Finessing the Academic and Social-Emotional Balance: A Revised Developmental Advising Model for Students with Learning Disabilities or AD/HD

Jeannine Ryser, Landmark College
Peg Alden, Landmark College

Advisor perceptions of and responses to the social and emotional needs of college students with learning disabilities (LDs) and attention deficit/hyperactivity disorder (AD/HD) are studied. Through a mixed-method approach of surveys and focus groups, four themes emerged: social-emotional issues that students present in the advising relationship; advisor challenges and responses to presenting issues; sources of advisor support; and monitoring of student medication. Data support a revised and expanded developmental advising model that includes the complex layering of social and emotional challenges that face students with LDs or AD/HD and the factors that keep this complex domain in balance with academic and career exploration. The revised model may also be useful for advisors whose students have any social or emotional challenges.

KEY WORDS: administrative organizational systems, advisor role, attention deficit/hyperactivity disorder (AD/HD), developmental advising, high-risk students, learning disability (LD)

Introduction

Developmental advising models are based on the concept that the personal domain is an intrinsic aspect to student growth in an academic context. Students with learning disabilities (LDs) or attention deficit/hyperactivity disorder (AD/HD) often present emotional challenges that affect the personal domain and consequently the academic advising relationship. In *Beyond the 3Rs: Social-Emotional Aspects of Learning Disabilities*, Wilchesky (1991) emphasized the importance of balancing the social and emotional needs of students with an LD with their academic goals. He stressed that "support programs need to consider the possibility that some students with [an] LD attending their institutions may need at least as much social as academic support" (p. 113).

In this article, we explore the unique elements of social and emotional support in the context of developmental advising for students with LDs or AD/HD. Our presentation reflects the collective 170-year experience of 34 advisors from Landmark College in southern Vermont, a college that exclusively serves students with a diagnosis of LDs or AD/HD. We focus on these advisors' perceptions of, and responses to, the unique social and emotional needs of this student population. Based on the data collected from a survey and focus groups, we recommend four strategies to enhance the overall development of college students with LDs or AD/HD as well as other students who may bring social or emotional challenges to the advising relationship. These strategies, when implemented at an institutional level, allow advisors to finesse the balance among the personal, academic, and career domains of developmental advising as outlined by Winston, Miller, Ender, and Grites (1984).

Literature Review

College students with LDs or attentional disorders are likely to present a much broader range of diverse and complex social and emotional challenges than will their peers who have no such diagnoses (Gottesman, 1994; Katz, 2003; Katz, Goldstein, & Beers, 2001; Reiff, 1997; Reiff & Gerber, 1994; Saracoglu, Minden, & Wilchesky, 1989; Shmulsky, 2003; Synatschk, 1995; Wilchesky, 1991; Wilchesky & Minden, 1988). Some of these social and emotional issues will be co-morbid; that is, they exist alongside the LD or AD/HD diagnosis. Other challenges, often called "embedded social-emotional issues," are a part of the intrinsic symptoms or characteristics of LDs or AD/HD. A third type of social-emotional issue is defined as "secondary" because it is a consequence of an LD or AD/HD. All of these challenges, regardless of their origin or relationship to a student's LD or attentional disorder, have implications for academic advisors and have a particular effect on advisors who embrace a developmental advising model.

Co-morbid Social and Emotional Issues

When exploring co-morbidity issues for students with LDs or AD/HD, one should first consider the degree to which the two primary diagnoses exist in tandem. Research has shown LD and AD/HD co-morbidity in 7 to 60% of the cases studied; results depend upon the definitions used

and the age group under study (Pliszka, Carlson, & Swanson, 1999), but researchers have come to the general consensus that a diagnosis of either LD or AD/HD will increase the likelihood that the person will be diagnosed with the other condition (Brown, 2000; Katz, 2003; Pliszka et al., 1999; Willcutt, 2000). In addition to the co-occurrence of LD and AD/HD, students with either diagnosis are likely to be challenged by other co-morbid conditions.

According to Rock, Fessler, and Church (1997, p. 245), "It is clear that many [with learning disabilities] have overlapping, associated, and clinically significant learning disabilities and emotional or behavioral disorders." Although students with LDs struggle with social and emotional challenges at a rate significantly higher than their peers without LDs (Rock et al., 1997; Wong, 2003), experts have debated about whether these characteristics are embedded aspects of the student's profile or are examples of undiagnosed co-morbid psychiatric disorders (San Miguel, Forness, & Kavale, 1996; Wiener, 1998).

Students with an AD/HD diagnosis are perhaps at an even greater risk of co-morbid social and emotional issues than are those with an LD. Students with AD/HD are 5 to 8 times more likely to suffer from an anxiety disorder and more than twice as likely to suffer from major depression, obsessive compulsive disorder, and substance abuse as are their peers without AD/HD (Brown, 2002). Those with AD/HD have a 44% chance of being diagnosed with one other psychiatric disorder, a 32% chance of having two other disorders, and an 11% chance of having three disorders in addition to AD/HD (Szatmari, Offord, & Boyle, 1989). Although the rates and symptoms of co-morbid disorders may vary according to gender (Nadeau & Quinn, 2002; Quinn & Nadeau, 2002; Rucklidge & Tannock, 2001; Solden, 1995) and age (Barkley, Fischer, Edelbrock, & Smallish, 1990; Gaub & Carlson, 1997; Katz et al., 2002, Solden, 1995), "With our current diagnostic nomenclature, a heterogeneous group . . . receive[s] the diagnosis of ADHD, the majority of whom have at least one other co-morbid diagnosis" (Halperin as cited in Katz, 2003, p. 39).

Embedded Social and Emotional Issues

In addition to the increased likelihood of having coexisting diagnoses, students with LDs or AD/HD are also dealing with social and emotional issues that are embedded symptoms or characteristics of the LD or attentional disorder. Although a clear understanding of the underlying causes of the social and emotional problems exhibited by persons with LDs remain unclear (Wong, as cited in Wiener, 2003), the same cognitive processing deficits that appear to interfere with writing, reading, or other academic tasks may be adversely affecting the learning of social skills (Reiff & Gerber, 1994). The many social and emotional skills that can be compromised by an LD include nonverbal communication (Valletutti, 1983), emotional decoding (Gottesman, 1994; Reiff & Gerber, 1994; Wong, 2003), social judgment (Gottesman, 1994), cause and effect abilities (Gottesman, 1994), social problem solving (Wong, 2003), and social role taking (Valletutti, 1983; Wong, 2003). While not all students with an LD exhibit social and emotional problems, both research and clinical data suggest that a significant proportion of individuals with LDs face serious challenges in the social sphere (Wilchesky & Minden, 1988).

As for students with AD/HD, one need look no further than the diagnostic criteria listed in the most recent *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Test Revision (DSM-IV-RT)* (American Psychiatric Association [APA], 2000) to find embedded social and emotional aspects of this diagnosis. For example, the fourth diagnostic *DSM-IV-RT* criterion of AD/HD is stated as "There must be clear evidence of clinically significant impairment in *social* [italics added], academic, or occupational functioning" (p. 93). The associated features listed in the *DSM-IV-RT* highlights characteristics of AD/HD that have profound implications for social and emotional functioning, such as "low frustration tolerance," "temper outbursts," "bossiness," and "stubbornness."

Secondary Social and Emotional Issues

College students with LDs or AD/HD likely face a gambit of challenges that are the consequences of their disabilities. Although LDs and attentional disorders have been blamed for a range of social and emotional problems, from family discord and negative parent-child interactions (APA, 2000) to severe anxiety (Gottesman, 1994), the most oft cited consequences are a pervasive lack of self-esteem and compromised peer interactions. Students with LDs and those with AD/HD are likely to have experienced repeated academic failures (Dunwoody & Frank, 1995; Gunther-Mohr, 2003). The cumulative effect of these negative experiences for college students with LDs or AD/HD is a diminished self-concept and the range of feelings associated with a sense of inadequacy and lack of confidence (Gottesman, 1994; Gunther-Mohr, 2003; Reiff & Gerber, 1994; Rock et al., 1997; Saracoglu et al., 1989; Shmulsky,

2003; Wilchesky & Minden, 1988). Perhaps due to this lack of self-confidence, students with LDs or AD/HD commonly feel isolated and withdrawn (Gottesman, 1994; Reiff & Gerber, 1994; Rock et al., 1997; Wilchesky & Minden, 1988), and these feelings interfere with their developing relationships with peers. Peer rejection (Gottesman, 1994; Reiff & Gerber, 1994; Valletutti 1983) and peer victimization (Wiener, 2003) are common experiences for students with LDs.

In addition, social and emotional skills are learned. Therefore, those students who struggle with learning, either because of a diagnosed LD or an attentional disorder, may also struggle with social and emotional skills. Regardless of whether the diagnoses are due to co-morbid, embedded, or secondary social and emotional symptoms, most college students with LDs or attentional disorders bring challenges with them to their college campuses, and these issues affect the student's relationship with his or her academic advisor.

Independent Social and Emotional Challenges

Although students with a diagnosis of LD or AD/HD are likely to face more social and emotional challenges than will their peers, a large and increasing number of college students without an LD or attentional disorder are confronting significant social and emotional difficulties. Two recent surveys, one of counseling center directors and another of college students, highlight a trend toward increased use of psychiatric medications as well as an overall increase in social and emotional challenges among college students.

A recent poll of campus counseling center directors shows that among college students seen for therapy on campus, the number taking psychiatric medications rose from 17.0% in 2000 to 24.5% in 2003–2004 (Duenwald, 2004). Drawing from a survey of 29,230 college students conducted by the American College Health Association, Kadison and DiGeronimo (2004) reported that 35% of college students are currently taking medication for depression alone. In another interesting finding from Kadison and DiGeronimo's study, students self-reported a higher rate of medication usage for one psychiatric condition (depression) than the counseling center directors reported for all psychiatric conditions combined. Clearly, many students are taking medication to address psychological challenges whether or not they receive on-campus counseling support.

Duenwald (2004) and Kadison and DiGeronimo (2004) paint a picture showing that students who are not taking medication are also facing significant social and emotional issues. According to counseling center directors, almost one half of all students experience a level of depression that interferes with their ability to function (Duenwald, 2004). In addition, the directors reported a sharp rise in bipolar disorder, eating disorders, and drug and alcohol problems that require student hospitalization (Duenwald, 2004). Furthermore, the students described their academic performance as being hindered by stress (29.3%), sleep difficulties (21.3%), and concern for a troubled friend or family member (16.6%) (Kadison & DiGeronimo, 2004). Kadison and DiGeronimo also showed that 9% of students have seriously considered suicide within the year prior to the study. Evidently, students with LDs or AD/HD are not the only ones whose social and emotional challenges are likely to be affecting academic advising relationships.

Developmental Academic Advising

Although a continuum of advising is practiced on campuses today (Jordan, 2000), at many colleges, advisors have embraced the developmental model and emphasize a comprehensive and collaborative approach to the advising relationship (Karmen, 2003). In the model conceptualized by Winston et al. in 1984, the advisor's role is to recognize the interactions that inhibit or enhance growth within the educational, personal, and career domains. By moving in the continuum beyond prescriptive advising and encouraging the integration of personal as well as academic and career goals into the advising relationship, developmental advisors are likely to address the social and emotional issues of advisees with LDs or AD/HD. Therefore, advisors who plan to work effectively with this population must have a keen understanding of their advisees' evolving social and emotional needs and have strategies to address those needs appropriately within the advising relationship.

Although over 200 colleges and universities in the United States are listed as providing comprehensive programs for students with LDs or AD/HD, including specially designed advising services (Mangrum & Strichart, 2000), little has been written and even less research published on the specifics of advising college students with LDs or AD/HD. In her comprehensive book, *Academic Advising: An Annotated Bibliography* (1994), Gordon cites only one source that is directly related to advising students with LDs. Since 1994, more attention has been paid to LDs as they relate to advising, but the scholarship remains scant. Most recent literature consists of

descriptions of college services frequently used by students with AD/HD or LDs (Satcher & Adamson, 1995) and general suggestions for advising this population (Frost, 1991; Gordon & Habley, 2000; Jarrow, 1996; Karmen, 2003; Ramos & Vallandingham, 1997; Reiff, 1997). Nothing in the academic literature specifically addresses advisor experiences of managing the social and emotional aspects of students with LDs or attentional disorders in the advising relationship.

Of course, not every student with an LD arrives at a college campus with major emotional and social challenges; indeed, a small percentage of these students exhibit strength in these areas as these skills serve as a compensatory strategy for their disabilities (Reiff & Gerber, 1994). However, students with an LD or attentional disorder who do not evidence any kind of social or emotional difficulty are exceptions.

Clearly, the needs of college students with LDs or AD/HD are not limited to traditional academic issues. To advise these students successfully, an advisor must understand the students' social and emotional needs and be clear on her or his own role vis-à-vis those needs. By examining how advisors of students with LDs or AD/HD perceive and respond to the social and emotional challenges presented by their advisees, we hope to help advisors enhance, rather than inhibit, the development of students with regard to educational, personal, and career domains (Winston et al., 1984). In addition, this study may assist advisors whose students without a diagnosis of LD or AD/HD face social and emotional challenges.

Methodology

Through a mixed-methods study, we set out to answer the following question: How do advisors who work with college students with an LD or AD/HD perceive and respond to the social and emotional issues that arise with their advisees? Participants were drawn from the Advising Department of Landmark College in Putney, Vermont, a college designed exclusively for students with LDs or AD/HD.

For this research project, we included data from both surveys and focus groups. A 15-question survey, which we designed with input from the Director of Advising, a six-member Research Awards Task Force, and a nine-member Research Committee, was distributed to all 50 Landmark College academic advisors. Thirty-four surveys, from participants with roughly 170 years of collective experience advising students with LDs or AD/HD, were completed within the specified time frame.

We used emerging themes from the survey data to generate protocols for the focus groups. The focus group questions were reviewed by two separate research committees, which consisted of administrators, faculty members, and academic advisors. Focus groups were formed based on advisors' willingness to participate and the length of time that they had served in their advising role. To form the two 1-hour focus groups, we randomly selected two participants from each of five experience cohorts: less than 1 year, 1 to 3 years, 3 to 6 years, 6 to 9 years, and over 9 years experience advising students with LDs or AD/HD. This layered approach to data collection allowed for an expansion of our analytical lenses and greater depth of information sharing.

Using either descriptive statistics for the quantitative data or a theme-developing, coding method for the qualitative materials, we analyzed data from both survey responses and transcripts of focus group audiotapes. We developed thematic clusters by an inductive process of studying, reducing, and analyzing the text via the methods of Erlandson, Harris, Skipper, and Allen (1993), Guba and Lincoln (1992), and Marshall and Rossman (1998). This approach allowed us to summarize important points and implied meanings. We strove for internal validity by inviting peer examination through advising department and campus-wide presentations as well as distribution of preliminary reports. This distribution and discussion of data provided an opportunity for feedback from both research participants and the campus professional community at large.

Findings and Discussion

Three themes emerged from the survey and focus group data:

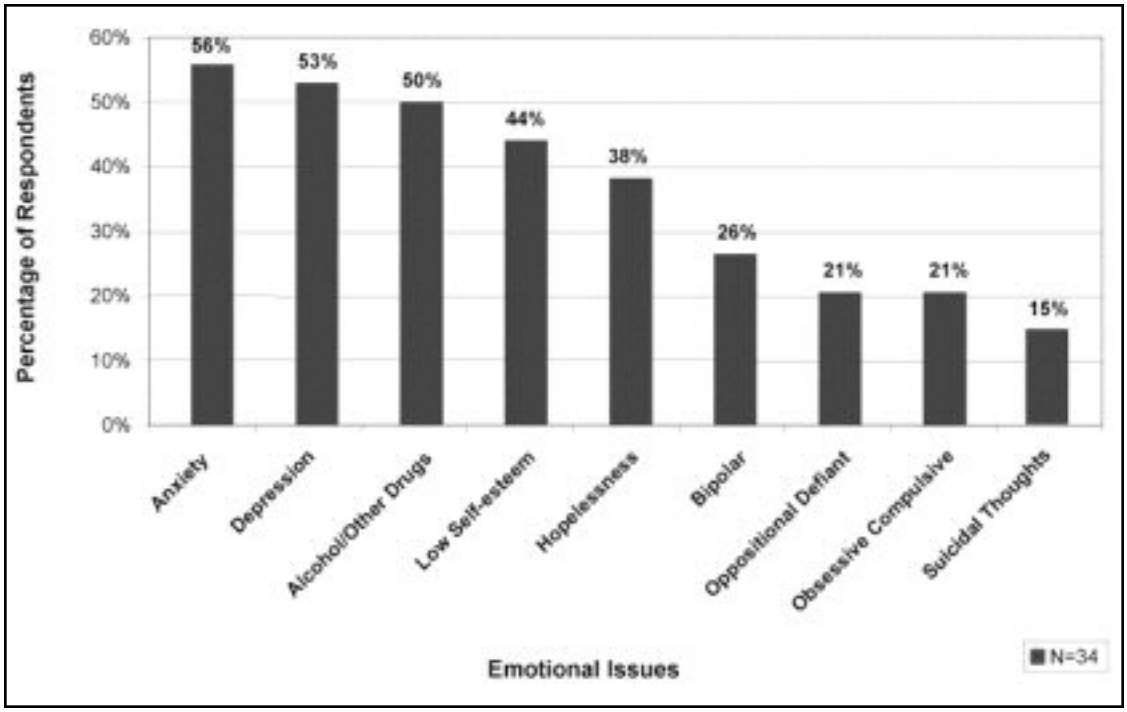
- social and emotional issues that students with LDs or AD/HD present in the advising relationship,
- advisor challenges and responses pertaining to the advisees' social and emotional issues, and
- sources of support for advisors working with students with LDs or AD/HD.

A fourth theme, monitoring of medications, emerged solely from the focus group data.

Social/Emotional Issues

Figure 1 depicts the wide variety of emotional issues that students with LDs or AD/HD bring to the advising relationship. These categories represent advisor perceptions of student issues and may or may not represent medical diagnoses.

Figure 1 Percentage of advisors reporting student emotional issues



In addition to the emotional issues cited in Figure 1, 41% of advisors reported that students brought problematic family issues to advising; 35% reported that students had roommate problems; 35% reported that students had difficulties pertaining to friendships; and 24% reported that students were experiencing problems in their romantic relationships. When given the opportunity to add problematic social or emotional issues that were not listed on the survey, 24 out of 34 respondents listed problems that could be categorized generally as inappropriate or immature behaviors, such as lack of socialization skills, unawareness of social norms, social immaturity (talking too much, interrupting, and inappropriate laughing), and other types of social inappropriateness.

The majority of the advisors in this study spoke to the interconnectedness between the social and emotional aspects and academic domains for students with LDs or AD/HD. The following theme was repeatedly voiced throughout the focus groups:

> So much of [these students'] academic history . . . is so connected to emotions that you can't start talking about what [they] are learning about [their] learning disability without emotions coming out. . . . We can't say, "Let's talk about your learning profile and your dyslexia, but not talk about your feelings about it."

Another participant added, "It does seem almost ridiculous at times to talk about students' active reading process when whatever is bubbling up underneath the surface . . . just years and years of academic frustration."

Consistent with the literature on LDs, AD/HD, and co-morbidity, advisors in this study perceived a high percentage and a wide variety of co-morbid social and emotional challenges among their students with LDs or AD/HD. Students consistently brought these issues with them to their advising relationships, which created unique challenges for those advisors who were committed to facilitating their growth.

Advisor Responses

In the survey data, 24 of 34 advisors stated that students' social or emotional issues are a challenge to them as advisors. When focus group members were asked how their students' social or emotional issues personally affected them in their role as advisors, they spoke of often feeling "anxious" and "insecure" and finding the advising process "draining." The challenges of advising students with LDs or AD/HD are varied, but three difficulties topped the list. Advisors feel that when dealing with the social or emotional issues of students they are working beyond their level of expertise.

They reported spending a great amount of time fielding students' social and emotional problems. They also expressed challenges managing role boundaries when advising students with LDs or AD/HD.

Level of expertise. Although the participants in this study work exclusively with college students with LDs or attentional disorders and have the support of other colleagues who do the same, we found that advisors feel as if they are in over their heads. The majority of advisors surveyed expressed a feeling that the social and emotional issues of advisees are beyond their own area of expertise more than 50% of the time. The study participants most often cited referrals to other services as the means of handling overwhelming student challenges.

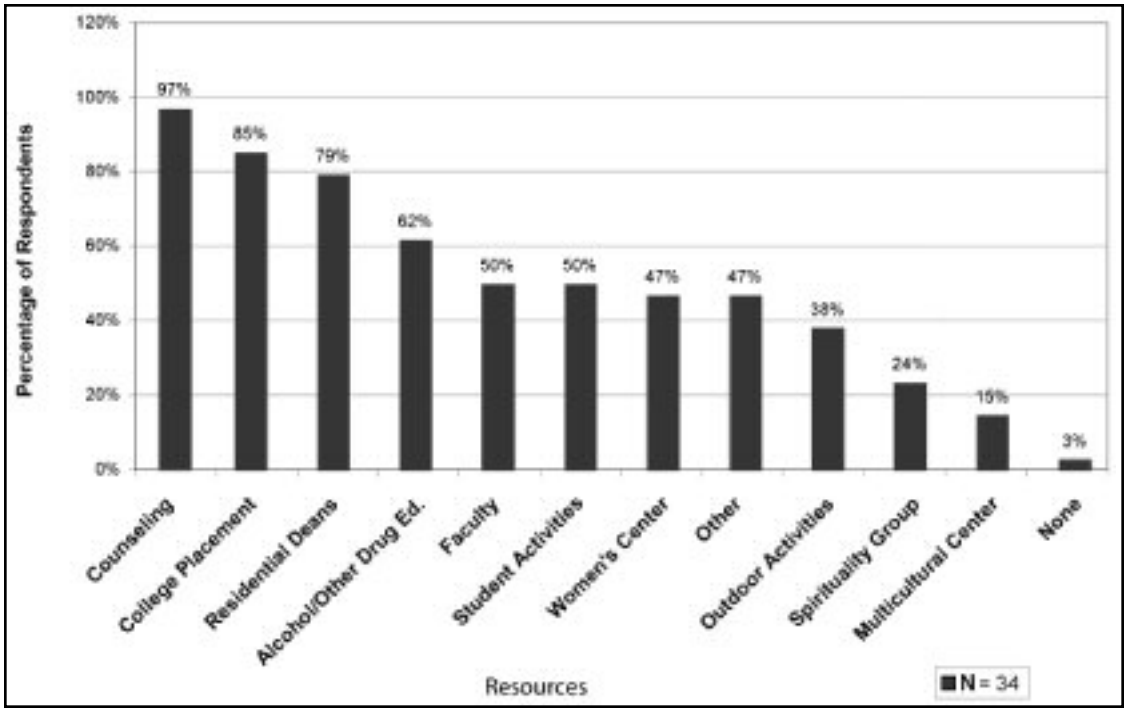
While approximately one quarter of study participants responded to student social and emotional issues by listening and pursuing lines of inquiry, over three quarters said that they referred students to other on-campus resources when they felt that emotional issues were either beyond their expertise or impacting the student's academic performance. Figure 2 highlights the types of referrals made and the percentages of advisors who made them. Few advisors referred students to off-campus resources. When they did, the advisors were most likely to refer students to medical professionals, such as physicians or community health centers.

Advisor's time. The amount of time needed to address students' social and emotional issues emerged as a challenge for many, but not all, of the advisors surveyed. The survey responses were remarkably varied and well distributed across the gambit of possibilities: Some advisors reported spending less than 10% of their advising relationships focused on students' social or emotional needs, and others reported spending up to 70% of their time on students' social and emotional issues. In an attempt to better understand the variables that might have impacted advisors' answers, focus group participants explored the factors that influence advisor time spent on the social or emotional issues. The two focus groups identified three possible explanations for the varied responses: the degree of student need, the gender of the student, and the advisors' comfort levels and philosophies about their role.

The diversity of student need is a major factor in the differing amounts of time that advisors spend on students' social and emotional issues.

> [It] depends on the student that you have. For one student, whose social and emotional issues

Figure 2 Percentages of advisors who have referred students experiencing significant emotional or social challenges



> overpower everything else; it's probably going to take 70% of your time to get through that before you can even start working on something else. For some of the students who are just fine and don't have social and emotional problems, I would say even as little as 5% of the time [in advising] is spent on [social or emotional issues].

Participants also feel that the advisee's gender plays a role in the amount of time spent on social and emotional issues presented in the advising relationship. According to the focus group participants, females bring more social or emotional issues to their advisors. One advisor described the difference as follows:

> Particularly female students who just come in and . . . gush forth with all this. . . . They're in the middle of talking about what courses and [then] they're talking about what happened to their boyfriend. . . . They just ooze emotional stuff. And then . . . I have a boy, I mean he's a boy, he's very young and, "How are you feeling?" . . . "I don't know." Even for me to . . . get a little sense of his emotional state is difficult.

Advisors in the study perceive that males bring their social or emotional problems to their advisors only when they have reached a crisis stage, while women jointly process their social relationships and their academic lives. These perceptions account for the divergent percentages that advisors reported spending on social or emotional issues with male and female students.

The advisor's comfort level with and philosophy about students' social and emotional needs impact the amount of time that he or she spends on such issues with advisees. In describing the range of advisor comfort levels, one respondent shared the following:

> I've been aware of an advisor that really feels kind of uncomfortable dealing with social and emotional issues and it seems to me sometimes . . . their [sic] own personality tends to be very matter of fact and business-like when they're meeting with their advisees. . . . Whereas [for] other advisors, [the social and emotional issues] may, in fact, be something that they have particular skills in or that they kind of enjoy.

The more comfortable the advisor is with the social and emotional domains, the more time they are likely to spend focusing on specific social or emotional issues with their advisees.

Whether due to need level, student gender, or advisor comfort level, the amount of time (or the lack thereof) spent on advisees' emotional and social issues is a recurring challenge. As one advisor put it, "One of my biggest problems is time. When an advisee is in crisis, they take a lot of my time. Since students tend to reach crisis states at the same times . . . it becomes a matter of triage—who needs me most first."

Role boundary tension. When asked about the role that they play vis-à-vis their students' social and emotional needs, advisors described a multidimensional relationship. To advise students with LDs or attentional disorders, advisors must play a range of roles, from listener to strategist to source of acknowledgment and support. When describing how they balanced these roles, advisors spoke of the strain of managing their role as academic advisor while dealing with their students' social and emotional needs. We refer to this strain as "role boundary tension."

Providing support, without crossing into a therapeutic relationship with students, is a particular challenge for advisors working with students with LDs or AD/HD. Although eager to listen, empathize, reflect, and strategize, advisors recognize the limitations of their training and role, and at times they struggle to determine where support ends and therapy begins. Some feel more confident in their ability to draw the line: "I definitely keep an eye open for those type of things to go to counseling. . . . I won't touch it because I think we can do more damage than good." Others saw the boundary as more blurred, "[To] draw this line and only talk about the academics and ignore the other piece would have really been a waste of our time because they were so integrated."

Identifying which issues are within the academic domain is difficult enough, but for advisors who adhere to a whole-student developmental model of advising, drawing the fine lines can be extremely difficult. The balancing act is particularly difficult for advisors who perceive a direct relationship between social and emotional issues and the academic domain. This focus group participant articulated: "It's very hard to move forward with the academic part of the responsibilities if the student is still dealing with a social/emotional issue." Another participant said, "[I see my role as] helping students understand . . . how their social behavior impacts [their] homework and . . . their ability to talk in class. . . . There are all kinds of things that are definitely socially related but are cer-

tainly having an impact on their academic performance." Even advisors who philosophically agree that they should limit their role with regard to social and emotional domains find themselves wanting to reach out to a student in emotional or social crisis.[1] Although new advisors of students with an LD or AD/HD were quick to report that they have had trouble feeling too emotionally involved in their students' successes and failures, even the most seasoned advisors reported being challenged to find a balanced perspective. One spoke to this challenge:

> I think it's particularly hard when you first are starting because you do have a whole mixture of high hopes. . . . You could be a fantastic advisor and . . . you're still going to have . . . like 20% quote-unquote "failures. . . ." Until you've done it a lot you don't have that sense of proportionality. . . . I'm getting closer to that. . . . The more I do this the more I'm able to just say, "So that's the one, sad as it is, that's the one that's not quite ready. . . ." The seed may have been planted . . . but right now the rain is coming down; there's no seed coming up. There's nothing but mud!

While the majority of participants in this study encountered challenges in advising students with LDs or AD/HD, they responded to these challenges with a creative combination of listening, supporting, assessing, strategizing, and referring. Despite witnessing students who could not overcome their challenges, participants spoke of the importance of celebrating the successes of students who were able to constructively and creatively meet them. As one advisor commented, "You've got to dance while you see the flowers coming up, because with any luck [for] a few . . . the flowers are coming up!"

Sources of Advisor Support

Because the study focused on advisor perceptions of, and responses to, the social and emotional issues of their high needs advisees, the overall picture of these advisors' experiences sometimes appears bleak. Despite the challenges that they have encountered, these advisors also experienced many successes. Advisors in this study identified several factors that are essential to success: training in professional boundary discernment and student development, supervision and peer support, and consultation with counselors.

Training. Many of the advisors in this study expressed that both their initial training as advisors and ongoing professional development opportunities are helpful to their work. Furthermore, they frequently cited more information and training as resources that would help them be more effective advisors, especially when responding to advisee social and emotional challenges. They are particularly interested in training on professional boundary discernment and student development.

Although advisors used a variety of phrases to describe the type of training that would be helpful ("clarifying the boundaries," "assessment and response," "triage"), many of their suggestions fell under the general heading of "discernment." One advisor explained in the focus group,

> [We need] training in how to sift it out, and be just clearer about what is an appropriate thing to just deal with right then. . . . What we are and aren't capable of getting involved in. I would appreciate that.

Advisors were quite clear about not being counselors, but they want some consistent framework for advising a student population for whom the social, emotional, and academic domains are intertwined.

Advisors are also looking for more information about the developmental elements that are typical for general college students and those with an LD or AD/HD. As one focus group participant explained:

> I don't have as much background knowledge as I'd like now about what's normal developmentally from say age 16 up to about 22/25. . . . That would be such a useful piece of information because I think sometimes I hit my [head] against the wall thinking that it's LD-related when in fact it may not be.

So, clearly training in professional boundary discernment and developmental norms helps advisors of students with LDs or AD/HD students work more effectively.

[1] While the academic, social, and emotional domains are often intertwined for students with LDs or AD/HD, advisors must distinguish between advising and counseling roles. Counseling refers to provision of treatment, diagnosis, evaluation, or counseling for the purposes of alleviating mental disorders. It is conducted by professionals who are trained and regulated by discipline standards and may be regulated by state and federal law. Regulation by discipline or by state law is not universally applicable, therefore counselors and advisors should consult with the state regulatory agency for definition clarification.

Supervision and peer support. According to a number of advisors, a supervision model that encouraged both formal systems and informal networks of supervision and peer support was instrumental to their success. Reflecting on her challenges with students' social and emotional issues early in her advising career, one advisor noted the importance of mentors: "That's really what got me through it. . . . Quite a few people told me, 'Get used to it! It's normal.' I took them at their word." Another new advisor commented:

> If maybe three or four people who have a little more experience . . . could say, "You're doing exactly what I'd do". . . that would somehow allow you to let go of any feeling that somehow you're not doing it right.

Experienced advisors as well as academic and residential deans were all sources of supervision and support for those new to advising students with LDs or AD/HD. Similarly, both new and experienced advisors benefited from discussions with their peers concerning the challenges of their role. Advisors unquestionably felt that supervision and peer support were intrinsic to their success as facilitators of student development.

Consultations with counselors. Recognizing the social and emotional issues that many students with LDs or attentional disorders bring to their college experience, Landmark College institutionalized several forms of collaboration between the counseling and advising departments. The system was implemented so that a student seeing a counselor could sign a release that allows her or his counselor and advisor to converse freely about presenting social or emotional challenges. At the time of this research, advisors met weekly with representatives of the counseling staff to present anonymous cases for input and support. Although most consultation with counselors focused on students' needs, advisors also found the counselors to be supportive of their own challenges in advising. As one advisor said, "If nothing else, I needed the counselor to give me emotional support because it was a difficult situation."

Training in professional boundary discernment and student development, supervision and peer support, and consultation with counselors were most often cited as the supports that helped advisors effectively fulfill their roles. When asked what advice they would offer to those who were new to advising students with LDs or AD/HD, participants in this study emphasized all of these supports. One advisor stated, "Reach out early to all support structures available!"

Monitoring Student Medications

A fourth theme, monitoring of student medications, emerged independently of the survey and focus group questions. To treat their AD/HD and other co-morbid disorders, students frequently use psychotropic medications, which can profoundly impact their well-being and academic performance. Yet advisors in one of the focus groups expressed concern over their unclear role in monitoring a student's use of medication. They do not know when to engage students in conversations about their medications:

> We sort of pretend that's on the other side of that boundary of advising . . . yet everything that we can do as teachers and as advisors sometimes just falls flat if . . . medication [isn't] in place. Medication that is monitored correctly and that works . . . could make a world of difference in terms of a student's success.

Another added,

> I think that even more complicated have been some of the students who were on medications for other psycho-related problems: depression, eating disorders . . . the gamut of things. . . . There doesn't seem to be any clear way of broaching that subject. But it definitely has a huge impact on their ability to perform as students.

The advisors did not offer any specific suggestion for actions that would help them clarify their role, but they mentioned that training and institutional policies and guidelines may be helpful. They also expressed the wish that students themselves could be better educated about their own medications.

Summary of Data

Students with LDs or AD/HD bring social and emotional issues with them to the advising relationship, which frequently presents significant challenges to advisors. When social and emotional issues affect the student's academic life beyond the level where advisors can be helpful, advisors can feel anxious, sad, and insecure in their roles. Boundary tension, or the strain of managing the role as academic advisor with suitable support for students with social and emotional difficulties, is a particular challenge for many advisors working with students with LDs or AD/HD. Clear protocols for assessing the urgency of students' social and emotional needs and making appropriate referrals are particularly important.

Advisors reported varied percentages of time spent addressing students' social and emotional issues. This range of responses is best explained by

the degree of student need, the gender of the student, and the advisor comfort level with and philosophy about students' social and emotional needs.

Advisors can best enhance student development when provided with adequate training in professional boundary discernment and student development, supervision and peer support, and ongoing consultation with professional counselors. A wide variety of campus resources provides Landmark College advisors with an essential referral network to optimize their successes in advising students with LDs or attentional disorders. Finally, advisors who are trying to help students with LDs or AD/HD to achieve academic success feel that protocols for discussion of medication monitoring are important.

A Revised Model to Finesse the Advising Balance

In the developmental advising model, the advisor's role is to facilitate student growth within educational, career, and personal realms (Winston et al., 1984). See Figure 3. Both the existing literature and the data from our research highlight the complex social and emotional issues of students with LDs or attentional disorders. See Figure 4. These complex issues can, and frequently do, jeopardize the balance of these three domains addressed in the advising relationship. The personal domain for the student with an LD or AD/HD frequently encompasses a range of complex social and emotional issues that can easily expand and affect progress in the academic and career realms, thereby inhibiting overall development. Of course, the role of the advisor is limited, and the advisor should refer the student to appropriate counseling services when necessary. In addition, advisors should know the specific legal definitions regarding the practice of counseling in their state to make sure that they do not inadvertently cross the advising-counseling line.

The data from this study show that many advisors struggle to maintain a balance when addressing the three developmental advising domains, and the percentage of time spent addressing the social and emotional issues of students varies among advisors. The data suggest the following four strategies that institutional leaders can implement to help advisors successfully finesse this balance among the domains of developmental advising (Figure 5):

1. Acknowledge the personal domain as a complex layering of social and emotional challenges.
2. Provide advising supports that enhance efficacy of advisors, such as training in professional boundary discernment and student development, supervision and peer support, and consultations with counselors.
3. Support and encourage use of referral services and clarify state laws that define counseling.
4. Create a protocol for medication monitoring.

Figure 3 Three domains of developmental advising per Winston et al. (1984)

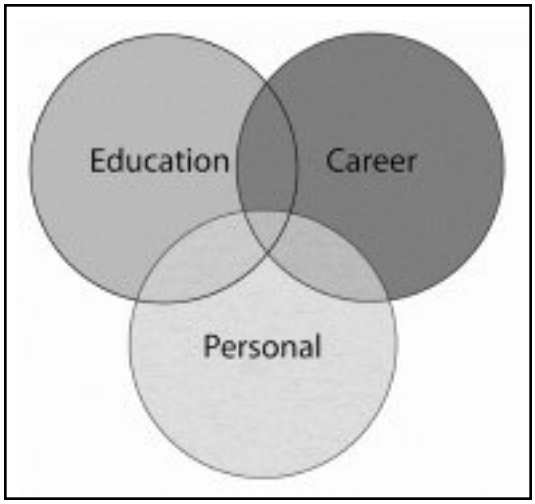


Figure 4 The potential imbalances among developmental advising domains for students with LDs or AD/HD

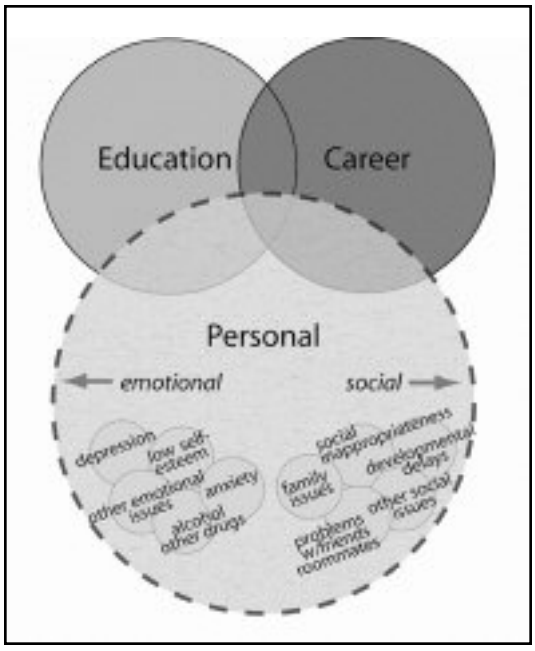
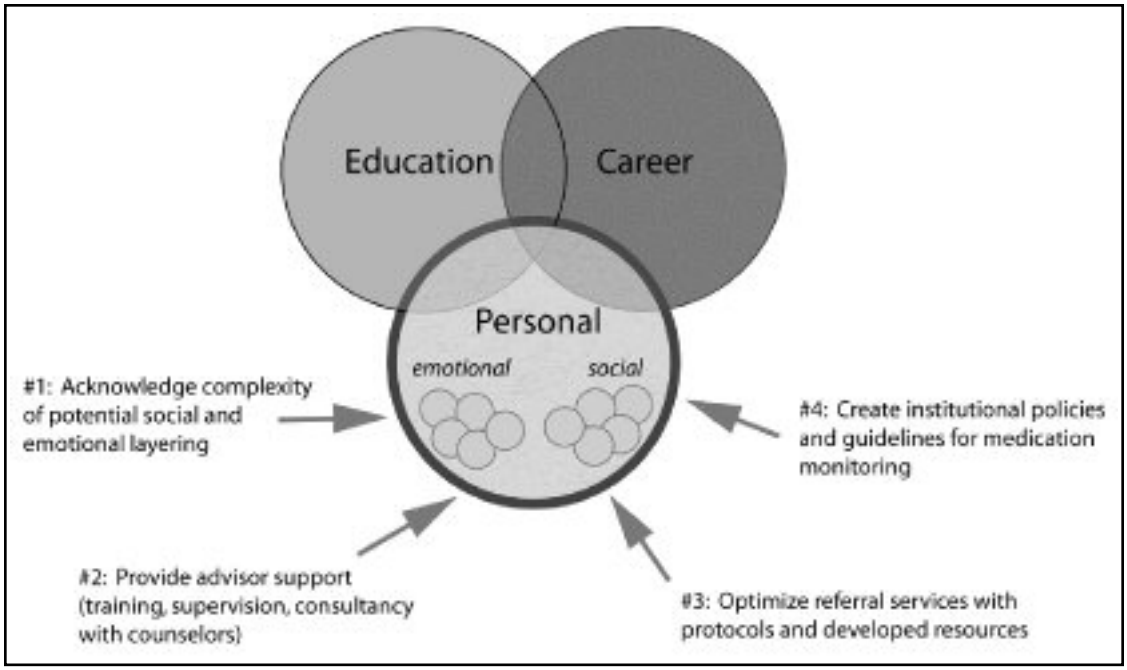


Figure 5 Strategies advisors and leadership can use to balance the three developmental advising domains of advisees



Conclusion

In this study, we highlight the complexity of the social and emotional aspects of the personal domain for students with LDs or AD/HD with regard to developmental advising. We also suggest four strategies that allow advisors to keep the personal domain in balance with educational and career exploration. We hope that the proposed methods to finesse the balance of academic advising will benefit students with LDs or AD/HD and their advisors. Because social or emotional challenges are clearly not limited to students diagnosed with LDs or AD/HD, the findings of this study may likewise be relevant to all advisors who are working to maintain the balance among personal, educational, and career domains for all of their students. Under the proposed developmental advising model, more students will have access to optimal support, assessment, and appropriate referral sources, and more advisors may experience their role as the following research participant described, "Even with all of these challenges and personal stressors, it's one of the most gratifying things in the world."

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders, fourth edition, test revision*. Washington, DC: Author.

Barkley, R. A., Fischer, M., Edelbrock, C. S., & Smallish, L. (1990). An 8-year prospective follow-up study: The adolescent outcome of hyperactive children diagnosed by research criteria. *Journal of the American Academy of Child and Adolescent Psychiatry, 29*(4), 546–57.

Brown, T. E. (2000). *Attention-deficit disorders and co-morbidities in children, adolescents, and adults*. Washington, DC: American Psychiatric Press, Inc.

Brown, T. E. (2002, February). *ADHD impairments in learning and "emotional intelligence": Assessment and treatment of complicated cases*. Presentation at Landmark College, Putney, VT.

Duenwald, M. (2004, October 26). The dorms may be great, but how's the counseling? *The New York Times*. Retrieved November 1, 2004, from www.nytimes.com/2004/10/26/health/psychology

Dunwoody, P. T., & Frank, M. L. (1995, September). Why students withdraw from classes. *Journal of Psychology*, 6, 553.

Erlandson, D. A., Harris, E. L., Skipper, B. L., & Allen, S. D. (1993). *Doing naturalistic Inquiry: A guide to methods*. Newbury Park, CA: Sage.

Frost, S. (1991). *Academic advising for student success: A system of shared responsibility*. (ASHE-

ERIC Higher Education Report No. 3). San Francisco: Jossey-Bass. (ERIC Document Reproduction Service No. ED339272)

Gaub, M., & Carlson, C. (1997). Gender difference in ADHD: A meta-analysis and critical review. *Journal of the American Academy of Child and Adolescent Psychiatry, 3*6(8), 1036–44.

Gordon, V. N. (1994). *Academic advising: An annotated bibliography*. Westport, CT: Greenwood Publishing.

Gordon, V. N., & Habley, W. R. (Eds.). (2000). *Academic advising: A comprehensive handbook*. San Francisco: Jossey-Bass.

Gottesman, R. L. (1994). The adult with learning disabilities: An overview. *Learning Disabilities: A Multidisciplinary Journal, 5*(1), 1–14.

Grites, T., & Gordon, V. (2000). Developmental academic advising revisited. *NACADA Journal, 20*(1), 12–15.

Guba, E. G., & Lincoln, Y. S. (1992). *Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches*. San Francisco: Jossey-Bass.

Gunther-Mohr, S. (2003). Counseling college students with learning disabilities. In L. C. Shea & S. W. Strothman (Eds.), *Understanding learning disabilities at the postsecondary level* (pp. 77–106). Putney, VT: Landmark College.

Jarrow, J. (1996). The Americans with Disabilities Act, students with disabilities, and the role of the academic advisor. *NACADA Journal, 16*(2), 6–10.

Jordan, P. (2000). Academic advising in the 21st century. *NACADA Journal, 20*(2), 21–30.

Kadison, R., & DiGeronimo, T. (2004). *College of the overwhelmed*. San Francisco: Jossey-Bass.

Karmen, K. (2003). Advising students with learning disabilities: A developmental approach. In L. C. Shea & S. W. Strothman (Eds.), *Understanding learning disabilities at the postsecondary level* (pp. 133–60). Putney, VT: Landmark College.

Katz, L. J. (2003). The college student with AD/HD. In L. C. Shea & S. W. Strothman (Eds.), *Understanding learning disabilities at the postsecondary level* (pp. 33–62). Putney, VT: Landmark College.

Katz, L. J., Goldstein, G., & Beers, S. R. (2001). *Learning disabilities in older adolescents and adults: Clinical utility of the neuropsychological perspective*. New York: Kluwer Academic/ Plenum.

Mangrum, C. T., III, & Strichart, S. S. (Eds.). (2000). *Colleges with programs for students with learning disabilities or attention deficit disorders, 6th Edition*. Princeton, NJ: Peterson's.

Marshall, C., & Rosman, G. B. (1998). *Designing qualitative research*. Newbury Park, CA: Sage.

Nadeau, K., & Quinn, P. (Eds.). (2002). *Understanding women with AD/HD*. Silver Spring, MD: Advantage Books.

Pliszka, S., Carlson, C., & Swanson, J. (1999). *ADHD with co-morbid disorders: Clinical assessment and management*. New York: Guilford Press.

Quinn, P. O., & Nadeau, K. G. (Eds.). (2002). *Gender issues and AD/HD: Research diagnosis and treatment*. Silver Spring, MD: Advantage Books.

Ramos, M., & Vallandingham, D. (Eds.). (1997). *Advising students with disabilities*. (Monograph No. 5). Manhattan, KS: National Academic Advising Association.

Reiff, H. B. (1997, July/August). Academic advising: An approach from learning disabilities research. *Journal of Counseling and Development, 75*(6), 433–40.

Reiff, H. B., & Gerber, P. J. (1994). Social/emotional in daily living issues for adults with learning disabilities. In P. J. Gerber & H. B. Reiff (Eds.), *Learning disabilities and adulthood* (pp. 72–81). Austin, TX: ProEd.

Rock, E. E., Fessler, M. A., & Church, R. P. (1997). The concomitance of learning disabilities and emotional/behavioral disorders: A conceptual model. *Journal of Learning Disabilities 30*(3), 245–63.

Rucklidge, J., & Tannock, R. (2001). Psychiatric, psychosocial, and cognitive functioning of female adolescents with ADHD. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*(5), 530.

San Miguel, S. K., Forness, S. R., & Kavale, K. A. (1996). Social skills deficits in learning disabilities: The psychiatric co-morbidity hypothesis. *Learning Disability Quarterly, 9*(4), 252–61.

Saracoglu, B., Minden, H. A., & Wilchesky, M. (1989). The adjustment of students with learning disabilities to university and its relationship to self-esteem and self-efficacy. *Journal of Learning Disabilities, 22*(9), 590–92.

Satcher, J., & Adamson, K. (1995). College students with learning disabilities: Their use of support services, accommodations, and study skills. *College Student Affairs Journal, 14*(2), 83–90.

Shmulsky, S. (2003). Social and emotional issues for students with learning disabilities. In L. Shea & S. Strothman (Eds.), *Understanding learning disabilities at the postsecondary level* (pp. 63–76). Putney, VT: Landmark College.

Solden, S. (1995). *Women with attention deficit disorder*. Grass Valley, CA: Underwood Books.

Synatschk, K. (1995). College-bound students with learning disabilities: Assessment of readiness for academic success. *LD OnLine, LD Forum*. Retrieved May 14, 2004, from www.ldonline.org/ld_indepth/ postsecondary/ldforum_assess.html

Szatmari, P., Offord, D. R., & Boyle, M. H. (1989). Ontario child health study: Prevalence of attention deficit disorder with hyperactivity. *Journal of Child Psychology and Psychiatry, 30*(2), 219–30.

Valletutti, P. (1983). The social and emotional problems of children with learning disabilities. *Learning Disabilities: An Interdisciplinary Journal, 2*(2), 17–29.

Wiener, J. (1998). The psychiatric morbidity hypothesis: A response to San Miguel, Formess, and Kavale. *Learning Disability Quarterly, 21*(3), 195–201.

Wiener, J. (2003). Resilience and multiple risks: A response to Bernice Wong. *Learning Disabilities: Research & Practice, 18*(2), 77–81.

Wilchesky, M. (1991). Beyond the 3 R's: Social-emotional aspects of learning disabilities. *Selected proceedings of the 1991 AHSSPPE conference*. Columbus, OH: Association on Handicapped Student Service Programs in Postsecondary Education.

Wilchesky, M., & Minden, H. A. (1988). A comparison of learning disabled and non-learning disabled university students on selected measures. *Proceedings of the 1988 AHSSPPE conference*. Columbus, OH: Association on Handicapped Student Service Programs in Postsecondary Education.

Willcutt, E. G. (2000). Co-morbidity of reading disability and attention-deficit/hyperactivity disorder: Differences by gender and subtype. *Journal of Learning Disabilities, 33*(2), 179–91.

Winston, R. B., Jr., Miller, T. K., Ender, S. C., & Grites, T. G. (Eds.). (1984). *Developmental academic advising*. San Francisco: Jossey-Bass.

Wong, B. Y. L. (2003). General and specific issues for researchers' consideration in applying the risk and resilience framework to the social domain of learning disabilities. *Learning Disabilities Research & Practice, 18*(2), 68–76.

Authors' Note

This project was supported by Landmark College with funds from a 5-year grant (2000–2005) for $1.75 million from the United States Department of Education Title III Strengthening Institutions Program.

Jeannine Ryser holds a Master of International Management degree. She is a former assistant professor at Landmark College where in addition to conducting research and writing, she advised, taught, and worked in study abroad. She enjoys exploring how to optimally facilitate student development with particular interest in international student populations and international exchange. She can be reached by E-mail at jryser@landmark.edu.

Peg Brigham Alden, EdD, is currently an associate professor and Title III Project Director at Landmark College. In her role as Title III Director, she has provided supervision and support to 18 faculty researchers who are exploring various intersections of learning disabilities and higher education. Dr. Alden can be contacted at palden@landmark.edu.