

Post-Pandemic Boom in ADHD Coaching

Revealed in New Study

Margaret H. Sibley, PhD

In recent years, more and more adults have received a first-time ADHD diagnosis, leading to increased demand for care. The United States has witnessed ongoing ADHD medication shortages since 2022, as well as long waitlists for psychosocial supports like cognitive-behavioral therapy.¹ A new study conducted in partnership between the University of Washington School of Medicine, the ADHD Coaches Organization (ACO), and Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD) surveyed 481 ADHD coaches and revealed another parallel trend—a recent surge in online ADHD coaching as an emerging form of help for ADHD.²

As our study reveals, the rise of ADHD coaching has been largely grassroots—the product of non-clinical professionals marketing their services through word of mouth and advertisements online and through social media. Unlike ADHD services provided by physicians, psychologists, and other healthcare providers, ADHD coaching is an unregulated field that operates largely in online spaces and outside the healthcare system. The recent boom in ADHD coaching raises a number of important public health questions that healthcare leaders, patients with ADHD, and ADHD coaches must wrestle with together.

Key study findings

Our research team found several key findings that may help frame this conversation. First, more than sixty percent of the ADHD coaching workforce entered the field since the onset of the COVID-19 pandemic, serving adults, adolescents, and children across state and international borders. Thus, the ADHD coaches of today may differ dramatically from those who first emerged from the life coaching field in the 1990s. The study found that most of today's ADHD coaches are operating online, independently, and outside of traditional healthcare and education systems. Nearly *three quarters* report having (or suspecting they have) ADHD themselves—a striking characteristic that sets this workforce apart from healthcare workers that may treat ADHD in clinics.

Though ADHD coaches set out to help with the daily life struggles of having ADHD, most reported inevitably discussing with clients the many clinical issues that accompany ADHD, such as difficulties with medication adherence, substance abuse, and suicidal thoughts. This raises questions of whether ADHD coaches

have the clinical supports they need to navigate these conversations. In the study, most ADHD coaches reported no clinical oversights or clinical training background, but most had received training and consultation provided by other ADHD coaches.

The findings of the new study highlight the popularity and potential of ADHD coaching as a service that individuals with ADHD find meaningful. However, any new and widespread health trend, especially one that expands so rapidly, beckons a public health response to carefully ensure that potential safety and liability issues that may emerge are investigated and addressed. By an unrelated 2023 study's estimate, one in five adults with ADHD had tried ADHD coaching, reporting higher satisfaction than for both medication and cognitive-behavioral therapy³—the two well-established treatments for ADHD in adults.⁴ However, almost nothing is known about the effectiveness of services provided by modern ADHD coaches or even what they are doing with their clients.

According to the new study, today's ADHD coaches largely report practices that are redundant with evidence-based cognitive-behavioral therapy for ADHD. However, the style with which coaches work with clients and the effectiveness of receiving support from a peer versus a healthcare professional remains unknown. The growth in ADHD coaching presents a two-sided coin. On one hand, there is a great need to expand the workforce of professionals offering support to individuals with ADHD, and ADHD coaches are genuinely motivated to help in this cause. On the other hand, there is a lack of data and standards to confirm that individuals with ADHD (including children) are receiving safe and effective care.





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Factors in the rise of ADHD coaching

A major contributor to the rise of ADHD coaching may have been long waitlists for formal care and ADHD medication shortages paired with viral, relatable testimonials about ADHD coaching posted on social media. Most of the 481 ADHD coaches in the new study reported advertising services online and using social media—particularly Instagram. For a while now, there have been indications that adults with ADHD may be dissatisfied with everyday psychotherapy for ADHD—with several studies suggesting that clients with ADHD find the average psychotherapist to be ADHD-unfriendly and may even avoid treating adults with ADHD compared to those with other conditions, such as depression and anxiety.⁵⁻⁶

In related research we are currently conducting, most psychotherapists report that they did not receive any formal training in adult ADHD care during their graduate or postgraduate studies and may perceive clients with ADHD as unreliable, disinterested in care, and

unresponsive to standard treatment approaches. ADHD coaches, on the other hand, report feeling great satisfaction working with clients with ADHD and apply to their work a deep understanding of what it means to walk through the world with the condition. Still, cognitive-behavior therapy, when implemented by a therapist who *does* specialize in and understand ADHD has established evidence of being powerful and effective.⁴ It can just be hard to find ADHD-friendly psychotherapists offering this form of care.

Whereas psychotherapists are trained to apply short-term (twelve weeks on average) evidence-based protocols to manage patient ADHD symptoms through weekly outpatient sessions, the new study reports that ADHD coaches spend longer—on average six months—working with their clients through a similarly structured outpatient model. We still do not know if this longer duration represents slower progress in care or a deeper style of work with clients. From a public health angle, longer, slower care is

perceived as problematic because it is more costly to patients and payers.

Although ADHD coaches and psychotherapists may be charging similar out-of-pocket rates for their sessions (approximately \$150 per session), a standard course of psychotherapy is covered by most health insurances. A disadvantage to ADHD coaching is that it is currently not covered by health insurance due to its lack of data and regulatory assurances. However, operating outside the healthcare system affords ADHD coaches several advantages not available to formal healthcare practitioners. The new study reveals that most ADHD coaches provide supports to clients in between sessions and, without the restrictions of state licensure laws, can offer online sessions to clients who live anywhere. In fact, the new study reveals that a small minority of ADHD coaches are licensed therapists who report labeling their work as ADHD coaching when they wish to evade regulatory restrictions on their practice.

Taking a step back, it is now clear that the COVID-19 pandemic created the perfect conditions for a fast-growing online workforce of ADHD coaches to emerge and capitalize on a lack of available and satisfactory services for adult ADHD care. Despite the public health questions raised by its rapid rise, ADHD coaching represents a new frontier in ADHD service delivery. There are several examples of sorely needed workforce expansion efforts that have leveraged lay or peer practitioners—the first physicians assistants were medics who returned skilled but unemployed from World War II, and licensed peer substance abuse counselors emerged from the twelve-step tradition as passionate allies in many journeys to sobriety. These professions were able to partner with existing public health structures and systems to become critical players in the healthcare of millions of Americans.

Next steps

Now that systematic information is becoming available on the rapid expansion of the ADHD coaching field, the most important next step for the healthcare and ADHD coaching communities is to conduct large and well-designed randomized controlled trials that can clarify the effectiveness of services delivered by ADHD coaches relative to existing treatments. We still need clear and organized data on exactly *what, how,* and *why* ADHD coaches may help—and what are potential adverse effects? To pursue these questions, our team at the University of Washington School of Medicine recently partnered with ACO and CHADD, as well as its sister organizations, the Attention Deficit Disorder Association (ADDA) and American Professional Society on ADHD and Related Disorders (APSARD), to submit an application to the National Institute of Mental Health to conduct such a trial.

In the meantime, individuals with ADHD who are curious about whether ADHD coaching is right for them might weigh several factors in their decision-making. The individual must consider the relative value they place on an intervention's

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accessibility, costs, potential for effectiveness, safety, protections against risks, as well as the connection they feel with the person from whom they are receiving support. Weighing these factors may lead some individuals to pursue well-established, traditional treatments and others to pursue approaches outside the healthcare system, such as ADHD coaching. As a patient, paying attention to how you respond to any treatment is important in deciding whether it is right for you. 🗨️



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