

Emerging Evidence for the Effectiveness of Coaching for Attention Deficit/Hyperactivity Disorder (ADHD)

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Background

Pharmacotherapy is the most common treatment approach for Attention Deficit/Hyperactivity Disorder (ADHD). However, a multimodal approach combining pharmacotherapy with behavioral modes of treatment is increasingly considered the gold standard for promoting optimal outcomes for individuals with ADHD (Barkley, 2015; Kooij et al., 2010; Prevatt & Levrini, 2015).

In the 1990s, specialized coaching for individuals with ADHD emerged as a client-centered behavioral modality, supporting improved performance and well-being for this population. Some individuals choose coaching as a stand-alone modality for support in managing ADHD (e.g., Hart, Blattner, & Leipsic, 2001; Schrevel, Dedding, & Bourse, 2016) while others incorporate coaching as part of multimodal treatment.

Similar to current definitions of health and wellness coaching (NBME & ICHWC, 2017; Wolever et al., 2013), ADHD coaching has been described as “a collaborative, supportive, goal-oriented process in which the coach and the client work together to identify the client’s goals and then develop the self-awareness, systems, and strategies . . . necessary . . . to achieve those goals” (Wright, 2014, p. 22). Elements of ADHD coaching include life coaching, skills coaching, and psychoeducation (Wright, 2014).

Research Objectives

Over the past decade, the research base addressing coaching for ADHD has begun to increase. This poster provides an overview of the research to date, identifying theoretical frameworks, study characteristics including type of coaching program, as well as demonstrated outcomes of ADHD coaching.

Methods

A literature search was conducted in the following databases, using the keywords “ADHD,” “executive functions,” and “coaching”: PubMed, EBSCO Megafile, Google Scholar, and ERIC. Several studies were identified through cross-referencing citations in articles or books and identifying grey literature through a generic Google search. Only studies of ADHD coaching that examined coaching outcomes were selected for this review. To enable a comprehensive review, no additional exclusion criteria were used. The most recent search of the literature was conducted on July 6, 2017.

One author of this review (LJT), trained as a mental health clinician, reviewed the methods section of each research study to identify the theoretical framework(s) used. One author (EA), with a healthcare research background, reviewed each study to categorize the study design. These authors reviewed the outcome variables identified in each study and the specific measures used for each outcome; based on these variables and measures, they jointly established categories of study outcomes.

References

Ahmann, E., Saviet, M., & Tuttle, L. J. (2017). Interventions for ADHD in children and teens: A focus on ADHD coaching. *Pediatric Nursing*, 4(3), 121–131.
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The literature search yielded 19 studies directly addressing ADHD coaching outcomes. Of these, 16 studies are published in peer-reviewed journals and one study each is reported in a book, a dissertation, and a conference presentation identified online. The studies’ theoretical frameworks are identified in Table 1. The 19 studies address coaching in varied age groups and comprise a combination of qualitative and quantitative approaches, with varied study designs, including two randomized controlled trials (Table 2). Study outcomes are reported in Table 3, demonstrating a range of benefits including improvements in ADHD symptoms, EF skills, and related behaviors; satisfaction with coaching; and enhanced well-being.

Table 1. Theoretical Frameworks

| Framework | Number of Studies |
|---|-------------------|
| Executive functioning | 12 |
| Psychoeducation | 5 |
| Self-determination/Empowerment | 5 |
| Cognitive-behavioral | 3 |
| Emotional intelligence/Interpersonal skills | 1 |
| Self-efficacy/Social learning | 1 |

Table 2. Characteristics of Studies

| Age Groups | Number of Studies |
|--------------------------------------|-------------------|
| Elementary students | 3 |
| High School students | 3 |
| Teens and young adults | 1 |
| College students | 10 |
| Adults | 2 |
| Study Design | Number of Studies |
| Case study or series | 2 |
| Qualitative/phenomenological | 3 |
| Multiple baseline across-participant | 3 |
| One group, pre- and post-test | 4 |
| One group mixed method | 4 |
| Quasi-experimental | 1 |
| Randomized controlled trial | 2 |
| Coaching Type | Number of Studies |
| Individual coaching | 16 |
| Group coaching | 3 |
| Coaching Frequency | Number of Studies |
| Daily | 2 |
| More than one session per week | 2 |
| Weekly | 14 |
| Monthly | 1 |
| Coach Training | Number of Studies |
| Peer coaches | 3 |
| Former teachers or school personnel | 2 |
| Doctoral-level psychology students | 3 |
| School or clinical psychologists | 2 |
| Formally trained coaches | 8 |
| Training not specified | 1 |

Results

Table 3. Coaching Outcomes Identified

| Framework | Number of Studies |
|---|-------------------|
| ADHD symptoms, EF skills, and related behaviors | 19 |
| Satisfaction with coaching | 9 |
| Well-being and quality of life | 6 |
| Self-esteem and self-efficacy | 3 |
| Maintenance of gains | 3 |
| Improved family life | 2 |

Studies of ADHD Coaching Outcomes

Zwart & Kallemeyn (2001) – *J. Postsecondary Education & Disability*
 Plumer & Stoner (2005) – *Journal of Attention Disorders*
 Swartz et al. (2005) – *Psychology in the Schools*
 Bloemen et al. (2007) – *European Psychiatry*
 Merriman & Coddling (2008) – *Journal of Behavioral Education*
 Parker & Boutelle (2009) – *Learning Disabilities Research & Practice*
 Reaser (2008) – Doctoral Dissertation, Florida State University
 Kubik (2010) – *Journal of Attention Disorders*
 Maitland et al. (2010) – Presentation at AHEAD Conference
 Parker et al. (2011) – *Journal of Postsecondary Education & Disability*
 Dawson & Guare (2012) – *Coaching students with executive skills deficits*
 Wentz et al. (2012) – *European Child and Adolescent Psychiatry*
 Field et al. (2013) – *Journal of Postsecondary Education & Disability*
 Parker et al. (2013) – *Journal of Attention Disorders*
 Vilardo et al. (2013) – *Child & Family Behavior Therapy*
 Evans et al. (2014) – *School Psychology Review*
 Richman et al. (2014) – *Journal of Postsecondary Education & Disability*
 Prevatt & Yelland (2015) – *Journal of Attention Disorders*
 Garcia Ron et al. (2016) – *Neurologia*

Hart, V., Blattner, J., & Leipsic, S. (2001). Coaching versus therapy: A perspective. *Consulting Psychology Journal: Practice and Research*, 53(4), 229.
 Kooij, S. J. J., Bejrot, S., Blackwell, A., Caci, H., Casas-Brugué, M., Carpentier, P. J. . . . & Asherson, P. (2010). European consensus statement on diagnosis and treatment of adult ADHD: The European Network Adult ADHD. *BMC Psychiatry*, 10(67).
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 Prevatt, F., & Levrini, A. (2015). *ADHD coaching: A guide for mental health professionals*. Washington, DC: American Psychological Association.
 Schrevel, S. J. C., Dedding, C., & Bourse, J. E. (2016). Why do adults with ADHD choose strength-based coaching over public mental health care? A qualitative case study from the Netherlands. *SAGE Open*, July-September, 1–18. doi:10.1177/2158244016662498

Limitations of the Studies

- Majority of studies with $n \leq 10$
- Majority lack control groups
- Majority focus solely on college students
- Varied training of “coaches”
- Varied and inconsistent definitions/descriptions of coaching interventions, including frequency/duration of sessions
- Inconsistent approaches to diagnosing ADHD
- Potential confounding factors (e.g., comorbidities) often not addressed
- Effect sizes not reported for many studies
- No studies of individual coaching for adults reported

Conclusions

Despite limitations, the research to date consistently suggests that ADHD coaching contributes positively to improved functioning in individuals with ADHD, most notably in yielding improved outcomes both in ADHD symptoms and related executive functioning (EF) skills and behaviors (e.g., time-management, organization, and planning), and in client well-being. Across varied age groups, study designs, and approaches to coaching, including both individual and group coaching models, ADHD coaching appears useful to individuals with ADHD (Ahmann, Saviet, & Tuttle, 2017; Ahmann, Tuttle, Saviet, & Wright, in press). This research also supports clinician recommendations (e.g., Barkley, 2015; Kooij et al., 2010; Prevatt & Levrini, 2015) that ADHD coaching be considered a component of comprehensive, multimodal treatment of ADHD across the lifespan.

Recommendations for Future Research

- Conduct additional studies with adults, particularly of individual coaching.
- Specifically describe coach training, certification, and experience.
- Develop larger, randomized controlled studies; longitudinal designs
- Include objective outcome measures.
- Utilize valid diagnostic criteria for ADHD.
- Examine aspects of well-being in addition to EF, ADHD symptoms.
- Examine self-determination/self-efficacy among outcomes.
- Examine relevant confounding factors.

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Note: Tables 2 and 3 modified from Ahmann, E., Tuttle, L. J., Saviet, M., & Wright, S. D. (2018). *Journal of Postsecondary Education and Disability*, 31(1), 17–39. Full references available by request.