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Psychoeducational Groups for College Students With ADHD: A Pilot Study

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Abstract

The present investigation is a pilot study that examines the efficacy of a group intervention aimed at helping college students with ADHD better adjust to and cope with the demands of college and prepare for future employment. An 8-week psychoeducational group counseling intervention based on cognitive behavioral and psychosocial theoretical orientation was developed. Forty college students with ADHD participated in the study. A pre-test/post-test design was used to examine changes in participants' reported quality of life, acceptance of disability, college self-efficacy, symptom distress, and grade point average. Preliminary results indicate significant increases in quality of life and college self-efficacy, and a significant decrease in symptom distress. Implications for counseling college students with disabilities and future research are discussed.

Keywords: ADHD, college students, quality of life, disability

An increasing number of students with disabilities, such as attention-deficit/hyperactivity disorder (ADHD), are attending postsecondary schools, including four-year colleges and universities (U.S. Department of Education, 2011). Research on

academic outcomes suggests that students with ADHD have more difficulty in higher education than other students. Students with ADHD are at risk for poorer academic achievement and increased failure and are less likely than their peers without ADHD to graduate (Barkley, Murphy, & Fischer, 2008; Frazier, Youngstrom, Glutting, & Watkins, 2007). College students with ADHD also have lower grade point averages (GPAs; Blase et al., 2009; Heiligenstein, Guenther, Levy, Savino, & Fulwiler, 1999), report poorer study habits, study skills, test-taking strategies, and academic adjustment (Lewandowski, Lovett, Coddington, & Gordon, 2008; Norwalk, Norvilitis, & MacLean, 2009), and are more likely to have been on academic probation than students without ADHD (Heiligenstein et al., 1999). In addition, students with disabilities such as ADHD take longer to complete a degree than their peers without such disabilities (Wessel, Jones, Markle, & Westfall, 2009). Hence, students with disabilities including ADHD are not achieving the same educational outcomes, in the same timeframes, as their peers (Frieden, 2003).

Academic Support Services for College Students With ADHD

Many types of academic support services are available to students with ADHD to help minimize the impact of their functional limitations within academic settings. Most colleges have a program or center specifically dedicated to providing support services to students with disabilities. These centers seek to create an accessible and inclusive campus environment through the provision of academic, advocacy, and consultation services (Komives, Woodard, & Associates, 2003). These support services include assistive technology (e.g., computer programs, taping devices), program modifications (e.g., testing procedures changes, course waivers or substitutions), and direct assistance (e.g., tutoring, remediation). Students with disabilities who use such accommodations and support services are more likely to complete college than those who do not (Culligan, 2009). Yet, only less than half of students with ADHD receive disability-related services (Green & Rabiner, 2012).

For many students, college is the first time they are solely (without the assistance of an Individualized Education Plan or a parent) responsible for requesting and managing their own educational accommodations (Getzel, 2008). They may experience difficulty effectively advocating for their needed supports and services. Effective self-advocacy requires the development of skills in problem solving, understanding their disability, goal setting, and self-management (Getzel & Thoma, 2008). Interventions that can assist students to obtain these skills will allow them to better advocate for themselves and receive the needed accommodations.

Students may intentionally not request needed services and accommodations due to negative thoughts or feelings about their disabilities (Hartman-Hall & Haaga, 2002). Students may wish to start fresh or avoid being labeled or believe there is no longer a need for accommodations (Getzel, 2008). Hence some students seek services only when they are experiencing academic failure (Foley, 2006; Getzel, 2008). This decision often results in the student dropping out of college or being academically dismissed (Getzel, 2008). Therefore, assessing students' acceptance of their ADHD can be useful in determining their willingness to seek appropriate accommodations within college settings.

Psychosocial Adjustment in College Students With ADHD

Many students with disabilities such as ADHD also have difficulty adjusting to the independent nature of college life (Frieden, 2003). They must learn to deal effectively with all aspects of life, from mundane everyday concerns to financial worries and academic failures. They must cope with attitudinal and structural barriers both on campus and in society at large. Although they may still have emotional and/or instrumental support of their families, they are forced to assume a more adult role. Many students find this new life overwhelming, and as a result, they may have problems with psychosocial adjustment (Blase et al., 2009).

Quality of life, acceptance of disability, and self-efficacy are important indicators of psychosocial adjustment in persons with disabilities (Smedema, Catalano, & Ebener, 2010). Quality of life is a multidimensional construct that entails the subjective appraisal of the individual's satisfaction with a combination of personally or clinically significant domains (Bishop, 2005) and should be viewed within a person's sociocultural and environmental contexts (The WHOQOL Group, 1998). Acceptance of disability, on the other hand, is a psychosocial state in which the disability is incorporated as a part of the individual's self-concept and is accepted as non-devaluing (Wright, 1983). Emotional acceptance is considered to be a final reaction in the process of adaptation to disability (Livneh & Antonak, 1997). Self-efficacy, another important contributor to psychosocial adjustment, is the degree to which an individual believes that he or she has the ability to produce desired outcomes when performing specific activities and pursuing desired goals (Bandura, 1977). In order to be successful, college students with ADHD must persevere in the high-pressure environment of college, despite whatever functional limitations their disabilities may provide.

College students with ADHD have poorer psychosocial and emotional outcomes than students without ADHD (Blase et al., 2009). They report higher levels of psychological distress (e.g., Blase et al., 2009; Shaw-Zirt, Popali-Lehane, Chaplin, & Bergman, 2005), higher rates of depressive symptoms (Rabiner, Anastopoulos, Costello, Hoyle, & Swartzwelder, 2008), and lower levels of self-esteem (Shaw-Zirt et al., 2005) than their peers without disabilities. They also report poorer social skills (Shaw-Zirt et al., 2005), more difficulty obtaining social support (Kern, Rasmussen, Byrd, & Wittschen, 1999), and lower academic self-efficacy (Hall & Webster, 2008), QOL (Grenwald-Mayes, 2002) and career decision-making skills (Elhessen, 2001). Overwhelmingly, the research suggests that college students with ADHD experience greater distress than college students without ADHD.

Interventions Aimed at Adjustment in College Students With ADHD

Research geared toward testing psychosocial interventions specifically designed to help college students with ADHD adjust to college is extremely scarce. Limited research done with college students with ADHD utilized more general disability populations when investigating the efficacy of a variety of different types of psychosocial interventions, including individual counseling, individual coaching, and group counseling.

Coping with a disability such as ADHD in itself requires significant effort on the part of the student, and this significant effort may distract the student from focusing on school-related goals; both individual counseling (Rath & Royer, 2002) and individual

coaching (Swartz, Prevatt, & Proctor, 2005) can be effective interventions for addressing these concerns. In counseling, students can build upon strengths, maximize resources, and develop adaptive coping strategies to reduce psychological distress (Richard, 1995). The counselor can help the student reduce course-related anxiety by guiding him or her through relaxation techniques (Rath & Royer, 2002). In addition, a counselor can help a student with ADHD make decisions and set goals related to the selection of majors, internships, relationships, and careers. A counselor with knowledge of the psychosocial, medical, and vocational aspects of disability can help college students with disabilities identify, express, and deal with emotions; cope with challenges; and build self-esteem (Smedema et al., 2010). Despite the benefits, individual counseling can be quite expensive, there may be session limits at university-based counseling centers, and counselors experienced in working with students with ADHD may be scarce (Gallagher, 2014).

Individual coaching helps students cope with aspects of their ADHD that may impede academic success, such as time management, procrastination, or social skills deficits (Swartz et al., 2005). Although coaching does not directly address an individual's psychological, social, emotional, cognitive, or behavioral problems, it is similar to counseling in that the coach and client develop a therapeutic relationship and confidentiality is maintained. Coaching interventions have effective implications for improving motivation, self-efficacy, time management, anxiety, and test preparation in college students with learning disabilities and/or ADHD (Zwart & Kallemeyn, 2001) and symptoms, organizational skills, self-esteem, and anger in adults with ADHD (Stevenson, Whitmont, Bornholt, Livesey, & Stevenson, 2002). However, individual coaching does not directly address an individual's problems or provide social support, and, like individual counseling, it can be quite costly to the client.

Furthermore, group counseling is a commonly used, cost-effective method of helping individuals with disabilities such as ADHD minimize the effect of functional limitations on their daily lives as well as reduce psychological distress (Solanto, Marks, Mitchell, Wasserstein, & Kofman, 2008). A great deal of empirical research has supported the use of group therapy in improving psychosocial adjustment in persons with disabilities (e.g., Bramham et al., 2009; Solanto et al., 2008). Psychoeducational groups have been found to improve organizational skills, time management, and task completion in adults with ADHD (Wiggins, Singh, Getz, & Hutchins, 1999). Cognitive-behavioral therapy groups have been shown to improve knowledge of ADHD, self-efficacy, and self-esteem (Bramham et al., 2009), decrease symptoms of ADHD (Solanto et al., 2008), and increase executive functioning skills (Solanto et al., 2008) in persons with ADHD. Groups aimed at skills training have been found to decrease symptomology and depressive symptoms and improve personal health status (Philipsen et al., 2007). Therefore, although group therapy has not been formally tested in college students with ADHD, evidence from community-based populations suggests that group therapy may be feasible, efficacious, and cost-effective ways to help students with ADHD adjust to college.

The purpose of this pilot study is to investigate the efficacy of a psychoeducational group aimed at helping college students with ADHD better adjust to and cope with the demands of college. The authors hypothesize that participation in the group intervention will lead to improvements in quality of life, college-related self-

efficacy, acceptance of disability, and academic outcomes and decreased psychological distress in college students with ADHD.

Method

Participants

The participants were 40 students at Florida State University who had documented diagnosis of ADHD. Of the 40 participants, 20 were male and 20 were female, with a mean age of 24.4 years ($SD = 7.3$, Range: 18–53). There were 33 White Americans, one African American, five Latino/as, and one Asian American. The group included five freshmen, five sophomores, six juniors, 15 seniors, and nine graduate students. Participants were recruited via flyers posted around campus, advertisements in the student newspaper, the campus Blackboard (internal student Web site), and the Student Disability Resource Center (SDRC) Web site. Sixty students responded to these recruitment materials and participated in an initial interview. Participant eligibility was determined during the initial intake interview. The inclusion criteria included enrollment in college at either the undergraduate or graduate level, a documented diagnosis of ADHD, and self-reported academic difficulties related to ADHD symptoms. Individuals were excluded from the study if their issues could be better addressed through individual counseling (e.g., had a dual diagnosis of a severe mental illness, and the mental illness, not ADHD, that is causing the academic difficulty).

Procedures

Participants were recruited several weeks prior to the planned start-date for each group. A group co-leader, who was a master's or doctoral student studying mental health counseling or counseling psychology, completed intake interviews in a private office in the university disability service center. Using the aforementioned inclusion criteria, the group leader determined prospective participants' eligibility and appropriateness for the group during the intake interview. Following the determination of eligibility and appropriateness, the group leader provided the participant with an orientation to the group process. This orientation included an explanation of the primary purpose of the group, group procedures and rules, and an overview of the content of the group. At this point in the interview, the student was invited to participate in the research study. If the student agreed to participate, informed consent was obtained and pre-test survey instruments were completed on a private and accessible computer at the university SDRC. Any student who endorsed a critical item on the Outcome Questionnaire-45.2 (OQ-45.2; which alerts the clinician to potentially serious symptomology such as suicidal or violent thoughts) was immediately referred to the University Counseling Center for assessment. Students who chose not to participate in the research study were still eligible to participate in the group (although none declined research study participation).

Participants then took part in a group intervention. The group intervention consisted of eight 90-minute therapy sessions conducted by two group co-leaders. Only students who attended at least half of the group sessions were included in the study. Sessions consisted of approximately 10 minutes of introductions/member check-in, 15 minutes of content presentation, 15 minutes of member response to content, a 10-minute break, and 40 minutes of group process. At the end of session eight, post-test surveys

were administered to group members on private computers at the SDRC. Students completed an evaluation of the group, co-leaders, process, and content, and provided suggestions for improvement.

The Intervention

The authors based the curriculum and content of the 8-week psychoeducational group intervention on cognitive behavioral therapy and a psychosocial theoretical orientation. It also incorporated content often included in individual coaching (e.g., time management and organizational skills) and specific to ADHD (e.g., ADHD medications, symptoms of ADHD). The eight session modules focused on assisting students with 1) knowledge building: understanding symptoms of the disorder and how these symptoms interfere with life activities; 2) skills building: developing coping mechanisms to deal with interruptions to life activities that result from the disorder; and 3) support: developing an open and supportive environment for sharing, learning, and skill building. Sessions 1–7 focused on various barriers that students with ADHD may face and how to overcome these barriers through the use of coping skills that encourage individuals to remain in control and manage their responses. Session 8 consisted of debriefing, evaluations of the program, achievements, and progression. See Table 1 for a brief outline of session content. Each group leader was trained on implementing the modules and received weekly group supervision throughout the project. The purpose of group supervision for the group leaders was two-fold: (1) to assure consistency in the implementation of the intervention, and (2) to provide group leaders with supervision and consultation on clinical issues that may arise during the group counseling process.

Table 1

Content of 8-Week Coping Group

Session	Sample Content
1: About My Disability	Self-assessment and understanding resources
2: Coping With My Disability	Self-monitoring and stress reduction/management
3: Career Decision Making and Exploration	Obtaining and maintaining employment after graduation
4: Awareness of Self and Environment and Learning to Work Well With Others	Self-advocacy and social skills
5: Learning to Manage Myself	Assertiveness and effective work habits
6: Who's in Control?	Time management
7: How Do I Remember All This?	Memory strategies
8: Wrap-Up	Debriefing

Instruments

The pre-test survey contained a brief demographic questionnaire and measures of QOL, acceptance of disability, college self-efficacy, psychological distress, and career

thoughts. The post-test survey contained all instruments with the exception of the demographic questionnaire. Academic outcome data, including GPA and graduation rates, were collected by the staff of the student disability center after the completion of the groups.

Demographic questionnaire. The demographic questionnaire was very brief and asked participants about their age, gender, race, year in school, and type of disability.

World Health Organization Quality of Life-Brief Version (WHOQOL-Bref). The World Health Organization (WHO) developed the WHOQOL-Bref to be a brief measure of quality of life (QOL; The WHOQOL Group, 1998). WHO collaborated with numerous countries to field-test the instrument across a number of cultural contexts. The WHOQOL-Bref consists of two global QOL items and 24 specific items within four QOL domains: (a) Physical health (e.g., “Do you have enough energy for everyday life?”), (b) Psychological health (e.g., “To what extent do you feel your life to be meaningful?”), (c) Social relationships (e.g., “How satisfied are you with the support you get from your friends?”), and (d) Environment (e.g., “How healthy is your physical environment?”). The instrument uses a five-point Likert scale ranging from 1 to 5 (not at all to extremely) for each item; respondents indicate how much they experienced the item in the last 2 weeks. WHOQOL-Bref domain scores demonstrate good discriminant validity, content validity, and internal consistency (The WHOQOL Group, 1998). Cronbach’s alpha coefficients reported by the test developers were .80 for the Physical subscale, .76 for Psychological, .66 for Social, and .80 for Environment (The WHOQOL Group, 1998). The pilot study yielded Cronbach’s alpha coefficients of .70 for the Physical subscale, .77 for Psychological, .52 for Social, and .74 for Physical.

College Self-Efficacy Instrument (CSEI). Relatively few measures of general academic self-efficacy exist in the literature, and those that do address primarily academic-related tasks. Solberg, O’Brien, Villareal, Kennel, and Davis (1993) developed the CSEI to measure self-efficacy for the broader college experience rather than simply academics. It contains 19 items that ask students to rate their confidence in their ability to complete tasks associated with three domains of college life: (a) course self-efficacy (e.g., “write a research paper”), (b) social self-efficacy (e.g., “participate in class discussions”), and (c) roommate self-efficacy (e.g., “get along with roommate(s)"). A 10-point Likert scale (totally unconfident to totally confident) is used to rate each item. Several validation studies have supported the instrument’s three-factor solution (Barry & Finney, 2009; Gore, Leuwerke, & Turley, 2006; Solberg et al., 1993). Additionally, the authors reported adequate internal consistency coefficients for the three subscale scores (Course $\alpha = .88$, Roommate $\alpha = .83$, Social $\alpha = .86$) as well as strong convergent and discriminant validity (Solberg et al., 1993).

Acceptance of Disability Scale-Revised (ADS-R). Linkowski (1971) developed the original ADS to operationalize Wright’s (1983) four value changes related to disability acceptance (i.e., enlarging the scope of values, containing the effects of disability, subordinating physique relative to other values, and transforming comparative-status values into asset values). In 2007, Grooms and Linkowski developed a revised version of the ADS and used principle components analysis to empirically group items into four subscales, which reflect Wright’s value changes. The analysis resulted in a shortened, 32-item version, with alpha coefficients for the subscales ranging from .71–.88 and .93 for the total scale. The revised version utilizes a four-point Likert rating scale

ranging from 1 to 4 (strongly disagree to strongly agree). Scores range from 32 to 128, with greater acceptance of disability being indicated by higher scores. Updated wording reflects current trends in acceptable disability-related language (e.g., “There are many things a person with my disability is able to do.”). The authors suggest that the empirically derived multidimensionality of the ADS-R increases its usefulness within disability and rehabilitation research and clinical settings. A Cronbach’s alpha coefficient of .92 was obtained in this pilot study.

Outcome Questionnaire-45.2 (OQ-45.2). The OQ-45.2 is a measure of functional level and change over time (Lambert, Burlingame, et al., 1996). It is particularly sensitive and useful in documenting the effect of therapy interventions on clients. The 45-item scale produces three scale scores: Symptom Distress (e.g., “I feel hopeless about the future.”), Interpersonal Relations (e.g., “I feel my love relationships are full and complete.”), Social Role (e.g., “I feel that I am not doing well at work/school.”), as well as a total score. Individuals are asked to rate items on a 5-point Likert scale (never to almost always). The scales are negatively coded whereby higher scores indicate poorer outcomes. The OQ-45.22 has been shown to have high internal consistency (.93) and test-retest reliability (.84; Lambert, Burlingame, et al., 1996). It has also been shown to have moderate to high correlations with other well-established measures of depression, anxiety, and global adjustment, including the SCL-90-R, Zung Depression and Anxiety Scales, Beck Depression Inventory, and Taylor Manifest Anxiety Scale (Lambert, Hansen, et al., 1996). The present study yielded Cronbach’s alpha coefficients of .75 for Social Role, .88 for Symptom Distress, and .89 for Interpersonal Relations. Because the OQ-45.2 was added halfway through data collection, only 24 of the 40 participants completed it.

Academic outcomes. The authors also collected GPA data to investigate the impact of the group on academic outcomes. In order to control for variations in course difficulty and other factors that may affect grades from semester to semester, the average GPA for three semesters before participation in the group was considered to be the pre-test score, and the average GPA for three semesters after participation in the group was considered to be the post-test score. In the event that three semesters pre- and post- were not available (e.g., a participant was a freshman or a senior), the available data was used to create pre-test and post-test variables.

Results

Paired samples t-tests were computed using the Statistical Package for Social Sciences (SPSS) version 18, and are listed in Tables 2–4. Significant improvements were found for physical health and psychological health, as measured by the WHOQOL-Bref, and all three academic self-efficacy scales of the CSEI (course self-efficacy, roommate self-efficacy, social self-efficacy; see Table 2). Acceptance of disability (as measured by the ADS-R) and social relationships, as measured by the WHOQOL-Bref, showed moderate improvement of roughly a quarter of a standard deviation on the pre-test scale following participation in the group (see Table 2). Scores on the symptom distress and social role adjustment scales of the OQ-45.2 also improved significantly (see Table 3). In addition, the authors collected grade point average information (i.e., the average GPA for the three semesters before participation versus the average GPA for the three semesters

after participation) on 18 of the participating students. Standardized mean changes (Becker, 1988) ranged in size from about two tenths of a standard deviation in the pre-test scale to over half of a standard deviation (see Table 4).

Table 2

Results of All Pilot Study Variables Except OQ-45.2 and GPA (N = 40)

Variable	Pretest M(SD)	Posttest M(SD)	t(39)	d _{Change}	P
WHOQOL-Bref – Physical Health	13.9(2.8)	14.8(2.7)	2.9	0.32	.006**
WHOQOL-Bref – Psychological Health	13.3(2.7)	14.5(2.6)	3.2	0.44	.002**
WHOQOL-Bref – Social Relationships	13.7(3.4)	14.5(3.5)	1.7	0.24	.098*
WHOQOL-Bref – Environment	14.8(2.4)	15.3(2.4)	1.4	0.21	.177
CSEI – Course Efficacy	33.9(8.3)	37.3(7.3)	3.1	0.41	.004**
CSEI – Roommate Efficacy	22.5(5.5)	24.1(4.7)	2.1	0.29	.039**
CSEI – Social Efficacy	37.1(10.8)	43.5(7.8)	4.5	0.59	.000**
ADS-R – Total Score	99.9(14.7)	103.3(13.9)	1.9	0.23	.069*

Note: *p < .10, **p < .05

Table 3

Results of Pilot Study for OQ-45.2 (N=24)

Variable	Pretest M(SD)	Posttest M(SD)	t(23)	d _{Change}	P
OQ-45.2 – Symptom Distress	34.8(12.0)	29.3(11.8)	2.5	-0.46	.022**
OQ-45.2 – Interpersonal Relations	13.1(7.4)	12.1(7.3)	0.9	-0.14	.398
OQ-45.2 – Social Role	13.5(5.6)	9.8(4.0)	3.8	-0.66	.001**

Note: **p < .05

Table 4

Results of Pilot Study for Grade Point Average (N=18)

Variable	Pretest M(SD)	Posttest M(SD)	t(17)	d _{Change}	P
Grade point average	2.5(.7)	2.8(.8)	1.1	0.43	.305

The results suggest that participation in the group had a significant effect on the majority of the measured psychosocial adjustment variables. Participation did not have a significant effect on GPA. This test had low power because the authors were only able to obtain GPA on 18 students. However, average GPA of participants improved by .3 GPA points or over .4 of a standard deviation. Practically speaking, this change represents an entire grade category when using pluses and minuses in assigning grades. Overall, the data indicates that students with ADHD are benefitting a great deal from participation in this group.

Discussion

The results of this pilot study indicate that psychoeducational groups for college students with ADHD are beneficial in helping students cope with their disability and can lead to an improvement in overall quality of life. The college students who participated in the group showed significant improvements in physical and psychological health when comparing their reports prior to the group intervention and after. These students also reported similar improvements in course, roommate, and social academic self-efficacy scales. For the 24 students who completed the OQ-45.2, symptom distress significantly decreased and social role adjustment significantly increased post group experience. The noted increase in GPA was not statistically significant. However, this increase is promising and suggests that with a larger sample size, which would increase the power of the test, GPA may significantly improve for students who participate in this psychoeducational group intervention.

With the rise in the number of students with disabilities, such as ADHD, enrolling in postsecondary programs, many colleges and universities have begun to implement support services for these individuals. However, though some students are choosing to enroll in these services, research suggests that they still may not be receiving the necessary academic support (Dowrick, Anderson, & Acosta, 2005). By implementing a group curriculum, such as the one used in this pilot study, that focuses on helping students accept and understand their disabilities, developing adequate self-advocacy skills, and increasing college adjustment, students will be better equipped for the challenges of school and receive the necessary academic support to achieve success.

The group curriculum designed for this study will impact college students with ADHD by increasing their ability to cope with their disabilities and adapt to college life. This increased ability to cope and adapt, in turn, will ultimately influence their ability to obtain and maintain competitive, integrated future employment. This study has the potential to impact a secondary target population (staff members at college and university disability and counseling centers who work with college students with disabilities) by providing an empirically-validated method for helping the students they serve better cope with their disabilities and adjust to college. Ultimately, this psychoeducational group should impact society by improving employment outcomes in persons with disabilities such as ADHD.

Limitations

This pilot study had several limitations. Because there was no control group to compare the participants to, the authors cannot know whether the results were from the

intervention group itself, or whether they were due to an outside factor. The students who attended the groups were all referred by the staff of the disability resource center and may not be representative of the full range of college students with ADHD. This study did not employ random sampling, thus decreasing the generalizability of the results to the entire population. The small sample size further decreases the generalizability and the power of the tests. In addition, the authors had limited GPA data and implemented the use of the OQ-45 later in the study. A future study that employs a control group, larger sample size, and random assignment would assist in decreasing the threats to validity created by these limitations.

Future Research

A future study will employ a control group to further determine the impact of psychoeducational groups on individuals with ADHD. In addition, a future study will also examine how the group intervention affects individuals with disabilities other than ADHD. To do so, a future study will invite individuals with any identified disability to participate in the group experience. Furthermore, future research should focus on more diverse samples that include individuals from various races, ethnicities, and socioeconomic statuses to determine the generalizability of the curriculum to a larger population. Finally, including a follow-up assessment would be a beneficial addition to future research studies to determine the long-term effectiveness of the intervention.

Conclusion

The findings of this pilot study suggest that the group intervention assisted college students with ADHD in coping with their disabilities and decreasing levels of distress. Specifically, physical health, psychological health, self-efficacy, and social role adjustment increased after participation in the study, while symptom distress decreased. Though improvements in GPA were not found to be of statistical significance at this time, the improvement suggests that with a larger sample size and increased power, participation in the group could lead to an improvement in academic success. This research supports prior research on the effectiveness of group therapy in improving psychosocial adjustment in persons with disabilities, while paving the way for future research in this area.

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