

**Report from Committee on
Graduate Student Experiences with Disability Accommodations at the University of
Michigan
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Graduate Student Experiences with Disability Accommodations Committee:

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Introduction

This report presents a summary of findings and recommendations resulting from two studies of graduate student experiences with disability accommodations at the University of Michigan (U-M). As part of its overarching DEI mission, Rackham Graduate School, with input from its Graduate Student with Disability Needs Assessment Committee, initiated this research to assess and understand the current state of affairs about academic inclusion of students with disabilities in graduate and professional programs at U-M. The goal was to increase information that could inform recommendations about policies and practices that might better serve graduate students with disabilities.

We note here that we recognize the importance of language in these discussions, and we recognized that the concept of “accommodations” has been validly critiqued as treating those who request them as outside of some accepted norm. We have used the term for two reasons: (1) we wanted to understand what the unmet needs are of graduate students at U-M; and, (2) the language of accommodations is the language currently used in policy. Consideration of alternative language is, of course, an important policy issue; and, by using the language of accommodation to assess unmet need, we do not mean to ignore that important issue. At the same time, we felt we needed to ask questions of students in the language of current policy and practice for purposes of clarity.

While there is already significant research about accommodating undergraduate students with disabilities, there is almost no parallel research specifically on graduate students, despite their different opportunities and requirements. Approximately 12% of graduate Students nationally (according to the National Center for Educational Statistics; <https://nces.ed.gov/fastfacts/display.asp?id=60>) and at U-M (<https://ssd.umich.edu/> Annual Report 2016-2017) are estimated to have a disability. We know informally from interactions with students that the current “system” does not meet the needs of our graduate students well. Therefore, the committee felt it was essential to collect systematic data to find out from graduate students what specific difficulties they and others they know currently encounter, what their unmet needs are, as well as their ideas about potential solutions and improvements.

Survey of Graduate Students' Experiences with Accommodations for Disabilities

Survey Procedures

The survey was designed to gain information about the experiences of graduate students with and without formal diagnosis of a disability. Students were asked if they have a disability, using a broad definition that encompassed physical disabilities, sensory disabilities, chronic illnesses, neurodivergence, mental health conditions, learning disabilities, and beyond. Those who did not self-identify as having a disability were asked if they feel they need or would benefit from accommodations in graduate school. Both groups were asked specific questions about efforts to obtain necessary accommodations as well as experiences of acceptance and support.

In addition, students who did not report disabilities and who did not indicate a need or desire for accommodations were also surveyed. They were asked about their experience with other graduate students who did have disabilities or needed accommodations, as well as their views of the climate for those in those groups.

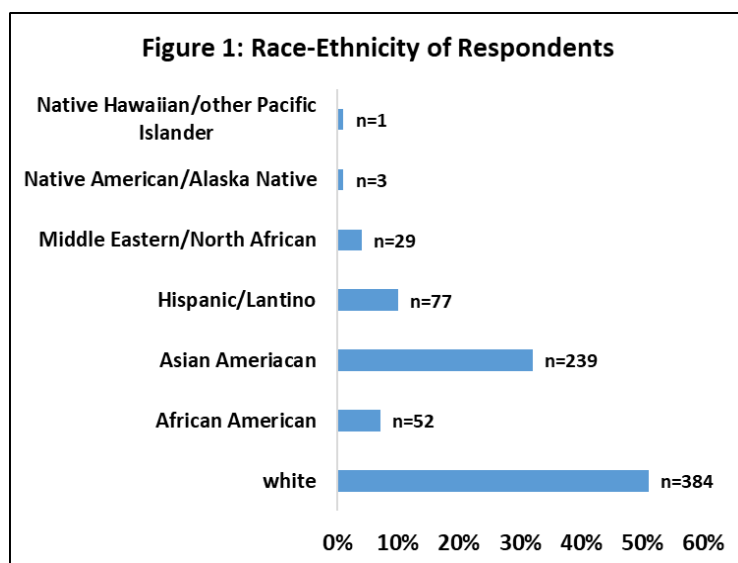
The survey also included opportunities for respondents in all three groups (e.g. have a disability, want accommodations and neither)) to respond to open-ended questions about challenges and obstacles students may face in their efforts to obtain accommodations for their particular needs, as well as their recommendations about possible new campus resources and policies.

The survey was distributed electronically on February 10, 2020, and weekly reminders were sent to respondents who had not yet completed the survey. The survey was open for four (4) weeks.

Sample Surveyed and Response Rate

In Winter 2020, all graduate students across various programs under the Rackham Graduate School at U-M were surveyed (N=9,237). The total sample of graduate students who responded to the survey during the four-week period in which it was available is 1,070 (a response rate of 12%). Please note that total sample sizes for any given variable will differ from 1,070 depending on the question asked, as students were free to leave questions blank if they so chose. For example, 712 indicated their gender as male (preferred pronoun is he/him/his, N=331) or female (preferred pronoun is she/her/hers, N=391). In addition, 18 indicated they identified with another gender category (they/them/their) and 25 indicated they did not want to answer this question.

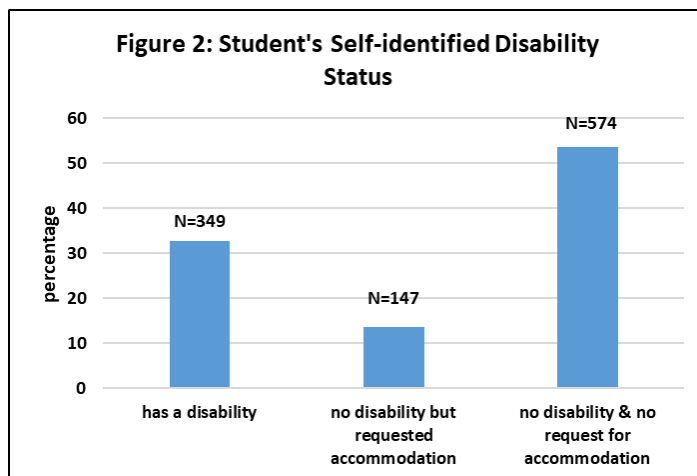
Similarly, 750 indicated their race-ethnicity. Of those, 384 identified as White, 52 as African American, 239 as Asian American, 77 as



Note: students could select multiple racial-ethnic identities.

Hispanic/Latino, 29 as Middle Eastern/North African, 3 as Native American/Alaska Native, and 1 as Native Hawaiian/Other Pacific Islander (see Figure 1 previous page). For some analyses, we grouped all of the non-White groups together (366), and for some we considered the largest group (Asian Americans) separately (239), leaving a group of 133 underrepresented minorities from the remaining 4 groups (Middle Eastern/North African respondents were excluded from these analyses).

All 1,070 respondents indicated their disability status: 349 indicated they have a disability (see Figure 2). An additional 147 indicated that “although I do not have a formally identified disability, I feel I need or would benefit from accommodations in graduate school.” Finally, 574 indicated that they did not have a disability or need or benefit from accommodations.



The students reported they were in one of three graduate student statuses (752 reported): master’s students (209); pre-candidate doctoral students (212); and doctoral candidates (331). According to a chi-square comparison with Rackham’s overall data for these groupings, doctoral students at both levels were over-represented in our sample, and master’s students under-represented.

725 students indicated their field of study; they were distributed across as the four disciplinary areas:

- The biological and medical sciences (N=151; 21%)
- The physical sciences and engineering (N=310; 42.8%)
- The social sciences (N=178; 24.6%)
- The humanities and arts (N=86; 11.9%)

According to a chi-square comparison with Rackham’s overall data for these disciplinary areas, students in the humanities/arts and social sciences were a little overrepresented in our sample, and those in the biological and physical sciences a little underrepresented.

Comparison of the Three Groups indicating Disability Status

We considered whether the three groups of student respondents differed in terms of the demographic indicators, graduate status, and graduate school fields. They did differ overall on all of these comparisons, so we focused on whether the group reporting disabilities differed on these factors. Those reporting that they have disabilities were significantly more likely

- to be female than male.
- to be White than either Asian/Asian American or from underrepresented minority groups.
- likely to be candidates than master’s students, but there were no other differences among master’s students, pre-candidates, and candidates (thus pre-candidates did not differ from either group).

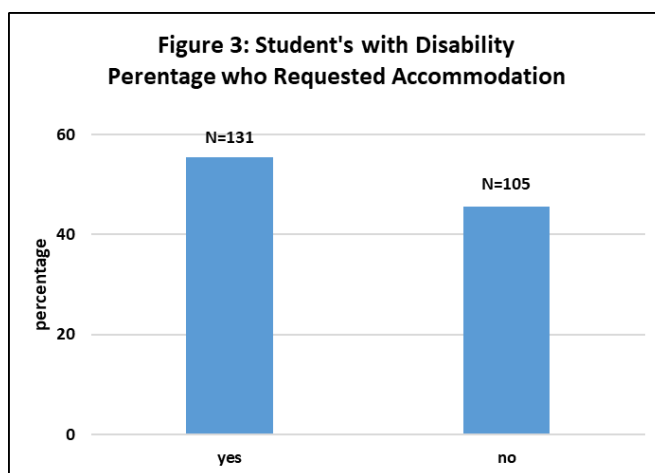
- To report being in the biological or the physical sciences/engineering than in the social sciences or arts/humanities.
- to be significantly more likely to be in the humanities than the social sciences (though this difference was much less striking than the difference in the comparison of scientists to the group combining social scientists and humanities/arts students).

Results

We begin with the results for the sample of students who identified as having disabilities. Then we compare those with students who did not so identify, but did feel they need or would benefit from accommodations. Finally, we conclude with comparisons with students who are in neither group but responded to the survey; we felt they provided useful information about attitudes and views that reflect the context in which the other students operate.

Students with Disabilities

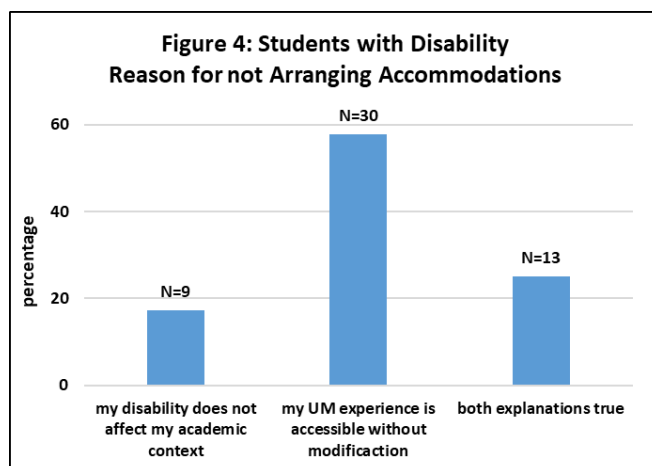
As noted earlier, 349 Rackham student respondents identified as having a disability. Of these, the vast majority (272, or 79.5%) felt that they would benefit from accommodations or other supports for their disability as a graduate student. However, of those, 36 (or 13%) did not indicate whether they had tried to secure such accommodations, and 105 (or 39%) explicitly indicated they did not try, leaving only 131 (48%) of those who felt they needed accommodations or other supports actively seeking them (see Figure 3).



Thus, we begin with a sobering picture of the proportion of how well Rackham students with disabilities are finding accommodations they feel they need: over half reported directly or indirectly that they did not actually seek them.

We also asked why students had not pursued accommodations:

- 9 reported that their disability did not affect them in academic contexts;
- 30 reported that “my UM experience is accessible without modification,” and
- 13 listed other reasons which included many who referred to a number of related ideas under the general rubric of “stigma” (see Figure 4):



“It is very difficult to articulate mental health-based disability status to faculty, and often involves conversations re-hashing previous traumatic experiences, and is often not taken seriously by faculty.”

“I have done my best to educate colleagues, coworkers and faculty about these issues. It is not my responsibility to educate them, especially as a form of unpaid emotional labor.”

“Diagnosis requirements were extremely challenging. Stigma surrounding developmental disorders/sensory processing disorders in the medical community made diagnosis unclear. Decided to push onwards.”

“It's embarrassing to have to volunteer information about yourself when such accommodations aren't outwardly offered. It makes it feel like you are asking for favors that other students don't get so you should suck it up and deal with it like everyone has to with their ‘personal issues’.”

“Stigma associated with disclosing disabilities to members of the department (and having that information shared without my consent); did not want to disclose health issue.”

“Unsure I wanted to pursue that since I am unsure how faculty would respond given their known attitudes--that is not to say all faculty are bad/unsupportive, just that some seem to work under the idea that 'grad school should be hard'.”

“Did not want to look as if I was getting special treatment.”

“There's still a stigma against asking for accommodations. There's a culture in biology fieldwork of being ‘tough’ and ‘hardcore’ - admitting that you can't do things changes people's perspective of you.”

“I also often feel some shame considering my mental health a disability. I think there is a lot of stigma around it because you can't see it so I try to independently manage privately with my team of doctors.”

“It did not seem like the professor for the course would be accommodating given their responses to other students needing similar accommodations. I decided it was better to deal with it and not disclose than to introduce that complication.”

“[T]oo difficult, didn't want to seem like a ‘problem’.”

“I felt that if I disclosed that I need accommodations of any sort, it would make me less competitive for teaching positions.”

“There is a very small set of GSIs who work for my department. I feel if I were to advocate for accommodations, I would be less likely to get the appointments I want.”

“Embarrassment. A feeling that nobody will take me seriously. Insider knowledge from peers that even with accommodations, they're sometimes insufficient.”

“Equity and inclusion issues.”

Others pointed to the difficulty of getting appointments at CAPS, their own uncertainty that the disability was covered under the policy (though they now know it was), determination to try to manage without accommodations, and specific discouragement from either an office staff person, a faculty member, or another student. These last included the following:

“I pursued some of these. I have been told by SSD that they can only provide class-related accommodations.”

“I was told the process requires a session with SSDS and my PI to essentially bargain for accommodations, which sounds stressful, confrontational, and not worth it. I was also discouraged by my program coordinator from seeking the accommodations because it would make professors not want to have me in their lab.”

“Skepticism from my department.”

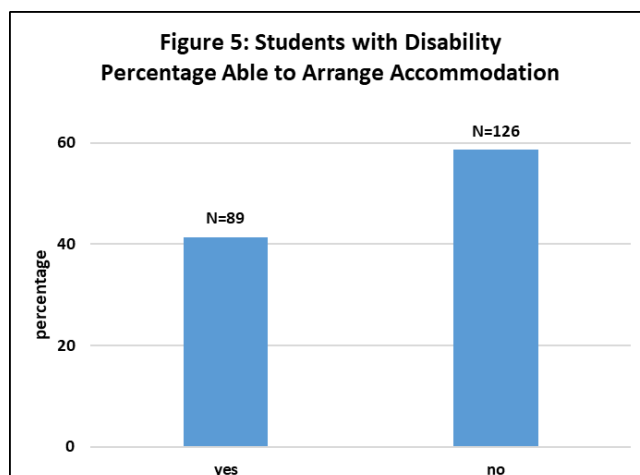
“My advisor was not willing to do short biweekly check-in meetings because she was afraid they would end up taking more than the five minutes I asked for. I did find a proofreader, but I had to pay for this service myself.”

“SSD unable to provide certain services or ones that will work with a flexible and continuously changing schedule; There literally not being accessible parking anywhere near my building on campus due to construction.”

“The SSD coordinator told me that social anxiety was something that the school could not accommodate for. However, social anxiety is considered a qualifying disability under ADA and my counselor at CAPS had been working with me to get an accommodation and was sure I would be able to get one. The coordinator from SSD also told me that I should be tested for a different disability like ADHD because it sounded like I had trouble collecting my thoughts to speak. The encounter made me so anxious I began crying.”

“I’ve tried to reach out to parking to explain but there are just limited options for us—especially around CCRB.”

How well do students succeed at getting the accommodation they think they need? Of the 215 who answered the direct question about whether they had been able to arrange the accommodation they needed, 89, or 41.4%, indicated they had succeeded (see Figure 5). Even if we limit the students whose response we consider to those who explicitly reported that they tried to and succeeded at getting the accommodation they needed (131), 65.6% indicated they had.



We asked students how easy they had found it to *arrange* accommodations they needed. Among those with disabilities, 266 students answered this question: 28 (10.5%) said it was “very true” that it was easy, and another 46 (17%) said it was “somewhat true”. All of the rest (72.5%) did not find it easy (see Figure 6).

We also asked how easy or hard it was to *implement* the accommodations they needed. Among the 245 students who answered this question, 47 said it was “very true” that it was easy and another 32 said it was “somewhat true”; thus, a total of 79 (30%) agreed that it was easy. The remainder (70%) did not find it easy.

We asked students if they spent time advocating to receive disability supports and/or making sure the accommodations they were granted were functioning well. Perhaps unsurprisingly, only 70 of the 271 who responded (or about 26%) indicated that they did. More than half reported that they spent less than two hours a week on these efforts, but more than one-third (34.8%) indicated that they spent 2-5 hours/week, and an additional 5 spent even more time (see Figure 7).

A substantial proportion of these students (41% of 265, or 109 students) reported that they “regularly rely on extra support from family or friends” as a result of their lack of accommodations at the university. They noted that the commitment of time from these people was significant: more than 5 hours/week for 28 students (26.6%), 2-5 hours/week for 42 (40%) and less than 2 hours/week for 35 (33%). This substantial demand on non-institutional support is important information—particularly if we consider that some students may not have family or friends in a position to make that large a contribution of time to supporting the student’s success.

Over one-quarter of the students (N=73) reported that they had out-pocket expenses because of the lack of particular supports from the institution (see Table 1). Two mentioned a need for a personal assistant (e.g. notetaker), 12 a tutor or coach, 18 technology including assistive technology; 45 listed other needs, which included: quiet workplace, cost of therapy and medication, appropriate parking or transportation (and their

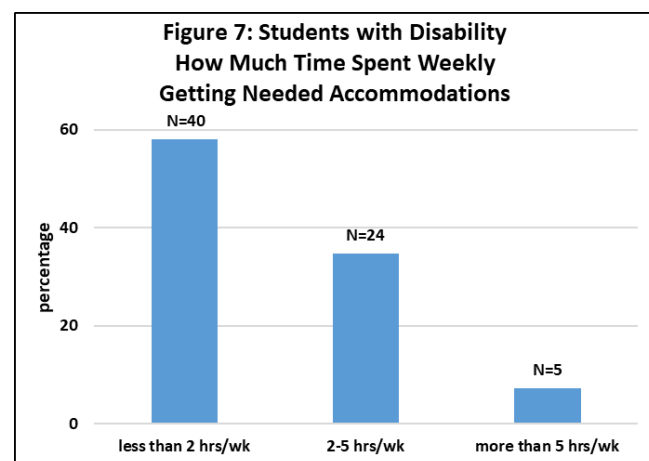
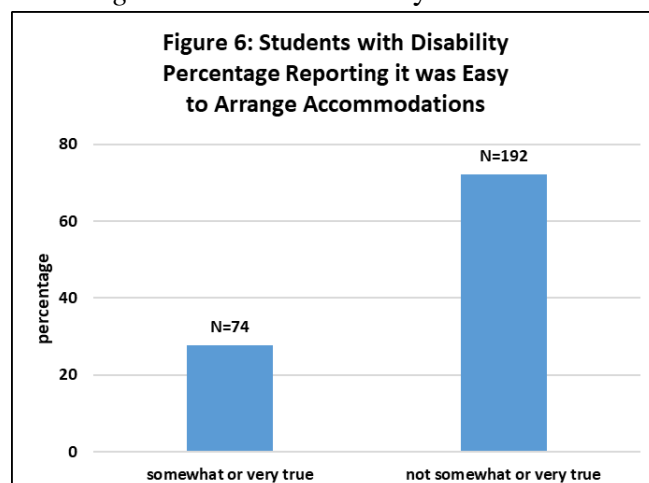


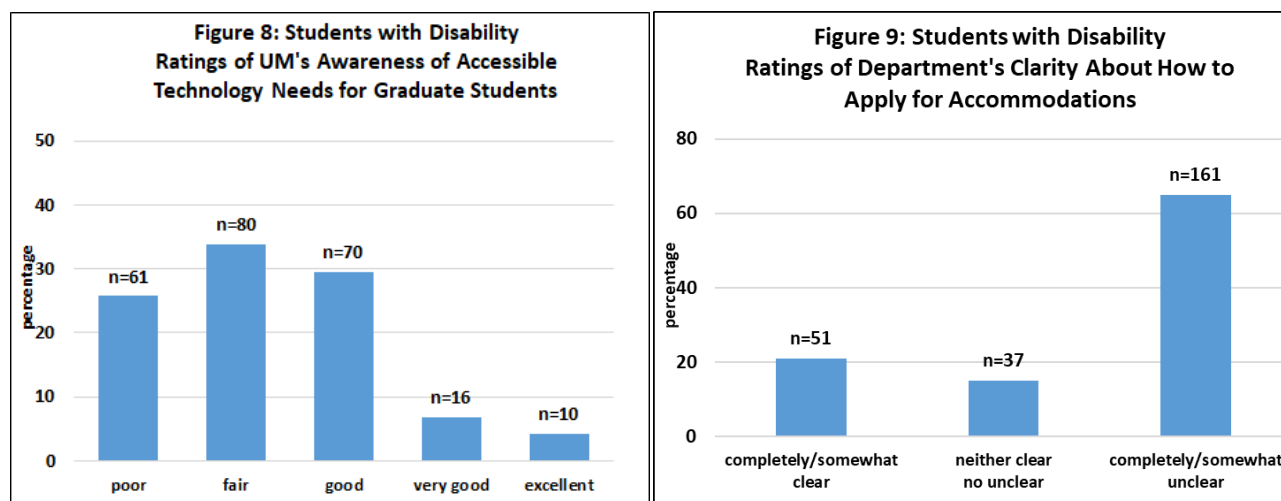
Table 1: Number who reported out of pocket expenses not provided by UM

Types of Service:	
Personal Assistant (e.g. notetaker)	0
Tutor/Coach	12
Technology (e.g. assistive technology)	18
Interpreter	0
Additional Services	45

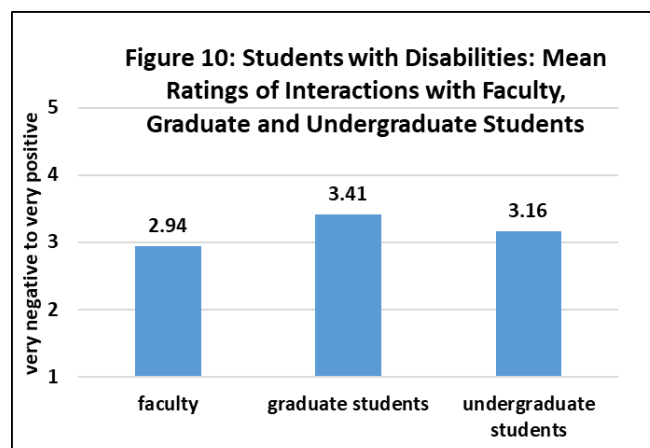
cost), particular tools and adaptive equipment for research, funding for testing.

Students were asked to rate overall institutional awareness at U-M about accessible technology needs pertaining to graduate students. Of the 237 students who answered this question, only 26 (or 11%) reported it was “excellent”; another 70 (29.5%) rated it as “very good”, and 80 (or 33.8%) rated it as “good”. Sixty-one, or 25.7%, rated it as “poor” (see Figure 8).

We also asked students to indicate how clear information about how to apply for accommodations was in their departments. Fifty-one (or 20.5%) said it was “completely clear” or “somewhat clear”, while all of the rest did not find it clear (and 80 or 32.1% found it “completely unclear”); see Figure 9.



We asked students to rate the climate for students with disabilities in their department in terms of interactions with faculty, graduate students, and undergraduate students. Of these, interactions with other graduate students were by far the most positive (45.2% reported they were “very positive” or “somewhat positive” and 17.4% said they were “very negative” or “somewhat negative”, while 37.3% said they were neither positive nor negative). The parallel results for faculty were 27.3% positive, and 34.9% negative (with 37.8% neither). For undergraduates, interactions were overwhelmingly neither positive nor negative (69.7% neither, 19.4% positive, and 10.8% negative); see Figure 10.

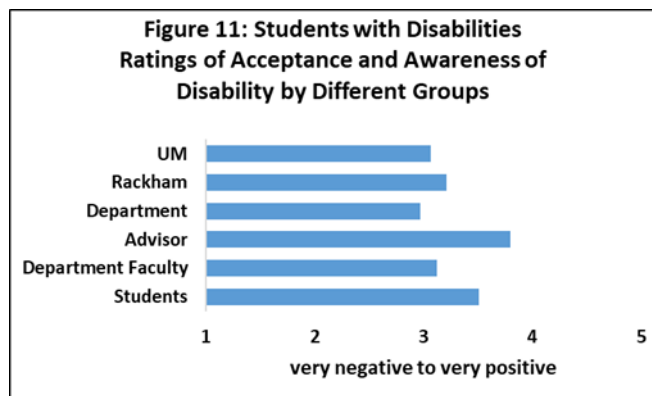


Finally, to try to understand these climate ratings of departments, we asked students to rate their view of the overall understanding, acceptance and awareness of disability at U-M as a whole, in Rackham, in their department, by the department faculty, by their own advisor, and by other graduate students in their program (see Figure 11 on next page). The results suggest that it is the people closest to the students who they find most understanding, accepting, and aware. First, students rated their advisors as “somewhat positive” or “very positive” on this

judgment: 61.4%, and other graduate students in their programs were next (50.9%). In contrast, only 35.7% rated other department faculty as positive, 38.6% Rackham, and 36.5% the University as a whole.

While it is certainly good that at least half or somewhat more of these students with disabilities view their advisors and peers in their graduate program understanding, accepting and aware of disability, that the remaining rates are only around one-third suggests an overall climate that feels quite uninformed and rejecting.

Moreover, we certainly as an institution aspire to exceed the highest numbers reported here; in truth, all students with disabilities should be able to expect that their own advisor would be understanding, accepting and aware of disabilities.

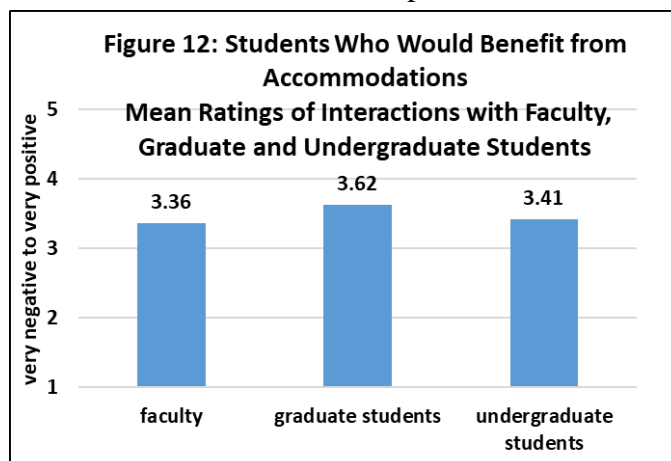


Students Who Would Benefit from Accommodations

Because we suspected that some students might not identify with the label “student with disabilities,” but might in fact have needs for accommodation, we invited students to identify that way; as reported earlier, 147 did. Although we did not ask students to provide us with information about why they feel they need accommodations, we want to stress that all of the evidence from the survey and the focus groups suggests that students are not aware that their challenges as a function of emotional, cognitive or physical conditions do qualify as disabilities. For that reason we wanted to get a sense of how widespread felt need for accommodations was among students who did not believe they had an officially-relevant condition, but did think they needed accommodations. Of these, about half (59) reported that they know students who do identify as having disabilities. We asked these students a few of the same questions we had asked the students who identified as having disabilities.

For example, we asked students to indicate how clear information about how to apply for accommodations was in their departments (see Figure 13 on page 11 for mean scores of all three groups). Interestingly, they were as unclear as the students with disabilities.

We asked students to rate the climate for students with disabilities in their department in terms of interactions with student services administrators, faculty, graduate students, and undergraduate students. All of these were viewed more positively than by students with disabilities. For example, interactions with student services administrators were rated as somewhat or very positive by 35.3% of the students. Interactions with other graduate students were by far the most positive (50.5% reported they were very or somewhat positive and 8.8% said they were very or somewhat negative). The parallel results



for faculty were 40.8% positive, and 16.3% negative (with 37.8% neither). For undergraduates, interactions were overwhelmingly neither positive nor negative (61.1% neither, 34.7% positive, and 4.2% negative); see Figure 12 (on previous page) for mean scores on these items.

Students without Disabilities or Needs for Accommodations

As reported above, a large number of students (574) responded to the survey who neither identified as having disabilities nor needing accommodations. Of these, 212 or more than a third (37.5%) reported knowing one or more students at U-M with disabilities.

We asked these students as well to indicate how clear information about how to apply for accommodations was in their departments. Although their estimate was not high (see Figure 8), they were significantly higher than either of the other two groups.

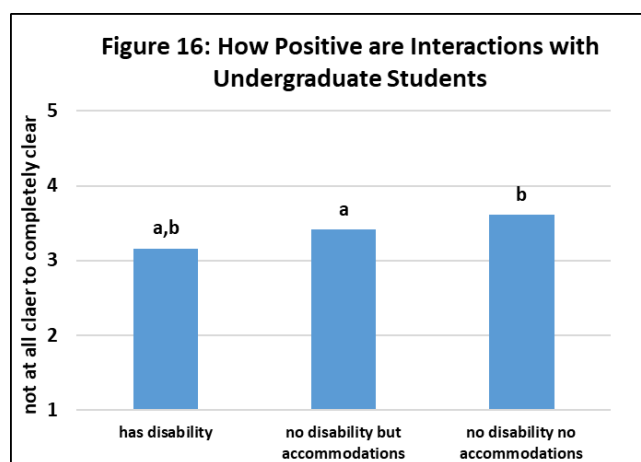
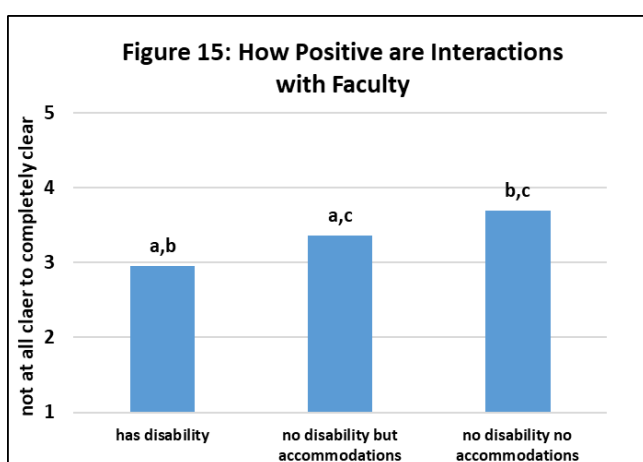
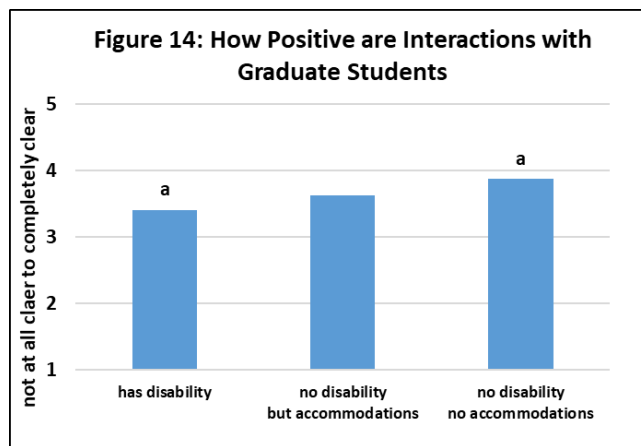
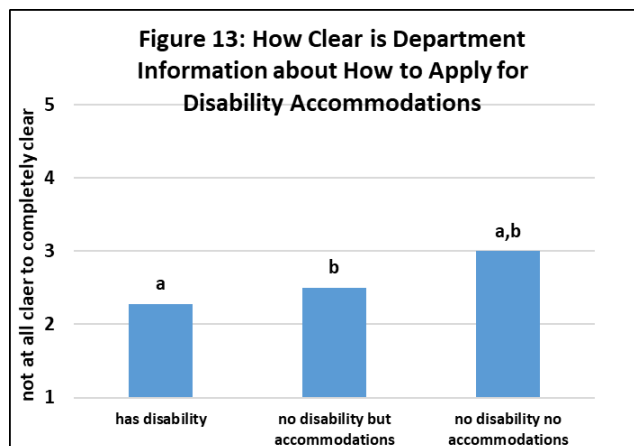
Similarly, we asked students to rate the climate for students with disabilities in their department in terms of interactions with student services administrators, faculty, graduate students, and undergraduate students. All of these were viewed more positively than by either of the other two groups. For example, interactions with student services administrators were rated as somewhat or very positive by 50.1% of these students. Interactions with other graduate students were by far the most positive (58.8% reported they were “very positive” or “somewhat positive”). The parallel results for faculty were 51% positive, while for undergraduates interactions were also viewed as much more positive (55.8% neither, but 41.6% positive).

Overall, the results for these two groups of students suggest that one of the realities for students with disabilities is that even other students underestimate the difficulties they face in terms of the clarity of information about accommodations and the climate they face from others on campus.

Comparisons of Groups

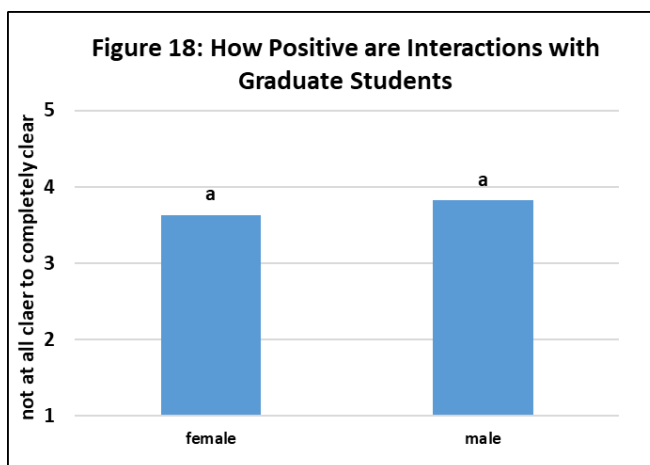
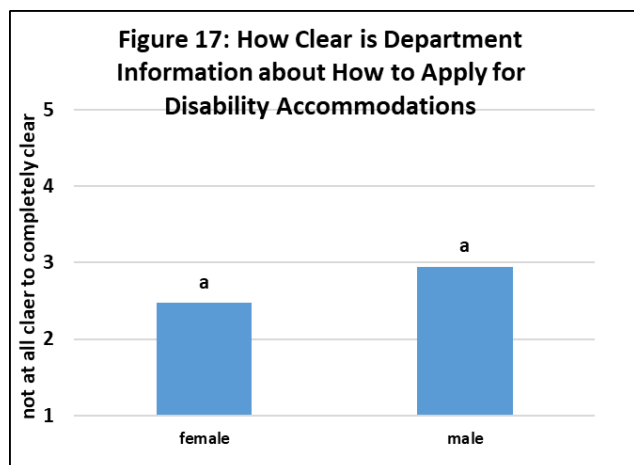
We were able to use some of the demographic variables and the three groups of students surveyed to assess whether there were group differences in views about the overall environment for disabilities at U-M. Using two-way analyses of variance, we were able to see whether there were group effects for disability status (have a disability, need accommodations or neither), and for each of the following other groupings: gender (male, female), race (White, not White), department size, field of program, and graduate status (Masters, PhD pre-candidate, PhD candidate). We were able to make these comparisons on four judgments students provided, which were the only ones that were identical for all three groups: the clarity of information about how to get accommodations for disabilities in the department, and the climate for students with disabilities of interactions with faculty, graduate students and undergraduate students.

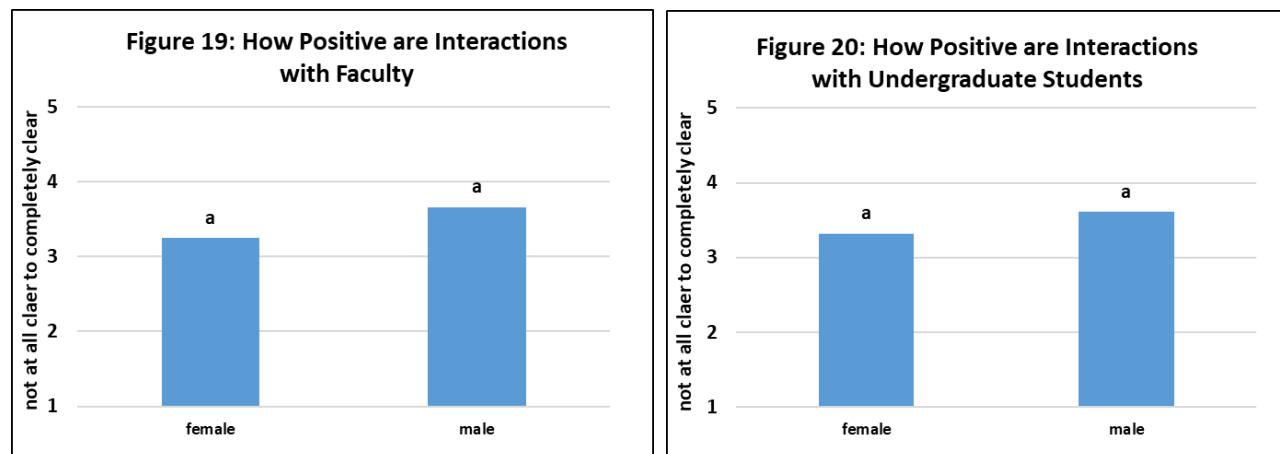
The three groups defining disability status (have a disability, want accommodations and neither) differed significantly on all four of these, with students with disabilities rating them lowest, and students with neither rating them highest (see Figures 13-16 next page).



Note: similar letters denote statistically significant differences

For gender, these analyses showed that for three of the items (clarity of information and climate with faculty and undergraduates) women's ratings were lower than men's (see Figures 17-20).





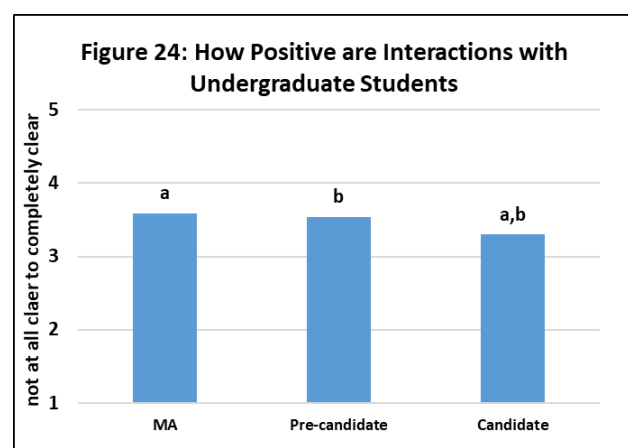
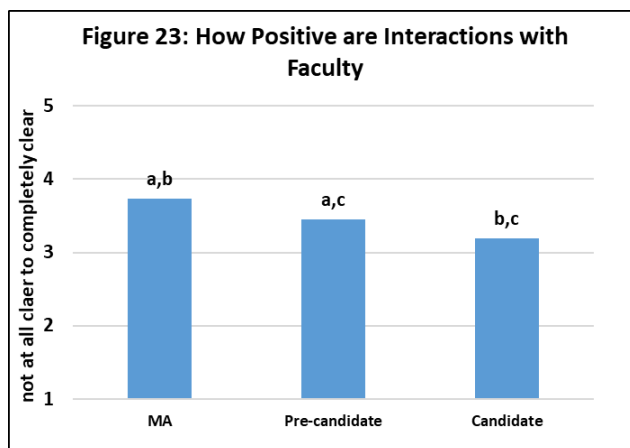
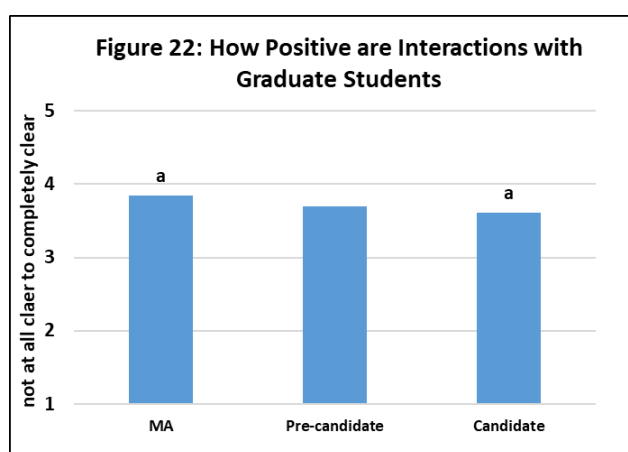
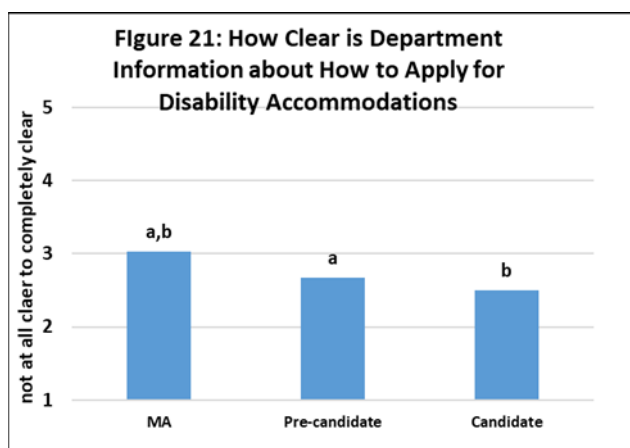
Note: similar letters denote statistically significant differences

For race, all four items produced significant differences, with Asians/Asian Americans' ratings consistently higher than both other groups, which were not different on three of the items. On the fourth (the climate for graduate students with disabilities in their interactions with other graduate students), both Asian American/Asian students and White students rated these higher than did underrepresented minorities (see Table 2 for mean ratings by race/ethnicity, division and department size).

	Department information about how to apply for accommodations is clear: (1=completely unclear/ 5=completely clear)	Interaction between faculty and graduate students with disabilities: (1=very negative/ 5=very positive)	Interaction between graduate students with and without disabilities: (1=very negative/ 5=very positive)	Interaction between faculty and undergraduate students with disabilities: (1=very negative/ 5=very positive)
	mean ratings	mean ratings	mean ratings	mean ratings
Race/Ethnicity				
white	2.50	3.24	3.66	3.38
Asian American	3.09	3.81	3.86	3.69
URM	2.60	3.23	3.56	3.24
Division				
Biological/Medical Sciences	2.69	3.54	3.76	3.52
Physical Sciences/Engineering	2.71	3.55	3.72	3.55
Arts & Humanities	2.45	3.05	3.49	3.35
Social Sciences	2.76	3.25	3.71	3.27
Department Size				
Small (20 or fewer faculty)	2.60	3.35	3.68	3.38
Medium (20-50 faculty)	2.74	3.43	3.67	3.43
Large (50+ faculty)	2.68	3.42	3.74	3.53

Interestingly, there were no differences on these variables as a function of department size or field of program (biological sciences, physical sciences and engineering, social sciences and arts/humanities).

Degree status did matter. Master's students were significantly more likely to view the information about accommodations in their departments or schools as clear than either group of doctoral students. Master's students also were significantly more likely to rate the climate for interactions with faculty as positive than pre-candidates, who were significantly more likely to rate it as positive than the other groups. Master's students were significantly more likely to rate the climate for interactions with other graduate students more highly than candidates and candidates rated interactions with undergraduates lower than both of the other groups (see Figures 21-24).



Note: similar letters denote statistically significant differences

Summary of Open-Ended Survey Data

Following several questions on the survey, students were invited to expand on their answers, or to recommend needed improvements. Since relevant responses were given across the different questions, we coded them all for the same categories. While there were particularly powerful stories about fairly specific and rare events (which will be discussed last), many responses addressed similar issues, which we summarize here in a few broad themes.

Need for acknowledgment. Students felt a need for public formal articulation of the fact that some graduate students have disabilities, and those disabilities should be accommodated. They felt that this kind of official statement was essential for their further wish for routine recognition of these issues to be acknowledged by administrators, advisors and faculty in general.

Need for support. There was a frequently expressed desire for both someone within the department to be a source of support other than another student or an advisor, as well as a definite preference for graduate-student-specific support systems (through Rackham or a specialized disability resource).

Time flexibility. Many students commented on the inadequacy of time accommodations routine for undergraduate students for graduate students. They commented specifically on time during qualifying or prelim exams as well as the time period before taking them. They also looked for flexibility in many other ways: more flexible work and classroom hours (to allow for breaks, dealing with chronic conditions); recognition that necessary appointments might conflict with classes and lab times; recognition that attendance might be affected by conditions, and dealing with flare-ups. Some students noted that this need for time flexibility could ultimately affect need for additional funding: that guarantees of 5 years of funding might not be enough for some students with disabilities. Not all students pointed to this issue, but many were looking for more flexibility within the average time to degree.

More information and education

for graduate students. Students noted their desire for better information about how to talk with faculty advisors, a general information packet about what accommodations are available and appropriate, and information about living with a disability at U-M, Michigan and the U.S.

for decision-makers. Many noted that faculty, staff and administrators lacked necessary understanding of different disabilities and their related needs (e.g. associated with attention issues, or stimulus overload, or the need for testing for some chronic conditions, and of medication side effects). The reality that some of these were likely to produce variable productivity was noted, on the one hand, and that particular accommodations might be needed on the other (breaks to conduct insulin tests, freedom to consume snacks, shorter demands for heightened attention, etc.). The fact that many of the decision-makers students encountered did not understand the needs associated with their conditions, but sometimes assumed they did, or expressed deeply stigmatizing attitudes about them, added to the students' difficulties in seeking accommodations. They were very eager to see much more widespread information available and required of decision-makers, as well as many more expert points of information and appeal (e.g. within departments? Within Rackham?). They noted that support for conflict-resolution when difficulties arise is also needed.

of faculty about classroom and related needs. Some students pointed to faculty members' lack of understanding of the need for them to repeat questions in classes as related to those with disabilities (among other things); as well as their need for more frequent meetings; and difficulties they might have participating orally in classrooms; in addition to needs for materials to be provided both in print and orally, such as directions on exams. They wanted faculty to be more aware of the range of classroom behaviors they could engage in that would be helpful, as well as mindful of the range of difficulties students might have in navigating "ordinary" classroom processes, designed for those without disabilities. Some noted the importance of being able to record lectures.

Mental health resources. Students expressed considerable frustration with the insufficiency of the CAPS short-term treatment model, and their overload of cases and therefore long delays for appointments. They wanted access to different resources that are more affordable and pointed to the high cost—given their incomes—of co-pays if they saw a mental health professional even once/week and some did that more often (like 2 or 3 times/week).

Material resource needs.

Many material needs were identified that are not well handled anywhere on campus or in particular locations. For example, many students noted their need for standing desks and monitors they can plug their laptops into. Locations named as a problem were North Campus/the Duderstadt Center and departments. Other furniture needs within departments were identified and graduate students' needs for these outside of the classroom (employment) setting were noted as especially difficult to get met. Some students pointed to the need for a (shared) quiet room that could be assigned to individuals for 30-60 minutes for decompressing/stimulus reduction, as were need for rooms with natural light and/or non-fluorescent light. One student pointed to the importance of faculty using microphones in all classroom teaching. Some students need physical copies of books, others need good text-to-speech software. Lab needs mentioned were a stool, ergonomic pipettes, and assistive equipment for lab and field.

Funding needs. Specific funding issues named were the high cost of co-pays in the context of many visits (common for some disabilities) and for testing. In addition, there were needs for help with surgery expenses, services and software as well as lab and field equipment (see more below), and student funding for slower progress (longer time to degree than normally supported by their unit).

Service and software needs. Students mentioned the need for some common accommodations (text-to-speech software); others mentioned the need for some kind of system/software that would help students chunk their tasks with long deadlines rather than trying to figure out how to do that with each professor for each task/course, as well as "organizational, writing and focusing software). Students named needs for proofreaders and academic coaches, tutors, technical support and speech therapy as things they needed.

These broad themes were often mentioned in the context of compelling accounts of individual experiences. We provide below a few examples of these accounts, not because they are typical, but because they convey some of the difficulties our students experience, and indicate the full range of kinds of needs we need policies to encompass.

“For tenured professors in my department not to marginalize me for having a disability—especially talking about me behind my back and never acknowledging with me ways to accommodate me as a FIRST YEAR WHO DIDN'T KNOW I COULD ACCESS RESOURCES.”

“I need disabilities acknowledged and respected (e.g., accommodations provided) whether or not I have an official diagnosis. Diagnosis can take a very long time to get (months to years), yet I am still experiencing barriers during that wait time. There should be a system in place for supporting students when they're waiting for diagnoses or if they are opposed to getting a diagnosis for ideological reasons (e.g., the inadequacy of the medical model of disability or other epistemic standards that maintain social injustices).”

“Consistent support for finding adequate mental health care outside of CAPS. I need the support of a long-term therapist and CAPS isn't a long-term option. Explicit guidance on syllabi for how to communicate with professors when I need a personal day for mental health reasons (e.g. what documentation I am expected to provide, if any, and what I need to do to make up that time). Support for communicating with multiple professors if I need to take sick time for mental health reasons. During an anxiety attack or panic attack it can be difficult to manage extensive communication with multiple people; having one point of contact at the school would be helpful.”

“I experienced an autoimmune issue in the midst of my studies (as I was completing an internship required for my programs, between semesters). It was an issue that was difficult to diagnose or ‘prove’, of which symptoms continued to progress and change throughout the course of the condition (including fatigue and breathlessness), and I did not know how best to advocate for myself during this process (e.g. negotiating with my internship, how to warn teachers that I had something strange going on that could pop up suddenly that could not be proven). Another issue is that the branch of ‘disability accommodations’ are too limited. They only count if you can prove you have a disability, and does not consider relative ability (i.e. if I don't have a ‘dis’ability per se that is preventing me from learning, but would learn better with certain accommodations).

Personally, I know that I learn and will retain information after my degree much better if I can type on a computer on notes provided before class. However, many classes discourage or outright ban using technology, and many tutors do not provide their electronic notes before class if at all.’

“As a GSI, I needed a lot more structure for ‘HOW TO.’ We need to have some onboarding process that works as a well-oiled machine in the annual GSI training... how should a week in the life of a standard GSI look (for gateway courses)? Would love materials like a spreadsheet that helps designate how much time we should be spending on different things. Also, would have loved to know about the spectrum of options around student engagement outside of the classroom. I wish I had known the range of different approaches to receiving a request for a letter of recommendation, or to meet for coffee or push back on a policy. I think I could have benefited from practicing the literal verbiage we could use in those situations. I just felt I really fell off the program's radar during years 2-3 which partially contributed to my health severely tanking. During those years, I'm GSI for 4 semesters straight, and suffered from not being as linked into the program as I was during first year or two, when there are lots of classes, lots of built-in social support, and a need for the area

leadership to be more plugged in to how all of the students are doing. I also feel like i took on an emotional burden of teaching that wasn't necessary. I really struggled feeling like at any moment, one of the 75 people I was responsible/accountable to, could show up in my inbox or at my office. I was on chronic hyper-alertness and during this time my family members and health care providers were concerned about my well-being. It's hard to know what specific tools or policies would have helped me as a GSI.. the SSD office seems to do little band-aid fixes like extra time completing an exam. What sorts of changes could help the teacher, not the student? My disability affects my executive functioning, which I often find manifests in the inability to break down something into tasks and then delegate.”

I received a Stage IV cancer diagnosis during the summer between my 3rd and 4th years, and urgently needed to pursue treatment with my existing team at a top cancer hospital out of state. My team told me they would not be able to provide standard therapy if I did not live nearby, since the treatment can have life-threatening side effects that few institutions have the expertise to manage. As a result of all this, I needed support from my committee and department chairs in making this move and pursuing this treatment. This included agreeing to conduct all meetings virtually, adapting deadlines depending on how treatment side effects evolved and how the disease progressed, support in finding funding if my progress to degree has to be delayed (I still plan to graduate this year), and--crucially--I needed to ensure full coverage of my cancer treatment and tests. I also needed to make difficult decisions about whether to take medical leave (I ended up not doing so), which required my mentors' support in understanding the generous but somewhat opaque policies surrounding medical leave at Michigan. Finally, I needed (or at least would really benefit from) a mentor in New York City, where I was going to be receiving treatment, so that I could obtain in-person guidance and would have a place to go on any given day beyond the cancer center; this was crucial for my intellectual well-being. While one of my departments was extremely accommodating and supportive throughout this process, the director of the program in my other department was less so. This was disappointing and alienating, and left me feeling very grateful to be in a joint degree--to have the other department to lean on--and to have a very supportive committee. Among other things, they supported me in matching with a mentor at NYU who's an expert in my area, who welcomed me to her team as a visitor and ultimately offered me a two-year post-doc starting in August. This work relationship, which again was crucial to the on-time completion of my degree, also allowed me to obtain full insurance coverage in NYC--helping to ensure I'm not among the 40% of young adult cancer patients to deplete their entire savings due to treatment.”

Summary of Survey Findings

Survey findings suggest that information about both what disabilities qualify for accommodations and how to request accommodations is not broadly available to graduate students at all levels. In addition, survey findings suggest that students without disabilities think this information is clearer and more available than do students with disabilities—that is, those who need the information.

In addition, students with disabilities report considerable difficulty getting accommodations approved and implemented. They also report that they spend considerable time attempting to

get their needs met, and that they rely on family and friends to provide them with critical support in the absence of institutional support.

In addition, students with disabilities report interactions with faculty, staff and students that are not particularly positive about these issues. The most positive interactions they report are with their own advisor, which is a good thing. However, it's clear that even these interactions are not always positive. Again, students without disabilities estimate the climate to be more favorable than do those with disabilities.

In short, the survey results suggest that graduate students with disabilities face significant obstacles to getting their needs met, beginning with a lack of transparency about what disabilities can be accommodated and how to get those accommodations to happen. In addition, this lack of transparency occurs against a backdrop of an unpleasant campus climate.

Responses to open-ended questions in the survey confirm these patterns, and provide a great deal more depth and richness to these patterns. In addition, students outlined an impressive list of possible remedies for these difficulties.

Part II. Focus Groups

This part of our review of unmet needs for disability accommodations of Rackham graduate students at the University of Michigan employed semi-structured focus group interviews.¹ Consistent with the study aims, a semi-structured interview protocol was developed to elicit the experience of participants related to the process of requesting, receiving and/or implementing and using accommodations at U-M.

Recruitment of a Sample

A convenience sample of twenty participants who indicated they were at least 18 years old and a current graduate student at UM was recruited, using several approaches:

- an invitation to participate in the study was included at the end of the related survey on the same topic;
- recruitment materials were posted on Rackham's social media accounts and digital bulletin boards and shared with various other U-M offices, departments, and student groups with the request that they circulate them on their mailing lists and with their students;
- the study team and other members of Rackham's Graduate Student with Disability Needs Assessment Committee shared recruitment materials with their colleagues and contacts at the U-M; and
- study participants were invited to refer other students they knew to the study.

Across all recruitment efforts and materials, the confidentiality of study participation was highlighted. This included statements emphasizing that participants would be in control of what information they shared including the name they chose to use during their focus group. In addition, recruitment materials made clear that all information shared would be de-identified after collection.

Recruitment material also stressed that the study defined disability very broadly and inclusively, regardless of whether or not participants had an official diagnosis, disability documentation, and/or how they identified. A broad and explicitly non-exhaustive list of potential examples of disabilities was included.

After they had reviewed the informed consent document and indicated their desire to participate, participants were scheduled for individual focus groups based on their availability.

Accommodations were made available to any student who requested them. Focus groups were facilitated by the study team's research assistant, who was also a currently enrolled graduate student at U-M who identifies as having a disability. He shared this with participants as part of the introductory script for the focus groups, which also emphasized the voluntary nature of participation and encouraged participants to share their views openly but without disclosing identifying information on themselves or others. After the focus groups were completed, participants were also reminded to maintain the confidentiality of their fellow participants and what had been shared.

¹ Dwight Kelly, MSW and Professor Abigail Stewart (Psychology and Women's Studies) conducted this study on behalf of the committee.

Six focus groups were conducted over four weeks during Michigan's winter term 2020; they ranged in size between 2 and 5 participants, with most including 3. Two of the focus groups took place in person and four over encrypted video conferencing technology, due to the COVID-19 pandemic. All focus group interviews were recorded, professionally transcribed, and then cleaned and de-identified as needed.

We deliberately did not elicit demographic, disability, or area of study information from any participants. Nevertheless, it became clear that each group was made up of students from a diverse range of disciplines, programs, and stages of graduate education, from first year master's students to Ph.D. students working on their dissertations. Without exception, members of every focus group expressed their appreciation for the opportunity to reflect on their experience through the focus group process. Thus, the experience seemed to offer a welcome opportunity to connect and reflect with other graduate students with disabilities, while supplying valuable information to help the university understand the needs of these students.

The study was approved by the U-M Health Sciences and Behavioral Sciences IRB and was deemed exempt from further IRB review.

Data Analysis Procedures

After transcription and de-identification, the transcripts were then coded using thematic analysis (Braun & Clark, 2006). Thematic analysis is a flexible method for "systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a dataset" (Braun & Clark, 2012, p. 57).

For this study, thematic analysis was employed to analyze the focus group transcripts using the research question: "How do graduate students with disabilities at the University of Michigan experience the process of requesting, receiving, implementing, and using academic accommodations at the University?"

Following the six phases of analysis outlined by Braun and Clark (2006), the two analysts began by reading through the transcripts and listening to the audio recording of the interviews, while making notes on the content. Next, both analysts coded one transcript line-by-line and then consulted with each other to compare these initial codes and findings. In this context, coding refers to "identify[ing] and provid[ing] a label for a feature of the data analysis that is potentially relevant to the research question" (Braun & Clark, 2012, p. 61). Since both analysts had similar interpretations of the data in this initial phase, the research assistant continued the other phases of coding independently, with regular supervision and consultation. As coding continued, initial codes were refined and combined into larger units of meaning, which were brought together to form the final themes and findings identified by the study.

In the initial phases of coding, codes were constructed using a combination of the direct language of participants (*in vivo* codes), *a priori* concepts drawn from the interview protocol and research question (i.e. requesting, receiving, implementing, using), and inductive categories and themes that emerged from the responses of participants. Some of the initial codes of all types remained in the final codebook, although many were subsumed into higher order codes and the larger

themes. These codes and themes were further refined by recoding all the transcripts a second time, and making adjustments to the codes and themes as needed.

It is worth noting that two of the study's themes deliberately underwent less iterative refinement and abstraction than the others. These were: *Ideas for Improvement* and *Access Barriers and Needs*. We decided to preserve the majority of the initial first-level codes in these categories to document specific ideas and access barriers identified by participants, though of course these did not exhaust the possibilities, since our focus was on accommodations.

Throughout the analysis process, we engaged in a practice of reflexive analytic memoing. These memos were used to document the evaluation of codes and themes, explore and record preliminary insights into the study's findings, and to reflect upon how we, as researchers, related to the data analysis and engaged in the analysis.

In doing so, the research assistant found (not surprisingly) that this project intersected with his identities as both a disabled person and a current graduate student at U-M. Listening to participants' stories, while trying to make sense of their meaning, brought up his own experiences, both current and past, navigating disability in educational and employment contexts, and in working as a disability services professional. He knew that his background and identities helped guided him as he formulated the interview protocol, just as they were present as he interpreted the data analysis through coding. Although in many ways the research assistant viewed his closeness to the disability experience as a strength that he employed in this project, it also risked biasing his interpretations of the data analysis. He therefore deliberately used *in vivo* codes in his initial coding to help him ground his analysis in the individual voices of the participants. Especially because much of the data analysis resonated with his personal experiences, seeing that many of his interpretations were shared by the other analyst—who did not identify as currently having a disability—was reassuring. He also connected the accounts of participants with phenomena and theory that he was familiar with from outside the study. This included some of the research literature on how students with disabilities transition to higher education.

Findings

The findings from the data analysis are organized in terms of most of the 14 major codes identified in the study. These 14 codes included:

- Appreciation
- Access barriers and needs
- Adjusting to Impairment
- Concurrent Challenges
- Difficulty Implementing Accommodations
- Difficulty Obtaining Accommodations
- Disability Not Perceived in Graduate Education
- Faculty and Staff Lack Knowledge and Training
- How Accommodations are Obtained
- Ideas for Improvement
- Impacts of the Social Environment on Students

- Negative Experiences
- Not Seeking Accommodations
- Protective Factors

For purposes of this report the four higher-order codes that are discussed at length in the following sections were created. They subsumed some of these codes and ignored three that were more focused on issues particular to individuals and outside the scope of our concern in this study (specifically Appreciation, Adjusting to Impairment, Protective Factors). All four of these major themes came up in the survey to some degree, but the material in the focus groups offered us much more detail about how they were experienced by the individual and in particular the costs they exacted in terms of time, emotional energy, and estrangement from the larger UM community.

UM as an Environment for Graduate Students with Disabilities

Many students described, in the course of their comments, features of the UM environment that help us understand how UM feels as an environment to operate in for graduate students with a disability. We believe this material offers important context for students' experience in seeking, obtaining and implementing accommodations. We observed these same issues in a much less detailed form in the survey findings in terms of the lack of clarity and information about institutional policies and practices surrounding disabilities, as well as in the relative lack of a welcoming departmental and institutional climate for graduate students with disabilities. The focus group data provide much more specificity about what these abstract concepts feel like on the ground, and in particular the demands they make on students with disabilities for expending time and energy, while at the same time providing little sense of community support.

Disability Not Perceived in Graduate Education

Students were frequently confronted with faculty or staff who openly expressed that they didn't expect to address issues of disability among graduate students, though sometimes they communicated that along with a willingness to do so:

It's weird when I go to people like my advisors and my professors and they're taken aback a little bit, like, "Oh, I guess, yes, this is—you're in the program and you have this, but we're not used to that, but we'll try our best to help you with that, I guess."

I know people when they've tried to seek help from their advisors and stuff, who have tenure or even not, and they're just like: "I've never dealt with that before so I don't know what to tell you."

In other cases people indicated that students are unlikely to make it "this far" with a disability:

A lot of people ... don't think students have disabilities, especially graduate students, because how can you make it this far with having a disability?

I feel like a lot of professors just take for granted the fact that they're never going to have a student who needs accommodations, and they get blindsided when it happens.

Faculty and Staff Lack Knowledge and Education

Many students noted that the faculty and staff lack knowledge or information about disabilities and/or about accommodations that are or should be available. They often wondered why there wasn't more education about these matters for faculty and staff.

Every job I have worked at this university, at some point I've had a conversation with someone to say "Hold up. Eye contact is not culturally universal. It's not comfortable for everyone. It's not something everyone is capable of doing."

I am shocked that they [faculty and staff] do not have to go through any mental health ability training.

I feel like the people that we talk to every day, like our advisors, our professors, should know what to do. If we are to come to them and be like, 'this is a problem I have in order for me to continue on with grad school, I need to get an accommodation.'

The staff—it seemed like they had never encountered a graduate student with a disability requesting an accommodation before. When I handed them the SSD form, the VISA form [Verified Individualized Services and Accommodations (VISA) letter] or whatever, they were just very confused for a minute and didn't really know what they were looking at. I was requesting several accommodations because I have different disabilities.... They were like, "You need all of these?" It seems very much like they just did not expect to see disabled students, especially people with multiple disabilities.

Often the point of contact is someone on administrative staff, or a facilities manager, neither of whom are like HR...it's not folks who seem focused on or trained in interacting with students with disabilities at all.

Some students reported that possibly well-intentioned efforts to equate their diagnosed problem with more "ordinary" experiences of many students were both painful and missed the point.

I think, as well, especially with mental health, it's quite difficult because when you go to events in Rackham or faculty get sent to them they talk about anxiety and depression...but it didn't seem like the anxiety and the OCD I was experiencing...They don't mention things like OCD, bipolar personality disorders, et cetera. I think the rhetoric around is like, "Well if you exercise you'll be fine." But I do 2-3 hours of exercise a day and I wasn't. And I found it really unhelpful that that was what people were saying.

Another student compared their experience to that of neuro-typical students, which might be the template that the faculty or staff had in mind:

It's not like that's anybody's fault. I mean we are out of the ordinary and that's just the way it is. I mean, they'll just completely dismiss it because they don't have these things....When they hear I'm autistic and have ADHD and have clinical depression, I need an open channel of communication. I need you to listen to me and communicate with me and not treat me like I'm just making excuses. They just don't do that.

Another student noted that perhaps some individual faculty simply could not rise to helping students with disabilities. But they noted that in these cases:

Let's bring someone in who's trained for this. Let's get the resources to do it.

Access Barriers and Needs

Students outlined limitations in particular services, including the lack of availability of individuals to provide particular services. These included:

- enough ASL interpreters in Southeast Michigan and on campus
- staff at CAPS with experience in neurodiversity and autism issues
- funding to support diagnosis or treatment (including several students who indicated they were denied emergency funding for these things)
- workspace adapted to their needs on campus
- inaccessible spaces (e.g., in the Hatcher Graduate Library; ramps with too-sharp angles; bathrooms; parking)

Students also pointed to instructors or providers who expressed low levels of knowledge and expertise for addressing their disabilities. Examples include:

The physician in health services has literally said like, 'Oh my God, I don't really believe in ADHD and depression.' Literally she said that.

We had this completely online system of perusal, if you've heard of it. The instructor will upload an article and then you highlight and make comments. It's an active document where you can talk to your students, but for someone who can't look at screens for very long this becomes a very difficult task.... I heard from a friend of mine, because I just realized: "oh, this person's not coming to class any more."

Impact of the Social Environment on Students with Disabilities

Students noted that these features of the environment have consequences for their experience of UM and of graduate school, ranging from relatively short-lived minor ones to chronic stress, to life-changing decisions to leave school:

It was a very frustrating experience and it made it harder to actually study for the test and then be able to plan my semester

If I feel like I'm not going to survive, I'm not going to thrive.

What I wish an administrator would know about my experience, I guess, is that it is really really taxing on my mental health. If they're only caring about my output as a researcher, they're not seeing my best work because I'm constantly stressed out about not having a place to work or not feeling comfortable talking to them about it.

My struggle is also from day to day interactions and these communications that put me down in many ways.

Emotionally it felt isolating and difficult and it feels like I have to constantly advocate for myself and prove that I really need this and go through all these systems that are set up more like barriers and gatekeeping as opposed to actually supporting students who are dealing with difficulties. I think that's just been really exhausting and hasn't felt like there are a lot of people who are actually on my side.

I also declined field work. Basically I told my advisor that I wasn't going to go do a travel field work, which I think there was a pretty big professional cost to. Again, it's sort of seen as not being a team player, not being flexible and not being willing to travel. Protections for grad students doing field work are really minimal to non-existent of, would I have accommodations in whatever hotel they'd send me to? Where am I even being assigned? There's a lot of precarity involved with being a field researcher.

I've met plenty of people, unfortunately, along the way who have left, not just people in science but people in school in general...that have left solely because they can't get accommodations or they have different administrative issues that are pushing back against their needs. It ends up being a situation that a lot of people can't stay in.

Negative Experiences

Some students pointed to the overall culture regarding disabilities at UM as isolating and distressing.

The first three years I was here I was definitely the only person [in my department] talking about these things.

A lot of the people and roles that are supposed to be providing support are actually increasing stigma and pathologization.

I think it's also a giant issue with the university that they treat disability strictly within the mind of medicine...and it's not. It's socially as well and culturally as well.

I think it's culturally what's been the hardest for me. I felt really isolated...I've met a lot of other grad students with disabilities but it's been hard.

It's the ambient culture...which makes it difficult.

I think there's a big stigma and taboo against disabilities and grad school.

Students described painful experiences, sometimes observing things happening to other students, that influenced their overall sense of belonging at UM, and/or in their program.

I had a friend who ...definitely self-harmed...She dropped out and I just felt that the way they treated her made me feel like they just made it—I am trying to think of the right term; it's more than stigmatize. It's like, "You're bad because you're doing this." I think that that experience when I came in, and the comments people would make, like I remember I was at a meeting and someone just said, "Oh, I guess going on leave of absence is really trendy these days."

It just feels like there's a lot of stigma and discrimination and not really a lot of effort from the university to combat it.

They also sometimes simply felt they were only viewed as "a problem":

I don't want to be treated like a liability. I don't want them to overreact to me or anything that happens to me. I also don't want to be treated as less of a human being. I want to be listened to and I feel that...it really was difficult when they chose to believe other people over me and made decisions about me without any of my input, without ever verifying the information with me.

Some students heard people express skepticism about particular diagnoses:

I know someone in my lab that has ADHD as well. They told the adviser that they had that. The advisor was like, "Well, that's diagnosed a lot in this country." He waved it off like it was kind of a hoax.

In other cases, they felt they were viewed as having advantages as a function of accommodations:

A lot of professors...view accommodations as just giving an unfair advantage. I did witness a professor making comments when they were talking about a bunch of students in a large class requesting extended time for exams just being like, "And most of them probably don't need it but we have to do it."

What I think I want faculty to know is when I'm trying to tell them what my needs are and I'm trying to communicate with them...I'm not trying to get unfair accommodations, I'm not trying to be unfair to them or anybody else. ...I would like for them to treat me like I'm acting in good faith because I am...I've already spent my life trying to prove to people that I have innate human value as it is and now I'm trying to prove myself to people all over again just to prove that I deserve to be here, that I worked hard to get here.

Some of my professors are very accommodating, very chill, like, "Hey, take as much time as you need." Then others are like, "No." They see it as an excuse. They treat me

like I'm just not as capable or my accommodations are unfair to everybody else when I am not everybody else.

Students also suffered from failures to respect their privacy and the confidentiality of information they shared with a particular person.

I only shared [information about my medical condition] with my chair and my advisor and I was under the—I thought that that was going to be—remain—confidential. I was talking to a faculty member I never talked to and he was like, “How’s your depression?” I was like, “What do you mean?” Apparently it was shared at the faculty retreat. That was a massive invasion of privacy.

The amount of people who have sent out non-confidential reply-all emails about my disability and cc'd a bunch of people is very bad.

These concerns take on great significance for students who feel this information is used to deny them routine graduate student experiences, including both teaching and research assignments.

Concurrent Challenges

Students with disabilities face other complex issues in their graduate student lives, but they often feel that those problems are compounded by their disabilities, and that it’s difficult for people to notice that they may take a different form or exact a different cost from students with disabilities. The survey did not inquire into these kinds of concurrent challenges at all, but it makes sense that future research should consider how intersecting identities and unrelated pressures complicate the experience of graduate students with disabilities.

One area where this came up is financial stress.

The other thing is that economic precarity often comes with ability and ability differences.

Most of people who are disabled tend to be lower income.

Disproportionately at risk and economically precarious, overlapping very much so.

They also pointed to the way that these stresses can exacerbate existing issues and create new problems.

Guess what? Mental health really sucks if you don’t know if you can pay your rent because you don’t know if you can graduate.

Some of my issues might affect all students, but it affects me disproportionately, or it affects me in a different way that might be more serious medically.

...people with my disability often are really at risk for a bunch of other things, including with a pain condition at risk of depression from that, at risk of overreliance on pain medication from not having accommodations met.

The transition to graduate school can, for students with disabilities, carry particular challenges.

I had accommodations in a former workplace, so I...had to establish a new doctor here and everything.

Simply because I was doing it all on my own

It didn't feel I could ask questions...or they really cared to try to support me or saw that this would be a big transition.

It's been very difficult navigating the transition to grad school and dealing with the increasing challenge from my undergraduate to graduate school.

Difficulty Obtaining Accommodations

Focus group participants were directly asked what their experience was in obtaining accommodations they needed. In the survey data we saw that students reported that they did not know how to get accommodations and—perhaps most important—many did not get them. These focus group data provide us with much more clarity about precisely how and why students found this process unclear and difficult. For example, they reported considerable difficulty from the beginning, because of their great uncertainty about precisely how to go about requesting these accommodations. One student described this lack of clear information well;

I feel like the university has a lot of resources like the Knox Center is really amazing, but a lot of students don't know about it and even students registered with SSD don't necessarily know that they have access to it. Just things like the university provides some assistive technologies for free to all students, but again...I have to ask a bunch of people around to even get that information. It's very not shared well...I have to ask around to figure out the right person to ask.

Another pointed to the problem for new students:

As a first-year graduate student coming in, it's not really clear about the policies and what is available....It was nothing outlined in terms of any of the presentations either provided by Rackham or even by my own department.

Many students pointed to conflicting information they had been given:

I don't know if that's been a more recent change ...it seems like different SSD coordinators have very different opinions and things. It just seems like there's contradictory info coming from things I hear about what SSD does and doesn't do.

I didn't know until very recently that there was someone at Rackham who was in charge of providing formal accommodations. I didn't know that was even a thing. I was just told to go directly to my department.

Still others expressed doubt that anyone really knew!

I'll just say in terms of even being transparent...it's not there. I don't think anyone really knows about this and to what extent.

I think overall just a lack of process for any of this stuff, and a lack of process to travel between any different settings.

Others pointed to the toll this lack of clarity takes on students:

It's good that you have different people and offices but it also puts a lot of work on the students...I don't know which one will be able to offer me the actual help until I talk to many people and I have repeated my story over and over again. That can be exhausting.

When trying to request those accommodations I was on an email chain with my advisor and someone from SSD, my coordinator from SSD, the rec and resolution officer from Rackham and my department chairs, and it's just like it was a months long email exchange with everyone trying to basically shuffle me off to someone else and say that it's not their job to determine those accommodations. My department chair thought that it should be SSD's job and then SSD said it was outside their wheelhouse.

Specific Causes of Difficulties

In the survey we found that many students did not actually succeed in getting their needs accommodated but we had little clarity about precisely why. In the focus group data, many students pointed to significant difficulties in obtaining the necessary documentation and testing required to support getting accommodations. They noted that this process was long and costly, and meant that accommodations were delayed for many months while they navigated the process. They also noted that accommodations were not available easily for routine graduate student milestones, even though they were needed. Naturally these issues interfered with their academic life at UM.

I've heard from many other graduate students that there's more challenges in getting them as a graduate student because I think a lot of SSD is more streamlined for the undergraduate students.

I think for me the biggest barrier in terms of my academic progress was really when I was requesting the prelims accommodations and just not getting it for months.

Getting the diagnosis was actually really difficult. I had been told because I saw the health services, which is the advice I was given, because I saw them first, I couldn't then go see a psychiatrist in CAPS. The psychiatrist in CAPS can give a diagnosis that's good

enough for SSD. Because I went to a physician first, I then had to get the full battery of assessment before I could register with SSD. That just seemed like a lot of crossed wires.

That took me about five months to get the testing...actually it was about six months before I got results.

Students also reported that they had great difficulty getting accommodations that fell under their GSI or GSRA appointments—that is, “workplace” accommodations associated not with being a student but with being an employee. This dual role that graduate students have (students and employees) creates particular difficulties for them.

The department I’m working in this semester: I still don’t have accommodations in any of the spaces. I asked them the day I was hired there. I let them know I would need accommodations. They’ve denied my accommodations a couple of times. Rackham told them that I need accommodations but there’s a lot of discussion about what workspaces I’m in as a GSI. My department is taking the position that we don’t give GSI workspaces, so we don’t need to provide you any physical accommodations. It’s been a mess.

I also have it in writing from my department that my department will not give grad students who are in student status any disability accommodations because we’re not covered as employees. We can only ask when we’re covered as employees.

We were basically told that grad students couldn’t ask for physical accommodations in workspaces at all. We were told that by SSD.

I’m in a master’s program and I taught the last three semesters and so it was interesting to navigate....I’ve had mixed results with accommodations...SSD doesn’t do it because it’s not a student accommodation but the workplace. They didn’t do it, it was just like I work with the professor to put some stuff in place....GSI accommodations were just this weird limbo where there wasn’t really a set protocol for it.

How Accommodations are Obtained

While some students did report success at achieving necessary accommodations through a formal process, many actually described a much more informal process they used after being frustrated by the effort to get formal accommodations.

I think I would say that where I am at is mostly a place of trying to get things handled informally.

Of course this cannot work for all kinds of accommodations and makes consistently nearly impossible to accomplish.

Not Seeking Accommodations

Many students reported that they had given up on seeking accommodations they needed.

I think for me: after trying that one time I wasn't going to try again.

The only time I requested [accommodation] it wasn't granted and I wasn't going to ask again.

Some students were concerned about disclosure and stigmatization if they sought accommodations.

I spent years hiding what was the reason why I wasn't getting work done.

I just think that whole period in my life I was so scared. I never went to my grad program.

I've been very reluctant to bring up when I can't handle everything unless it's just to the point where I'm completely collapsing.

I'm scared to register the SSD and scared to disclose to more people.

Some were specifically concerned that their confidentiality would not be respected.

I was never really sure where my information was going. Who was aware of it? How much information?

I have been diagnosed with ...things that I could fill out a form for with SSD, but the forms...are really invasive and they ask...all sorts of different things I didn't want on the record.... I chose not to register with them, and if you're not registered with them, it's difficult.

One of my big concerns is that with SSD, and also with Rackham...if you go through the formal process you're basically signing away your rights to any kind of confidentiality or privacy.

...faculty in my department dismiss students for a lot less than having a disability. I think any kind of impurity that you may have, people try to keep on the low so that you can continue to get funding or to continue to get research opportunities or whatever.

The way faculty have multiple different positions of power over you, it can become really problematic when you're trying to...work with them in a supervisory capacity and then a scholarly capacity, and then in these different positions you have with them.

I'm also scared about the job market because I know our professors are often pulling personal connections for a few students to get jobs in a precarious job market. I'm scared to mention my disability because I'm scared that will mean that they won't be willing to do that for me.

I didn't feel empowered to request accommodations formally or informally... I felt like it would flag me as a bad student.

I just thought maybe I had missed the boat on accommodations.... I didn't know who to talk to.

I didn't get accommodations...because I just couldn't. It was basically manual labor on my part to get that done—was so much on top of what I was already dealing with.

Difficulty Implementing Accommodations

Among the reasons for the combination of difficulties in having accommodations accommodated and the low rate of successful accommodation uncovered in the survey, we learned in the focus groups that even once accommodations were successfully approved, it was often difficult or impossible actually to implement them—and the burden for doing that was on the students themselves. For example, even when students were successful in securing approval of accommodations they needed, their professors refused to accommodate them.

A lot of professors I found are not open to [accommodations] especially with graduate students.

In other cases students were successful in securing apparent agreement that they could be made. They still faced obstacles in getting them actually implemented.

When I first got here they did a walk-through of the building with me to look into what was potentially needed to be modified. We picked out some areas like: “oh we could put some buttons in to open heavier doors.” Those things fell through the cracks and never actually happened.

They offered to set me up with noise-canceling headphones to help with the sounds and stuff. I guess it's still in progress.

Some students were reluctant to use accommodations because of their fear of stigmatization from using them.

It's not so much the accommodation itself that I have a barrier with, it's the reaction of other people to the accommodation....It's the implication afterward.

When professors have a no-laptop policy usually they will make an exception if you have a disability... then I have the choice to be the only person in class using a laptop and out myself as having a disability or not use that... That's also been frustrating. It's choosing whether to implement an accommodation or not implementing would mean basically forced disclosure.

Ideas for Improvement

Many students offered many suggestions for ways to improve the situation for graduate students with disabilities. Most fell roughly into these broad categories:

Greater visibility and transparency

- Greater recognition that graduate students (and faculty and staff) have disabilities and they should be accommodated.
- Providing clear information to all graduate students about policies and processes surrounding disabilities.
- Educating faculty and staff about experiences of students with disabilities, as well as policies and processes surrounding disabilities.

Broadening policies to recognize graduate-student-specific needs

- Flexibility in attendance
- Flexibility in breaks for eating and medication
- Need for flexible timing re key milestones including time-to-degree
- Limiting necessity for information-sharing and adoption of policies supporting students' privacy

Provision of more consistent and visible services

- Interpreters within UM
- More visibility of services, resources and supports
- Systematically addressing particular physical barriers, especially in areas of housing, workspace and parking.
- Funding for additional time to degree, and for testing/diagnosis if documentation demands remain high
- Health insurance for master's students

Improvements in protocols for getting accommodations

- Reducing demands for documentation and providing services while documentation is in process
- Clarifying protocol for accommodations as an employee vs. a student
- Centralized coordination of services, including identifying "case managers" within that centralized office, and well-educated staff and/or faculty liaisons in departments and schools/colleges
- Providing protocol for students to bring grievances when needs are unmet

Fostering community

- Increased community for graduate students with disabilities (e.g., in a student center and in activities designed to increase community)
- Increasing presence and visibility of faculty and staff with disabilities

References

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- Braun V and Clarke V (2012) Thematic analysis. In: Cooper H (ed) *APA Handbook of Research Methods in Psychology* (vol. 2). Washington: American Psychological Association, pp. 57-71.

III. Recommendations in Response to the Graduate Students with Disabilities Needs Assessment

These recommendations are divided into two sections. The first is recommendations for actions that should be undertaken campus-wide, requiring participation by representatives of high-level administrative offices (i.e. Provost's office, Student Life and HR, etc.). After these recommendations, we offer suggestions for actions Rackham can take on these and other recommendations.

Recommendations for Campus-Wide Actions

Clarifying and Developing Policy and Decision Making:

- Both the quantitative and the qualitative data gathered make clear that there is uncertainty about how legal and university policy should be understood as they apply to graduate students, who have roles as both students and university employees. This situation requires clarification, and a broad information dissemination plan once policy has been clarified. The lack of campus-wide awareness—among administrators, faculty, students, and staff—adds to the chaotic, inequitable and frustrating experience of Rackham graduate students who have disabilities. An improved and streamlined process requires input from all key stakeholders [e.g campus-wide administrators, SSD, and faculty, staff and students (graduate and undergraduate) with and without disabilities]. In addition, all of these groups must participate in developing and disseminating information about policy once it is clarified. A critical feature of both policies and implementation plans must include attention to the potential for discrimination against those identified as having disabilities and/or needing accommodations; toward this end accommodations guarantees of confidentiality are essential, as is education of all involved about the importance of protecting individuals from discrimination in the allocation of resources and rewards as a function of their disability.
- Without a centralized approach to implementing policy, including policies with regard to accommodations, the current situation—which is confusing, inefficient, and inequitable—will prevail. We strongly advise the centralization of the process of implementing policy with respect to students, faculty and staff with disabilities. This includes providing information about available accommodations, assistance with obtaining those accommodations and follow up as necessary to ensure that the accommodations are implemented. Without centralization of expertise and accountability for both information and action, the current situation in which many graduate students undertake arduous and often fruitless efforts to obtain necessary accommodations, and others simply give up in frustration because they cannot obtain accurate and helpful information from reliable sources, will continue. The committee charged with clarifying policy should also make detailed recommendations about how best to address this centralization. We note that we believe considerable cost-saving can be obtained—along with more reliable, straightforward and accurate provision of advice about accommodations—with greater centralization. The current situation is not cost-effective, in addition to creating inequities and confusion.
- Because faculty, staff and students operate primarily within schools and departments, it is essential that liaisons be identified within units. The liaisons should receive education about the policy and its implementation, so they can advise students, faculty and staff about the processes they can and should follow in order to be served.

- To ensure that accommodations are implemented and continue throughout individual students' careers at UM, the committee should consider whether centralized services should include assignment of case managers to assist students with disabilities in navigating diagnosis, documentation and accommodation processes. This could include partnering with University Health Services, which currently employs case managers.
- As part of the creation of a centralized policy and procedures covering disability-related needs of faculty, staff and students, a centralized fund for supporting the costs of disability-related accommodations should also be created, as should procedures for applying to that fund, and cost-sharing by units as is feasible or appropriate. Funding sources should be identified or created to assist in paying for third party disability documentation when this is deemed necessary.
- In accordance with current best practices in accommodating disabilities in higher education, the University should also consider increasing the use of student self-report to establish the presence of disabilities, understand their impact, and make informed decisions about accommodations. For cases when documentation from medical, psychological, and/or disability professionals are necessary in order to make accommodations, Rackham should work with University units such as CAPS and Services for Students with Disabilities (SSD) to explore ways in which these offices may be able to develop and increase their capability to carry out evaluations and diagnosis in-house. In addition, a policy should be considered of enabling accommodations before documentation has been accomplished (given the length of the process, its cost and the fact that without accommodations students will inevitably face serious academic challenges)
- Once the initial steps have been taken listed above, a central standing committee on disability access should be created to serve as a body for the continued review and improvement of disability policy and access across the institution. This standing committee, or a subcommittee created by it, should also serve as well as an ultimate body to resolve accommodation appeals and grievances.

Recommendations for Rackham Actions

We anticipate that it will take time for the recommendations above to be implemented. During the period while this process is unfolding, graduate students must be served better than they currently are. Toward that end, we recommend the following immediate steps by Rackham, some of which can be discontinued once there are campus-wide approaches available.

- Rackham should create its own advisory committee on disability issues that should include Rackham administrators and staff, as well as faculty, graduate students and staff from Rackham programs. That committee should create a guidance framework of critical areas that need to be addressed in implementing policy and procedures affecting graduate students with disabilities. This framework should be provided to Rackham programs (perhaps via the liaisons mentioned above, or via faculty allies), so they can develop their own individual disability procedures relevant to their particular needs and circumstances. Special attention in these individual policies should be given to delineating and clarifying roles and responsibilities for making accommodations and covering any associated expenses.
- Rackham should look for new ways and opportunities to better disseminate information for students, faculty and staff on the following, as they apply to graduate students:
 - What qualifies as a disability
 - What is an accommodation
 - How to apply for an accommodation
 - How to appeal accommodation decisions
 - Where to address unresolved disability accommodation and access needs and grievances
- Rackham should consider including this information at the point of an admissions offer as well as at student and employee orientations.
- Rackham should consider creating a central website that will list University-wide disability resources, while hosting Rackham's policies and those of its constituent schools and departments in a single location.
- Rackham's central disability committee should develop a list of learning objectives about disabilities for faculty and staff in each program (perhaps beginning with one named faculty and one named staff liaison in each program), as well as a plan for how to incorporate this information into faculty and staff professional development. An emphasis should be placed on building awareness of policies, comfort and competence in implementing these policies, and the ethical and technical decision making they will entail. In addition, disability and disability compliance should be demystified, and cultural competencies and humilities developed in the areas of disability culture and etiquette.
- Rackham should consider creating a confidential and independent disability advocate, equivalent to the confidential advocates employed by universities as a best practice to support student survivors of sexual harassment and assault. Unlike other professionals--such as disability service professionals that straddle the multiple roles of addressing student disability needs while gate-keeping resources and protecting the institution from liability--this advocate would function with complete independence. This professional would serve as a confidential source for students seeking a sounding board, navigating resources, considering disclosure, or filing grievances. This position may only be needed on a temporary basis until the

- systemic changes in resources, policies, and procedures are fully implemented and functioning.
- Rackham should consider making new funding sources available for students who incur expenses related to their graduate education due to disability-related needs (including expenses for documentation). As part of this effort, the Graduate School should develop a clear process and criteria for applying for this funding. Funding considerations should include funding to support students who may need additional time to complete their degree due to medical leave, a reduced course load, etc. Eligibility of existing funding sources, such as emergency grants should be reviewed to see if these resources can or should be made available to graduate students with disabilities who have non-emergency but critical needs for which these funds do not currently apply.
 - In concert with its constituent schools and departments, and the central university, Rackham should review its physical spaces so that the universal accessibility of these spaces can be increased and so that disability-friendly workstations can be made available to students. In addition to universal design principles, modification to specific student needs should be encouraged. This modification might include assistive technology, adaptive desks and chairs, and quiet and/or private workspaces depending on the needs of particular students and/or cohorts.
 - Rackham should also advocate for increasing the availability of accessible campus parking, including for students who may have mobility needs but who do not qualify for a Michigan disability license plate or parking placard. Similarly, Rackham should partner with the central university to increase the availability of accessible graduate housing options.
 - Rackham should work with its partners across the University to examine ways in which the financial and logistical barriers created by the requirement for third-party disability documentation for accommodations can be lessened. This could include making lists of University (e.g. Counseling and Psychological Services) and community providers who can supply documentation. These lists, perhaps organized by providers who accept Medicaid and the various health insurance plans offered by the University, should be made widely available to students.
 - In the context of the ongoing impacts of COVID-19 on in-person instruction, as well as the larger trend towards the use of hybrid and distance learning, Rackham should make sure that all needed policies, technologies, and technical knowledge are in place to ensure the full accessibility of distance learning. In addition, clear policies should be developed to cover flexible attendance and use of distance learning as accommodations when students are unable to attend in-person educational experiences because of their disabilities.
 - As these new policies are developed and implemented, Rackham should engage in ongoing listening sessions with graduate students, faculty, and staff. Through this process, Rackham will hear directly from these stakeholders, allowing them to contribute to the refinement of policies and their implementation.

- Evaluation tools such as surveys, idea boxes, policy audits, and unit reporting should be used to provide Rackham with ongoing feedback on both policy implementation as well as the needs of current graduate students with disabilities. In addition, the findings of such evaluations should be regularly and widely disseminated to all stakeholders to increase transparency. A confidential on-line reporting portal should be created to facilitate the easy identification and remedy of access barriers.