaliate against peers who victimized them. They would snap from being brought to their threshold of tolerance, they would stand up to their bullies. Another way in which one dealt with the social difficulties was to befriend peers who were facing similar emotional or behavioral issues. The examination of responses about disclosure provided insight into the awareness of societal stigma. One way that some avoided stigma was by hiding their disorder. They would keep it a secret from others. Even now at an adult age a willingness to disclose was not universal which is usually tied to negative experiences during childhood or early adolescence.

Overall, concern about being different is normal during the teenage years, so for these young people who were different from their peers the sense of isolation was much more intense for them. They used words like "broken," "damaged," and "weak" to describe themselves. For

some, however, having a diagnosis was positive, as it provided proof that others shared their experiences.

Purpose of Research

The existing studies are somewhat inconclusive on the extent ADHD diagnosed individuals accept associated stigmas. The survey that I administered further investigates this and expands on existing studies by including a comparison group of people into the study, those who are not diagnosed with ADHD. It assesses the extent to which those diagnosed with ADHD as compared to those not diagnosed vary in acceptance of ADHD stigmatization. My hypothesis is that college students without ADHD are more likely to stigmatize the disorder. Whereas those diagnosed with ADHD may be more adept at performance and coping strategies and may be more aware and thoughtful of stigmatization, and possibly reject the stigmas, it is feared that non-labeled individuals will be less reflective and critical.

These questions are important as they address possible social and psychological risks of a vulnerable population. If peers accept stigmas it will alienate those labeled. If demeaned or ostracized, this could lead those with the disorder down a path of despair and may even lead to suicide. Students should feel welcomed in their school setting no matter their different abilities and be given a chance at a fair life.

Methods

Participants

The participants invited for my study are college students from a private Catholic University in Connecticut. A total of 87 students were surveyed. The students were 90.8%

female, 6.9% male and 2.3% other. The survey was open to college, graduate and doctoral students, 94.3% were college students, 2.3% were graduate students and 2.3% were doctoral students. As for the ages of the participants 85% fell within the range of 18-21 while 15% were either 17 or over 21 years of age. In addition, 87.4% of students were of middle or high middle class, while the other 12.6% considered themselves low class or high class. Out of the 87 participants 8 said they had been medically diagnosed with ADHD and 79 said they had not.

Research Design

The study was a cross-sectional survey administered online.

Measures

The independent variable for this study is diagnosis of ADHD. Following Fuermaier et al and Castens and Overbey, this study also utilizes a measure of ADHD symptoms with the purpose in this study to determine if there is an inverse association between symptoms and the acceptance of stigma. The participants were asked about their distractibility, their ability to pay attention for a long period of time, their ability to wait their turn, their urgency to interrupt others and their ability to stay seated. These questions, although only identifying a few of the many symptoms of ADHD, produced a symptom index to indicate if participants could possibly have ADHD that had not been medical diagnosed with the disorder. The lowest possible score a participant could get for this index was 5 meaning one had none of the symptoms and the highest possible score a participant could receive is a 25, meaning they possessed all of the symptoms.

The dependent variable is ADHD stigma acceptance, the attitudes toward ADHD that would suggest stigmatization are annoyance, disregard and exclusion. A stigma acceptance index was created based off the Fuermaier et al and Castens and Overbey studies. Possible symptoms were used to create questions that would reflect a stigma. Participants were asked to agree or

disagree with statements about those with ADHD being outside the norm, if they thought people faked this disorder, if the disorder should be concealed from peers, if those with the disorder are given special treatment in school, and if working with someone with ADHD is difficult. If a participant agreed with all of these statements they received a 25 as their score, the highest score possible for this index. If they disagreed with all of the statements they received a 5, the lowest possible score for this index.

The control variables are Socioeconomic Status, Awareness of ADHD Symptoms and Diagnosis of a Family Member.

Procedure

The sampling design used for this survey was nonprobability purposive sampling. The survey was created using SurveyMonkey. A link was emailed out to acquaintances and friends that are college students. After three weeks I concluded the survey with the results I had collected.

Results

For this study a frequency test was performed on the stigma acceptance index. See table 1. The minimum score was 5, the maximum was 18, and the mean of for this data was 10. See table 1.

Table 1: Frequency test of stigma acceptance

Statistics

StigmaAcceptance

N	Valid	85
	Missing	2
Mean		10.1765
Median		10.0000
Std. Deviation		3.05574
Minimum		5.00
Maximum		18.00

An independent samples t-test was run for basic hypothesis testing of actual diagnosis and stigma acceptance. No significant difference was found between the two groups on the means for stigma acceptance. See table 2 for full test.

Table 2 & 2.1: Independent Sample T-Test for Stigma Acceptance amongst those without ADHD and those medically diagnosed with ADHD

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
StigmaAcceptance	Equal variances assumed	.091	.763	-.656	83	.514	-.74675	1.13897	-3.01213	1.51862
	Equal variances not assumed			-.694	8.756	.506	-.74675	1.07664	-3.19264	1.69913

Group Statistics

	Have you ever been medically diagnosed with ADHD?	N	Mean	Std. Deviation	Std. Error Mean
StigmaAcceptance	yes	8	9.5000	2.87849	1.01770
	no	77	10.2468	3.08287	.35133

A frequency table was also run on the ADHD symptom index. The minimum score was 5, the maximum was 18 and the mean of this data was 10. See table 3

Table 3: Frequency of Symptom Index

Statistics

ADHDSymptomIndex

N	Valid	86
	Missing	1
Mean		9.3023
Median		9.0000
Std. Deviation		2.83702
Minimum		5.00
Maximum		19.00

A one tailed correlation test was conducted between the symptom index and sigma acceptance to see if there was an association between the two indices. No significant association was found. See table 4.

Table 4: Correlation test of ADHD Symptom Index and Stigma Acceptance Index

Correlations

		ADHDSymptomIndex	StigmaAcceptance
ADHDSymptomIndex	Pearson Correlation	1	-.008
	Sig. (1-tailed)		.472
	N	86	85
StigmaAcceptance	Pearson Correlation	-.008	1
	Sig. (1-tailed)	.472	
	N	85	85

Advanced hypothesis tests were conducted on the control variables, Socioeconomic Status, Awareness of ADHD Symptoms and Diagnosis of a Family Member. For these variables I separated each into two subgroups and ran correlation tests on all of them. No correlation was found for either group of Socioeconomic status, see tables 5 and 5.1.

Table 5: Correlation test of Lower and Middle Class

Correlations

		ADHDSymptomIndex	StigmaAcceptance
ADHDSymptomIndex	Pearson Correlation	1	-.015
	Sig. (1-tailed)		.455
	N	58	57
StigmaAcceptance	Pearson Correlation	-.015	1
	Sig. (1-tailed)	.455	
	N	57	57

Table 5.1 Correlation Test of Higher Middle and Upper Class

Correlations

		ADHDSymptomIndex	StigmaAcceptance
ADHDSymptomIndex	Pearson Correlation	1	.051
	Sig. (1-tailed)		.399
	N	28	28
StigmaAcceptance	Pearson Correlation	.051	1
	Sig. (1-tailed)	.399	
	N	28	28

For the two subgroups of awareness of ADHD symptoms the correlation tests proved nothing significant. See tables 6 and 6.1.

Correlations

		ADHDSymptomIndex	StigmaAcceptance
ADHDSymptomIndex	Pearson Correlation	1	.063
	Sig. (1-tailed)		.320
	N	58	57
StigmaAcceptance	Pearson Correlation	.063	1
	Sig. (1-tailed)	.320	
	N	57	57

Table 6: Correlation test of those not at all aware and those somewhat aware of the symptoms of ADHD

Correlations

		ADHDSymptomIndex	StigmaAcceptance
ADHDSymptomIndex	Pearson Correlation	1	-.065
	Sig. (1-tailed)		.372
	N	28	28
StigmaAcceptance	Pearson Correlation	-.065	1
	Sig. (1-tailed)	.372	
	N	28	28

Table 6.1: Correlation test of those very aware of the symptoms of ADHD

For the two subgroups of a family member with the diagnosis of ADHD the correlation tests proved nothing significant. See tables 7 and 7.1.

Correlations

		StigmaAcceptance	ADHDSymptomIndex
StigmaAcceptance	Pearson Correlation	1	-.161
	Sig. (1-tailed)		.178
	N	35	35
ADHDSymptomIndex	Pearson Correlation	-.161	1
	Sig. (1-tailed)	.178	
	N	35	35

Table 7: Correlation test of those who have a family member diagnosed with ADHD

Correlations

		StigmaAcceptance	ADHDSymptomIndex
StigmaAcceptance	Pearson Correlation	1	.048
	Sig. (1-tailed)		.378
	N	45	45
ADHDSymptomIndex	Pearson Correlation	.048	1
	Sig. (1-tailed)	.378	
	N	45	45

Table 7.1: Correlation test of those who do not have a family member diagnosed with ADHD

Discussion

After running these basic and advanced hypothesis tests it can be determined that the hypothesis of this research was not confirmed. ADHD status and symptoms were not associated with stigma acceptance. Overall, stigma acceptance was low in this sample with a mean of 10 on

a scale of 5 to 25 and a theoretical midpoint of 15.

Although the research hypothesis was not confirmed, to find that in this sample stigma acceptance is low and is not significantly different between groups is a heartening result. If college students without ADHD reject the stigmas associated with the disorder, peer relationships should be better and those with the disorder less likely to be discriminated.

Study limitations, however, allow the possibility that ADHD stigmas are accepted and that this study was unable to detect them. Limitations include: subject reactivity (respondents influenced by social desirability to avoid seeming prejudiced even though anonymity was promised), a small sample size, a larger amount of women than men among the participants, generalizability and an uncomfortability in divulging that one has ADHD as well as providing other personal information. Moreover, a cross- sectional survey cannot prove cause an effect.

For future studies recommend a larger more diverse sample and random sampling would yield more generalizable results. More individuals diagnosed with ADHD should be recruited, the research design can also be adjusted in ways to improve results such using an experimental vignette design instead of a survey to offset the potential problem with subject reactivity.

Resources

Algraigray, H., & Boyle, C. (2017). The SEN label and its effect on special education. *Educational & Child Psychology*, *34*(4), 70-79.

Becker, H. S. (1963). *Outsiders studies in the sociology of deviance*. New York, NY: Free Press of Glencoe.

CASTENS, A. R., & OVERBEY, G. A. (2009). ADHD, Boredom, Sleep Disturbance, Self-Esteem, and Academic Achievement in College Students. *Psi Chi Journal Of Undergraduate Research*, *14*(2), 52-58.

Davis-Berman, J. L., & Pestello, F. G. (2010). Medicating for ADD/ADHD: Personal and Social Issues. *International Journal Of Mental Health & Addiction*, *8*(3), 482-492. doi:10.1007/s11469-008-9167-z

Dillon, M. (2014). *Introduction to Sociological Theory: Theorists, Concepts, and their Applicability to the Twenty-First Century* (2nd ed.). Chichester: Wiley Blackwell.

Fuermaier ABM, Tucha L, Koerts J, Mueller AK, Lange KW, et al. (2012) Measurement of Stigmatization towards Adults with Attention Deficit Hyperactivity Disorder. PLoS ONE 7(12): e51755. doi:10.1371/journal.pone.0051755

Lemert, C. C. (2017). *Social theory: the multicultural, global, and classic readings* (6th ed.). Boulder, CO: Westview Press.

Mckeague, L., Hennessy, E., O'driscoll, C., & Heary, C. (2015). Retrospective accounts of self-stigma experienced by young people with attention-deficit/hyperactivity disorder (ADHD) or depression. Retrieved March 15, 2018, from https://eds.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=9&sid=d2da16d4-221b-43c2-865d-3cd98a7c2cc6@sessionmgr104

O'driscoll, C., Heary, C., Hennessy, E., & Mckeague, L. (2012). Explicit and implicit stigma towards peers with mental health problems in childhood and adolescence. *Journal Of Child Psychology & Psychiatry*, *53*(10), 1054-1062. doi:10.1111/j.1469-7610.2012.02580.x

Schlachter, S. (2008). Diagnosis, Treatment, and Educational Implications for Students with Attention-Deficit/Hyperactivity Disorder in the United States, Australia, and the United

Kingdom. *Peabody Journal of Education*, *83*(1), 154-169. Retrieved from http://www.jstor.org/stable/25594781

SUBCOMMITTEE ON ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, STEERING COMMITTEE ON QUALITY IMPROVEMENT AND MANAGEMENT. (2011, October 16). ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Retrieved October 06, 2017, from http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654

Weyandt, L. L., & DuPaul, G. J. (2008). ADHD in college students: Developmental findings. *Developmental Disabilities Research Reviews*, *14*(4), 311–319. https://doi-org.sacredheart.idm.oclc.org/10.1002/ddrr.38

Appendix

Page 1-Informed Consent

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Invitation: You have been chosen to participate in a research study regarding ADHD. You have been elected because you are a current student at Sacred Heart University.

Description of the Study: You are asked to answer a short survey regarding ADHD and the attitudes that go along with this disorder. Participation is completely voluntary

Confidentiality/Anonymity: The information obtained in this study will remain strictly confidential and anonymity is guaranteed.

Participant's Right to Withdraw from the Study: You may choose not to participate or stop participation in this study at any time without consequence.

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1.What is your gender?

Male

Female

Other

2. Describe your level of education

College student
Graduate student
Doctoral student

3. What is your age? Please provide a whole number

*a box to type in

4. How would you describe your socioeconomic status?
   - Lower class
   - Lower middle class
   - Middle class
   - Higher middle class
   - Upper class

5. Are you aware of the symptoms of ADHD?
   - Not at all
   - Somewhat
   - Very ware

6. Have you ever been medically diagnosed with ADHD?
   - Yes (if yes move on to page 3)
   - No (if no skip to page 4)

Page 3

7. Do you agree or disagree that there is a stigma related to having ADHD?

   - Strongly disagree
   - Somewhat disagree
   - Not sure
   - Somewhat agree
   - Strongly agree

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8. Have any of your family members ever been diagnosed with ADHD?
   - Yes
   - No
   - Unsure

9. Do you feel distracted by activity or noise around you?

   - not at all
   - sometimes
   - often
   - All the time

10. Do you have difficulty keeping your attention when you are doing boring or repetitive work?
    - not at all
    - sometimes
    - often
    - all the time

11. Do you interrupt others when they are busy?

not at all
sometimes
often
all the time

12. Do you have difficulty waiting your turn in situations when turn taking is required?

not at all
sometimes
often
all the time

13. Do you leave your seat in class or other situations in which you are expected to remain seated?

not at all
sometimes
often
all the time

14. Please provide your opinion to the following statements by agreeing or disagreeing.

	Strongly agree	Disagree	Neutral	Agree	Strongly Agree
Those with ADHD as outside the norm.					
Those with ADHD should "cover up" their disorder around peers.					
Most People pretend to have ADHD Just to get access to medication.					

People with
ADHD are
given the
easy way
out in
school by
being allowed
more time on
assignments, tests, etc.

Students with
ADHD are
Difficult to
Partner with
On group
Projects
Because they
Will not pull
Their own
Weight due to
their disorder.