



Attention-Deficit/Hyperactivity Disorder (ADHD) Coaching Engagement: Manualized Intervention (Adults, 12-Weeks)

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Table of Contents

- [Section I: Background and Context](#)
- [Section II: Frameworks and Assumptions](#)
- [Section III: Introductory Consultation and Discovery Session](#)
- [Section IV: Ongoing Sessions](#)
- [Section V: Closing Session](#)
- [Section VI: Appendices](#)

List of Appendices

- [Appendix 1: Explore and Establish Partnership](#)
- [Appendix 2: Explore History and Current Functioning](#)
- [Appendix 3: Explore Strengths and Values](#)
- [Appendix 4: Explore Possibilities](#)
- [Appendix 5: Promote Growth & Hope](#)
- [Appendix 6: Ongoing Sessions](#)
- [Appendix 7: Address Between-Session Contact](#)
- [Appendix 8: Closing Session](#)
- [Appendix 9: Example Assessments, Tools, and Exercises](#)

Glossary

- ADHD - Attention-Deficit/Hyperactivity Disorder
- EF - Executive Functions
- ICF - International Coaching Federation

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Section I: Background and Context

ADHD in Adults: Diagnosis and Treatment

ADHD in Adults

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity/impulsivity, or a combination (APA, 2013). Studies of adult ADHD place prevalence rates in the range of 2.5% to 6.8% (Kessler et al., 2006; Fayyad et al., 2017; Simon et al., 2009; Song et al., 2021). The prevalence is somewhat higher for males than females (Kessler et al., 2006).

While ADHD is most commonly initially diagnosed in childhood, it often continues into adulthood, and, on occasion, adults can be newly diagnosed with ADHD (NIMH, n.d.). There is ongoing discussion in the field about whether new diagnoses in adults are always late-identified childhood-onset ADHD or may sometimes be actual adult-onset ADHD (e.g., Hartung et al., 2022). The American Psychiatric Association's (APA) *Diagnostic and Statistical Manual, Fifth Edition* (DSM-5) provides the standard guidelines for diagnosis of ADHD at any age (see [Box](#)).

ADHD symptoms may appear somewhat differently in adults than in children. For example, hyperactivity is more often experienced by adults as "...extreme restlessness or wearing others out with ... activity" (CDC, 2022, para. 10). Additionally, the number of symptoms required for diagnosis in adults is fewer than in children. Adults only need to have at least five (vs. 6 in childhood) persistent symptoms of inattention and/or five (vs. 6) persistent symptoms of hyperactivity-impulsivity. As with children, these symptoms must be present in two or more settings (for example, at home, or work; with friends or relatives; in other activities) and must interfere with, or reduce the quality of, social or work functioning (APA, 2013).

In addition to core ADHD symptoms of inattention and hyperactivity/impulsivity, experts increasingly view executive functioning (EF) deficits as a foundational aspect of ADHD (Barkley, 2011; Brown, 2022). Executive functioning is commonly understood to mean the "cognitive management system of the human brain" (Brown, 2022, para. 1) or the "neuropsychological processes needed to sustain problem-solving toward a goal" (Barkley, 2011, p. 2). EFs impaired in ADHD may include cognitive skills or processes such as activation, focus, effort, emotion, memory, and action (Brown, 2022).

ADHD may also be associated with functional impairments. According to NIMH (n.d.):

Some adults who have ADHD ... may feel it is impossible to get organized, stick to a job, or remember to keep appointments. Daily tasks such as getting up in the morning, preparing to leave the house for work, arriving at work on time, and being productive on the job can be especially challenging for adults with undiagnosed ADHD. These adults may have a history of problems with school, work, and relationships. Adults with ADHD may seem restless and may try to do several things at the same time—most of them unsuccessfully. They sometimes prefer quick fixes rather than taking the steps needed to gain greater rewards. (p. 4)

Box: DSM-5 Criteria for Diagnosis of ADHD

1. Inattention: Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:
 - Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
 - Often has trouble holding attention on tasks or play activities.
 - Often does not seem to listen when spoken to directly.
 - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
 - Often has trouble organizing tasks and activities.
 - Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
 - Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
 - Is often easily distracted.
 - Is often forgetful in daily activities.

2. Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6

months to an extent that is disruptive and inappropriate for the person's developmental level:

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often “on the go” acting as if “driven by a motor”.
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting their turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.

Based on the types of symptoms, three kinds (presentations) of ADHD can occur:

- Combined Presentation: if enough symptoms of both criteria [for] inattention and hyperactivity-impulsivity were present for the past 6 months.
- Predominantly Inattentive Presentation: if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months.
- Predominantly Hyperactive-Impulsive Presentation: if enough symptoms of hyperactivity-impulsivity, but not inattention, were present for the past six months.

Source: Summarized by the CDC (2022) from American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.

Treatment for ADHD

Experts increasingly point to multimodal care as the optimal approach for treatment of ADHD (e.g., Hinshaw & Arnold, 2015; Martinez-Nunez & Quintero, 2019; MTA Cooperative Group, 1999). This may include medication, therapy, coaching and other individualized approaches.

Stimulant medication is typically the first line of treatment and may be effective in addressing core ADHD symptoms (e.g., inattention, hyperactivity, impulsivity) (NIMH, n.d., p. 5). Other medications, such as non-stimulants and antidepressants, may also be used as appropriate.

While therapy does not treat core symptoms of ADHD, it may provide useful support for individuals, especially those experiencing co-occurring conditions, such as anxiety and depression (NIMH, n.d., p. 5).

In general, functional challenges such as organizing, planning, procrastination, and other key skills that are components of personal and professional or vocational success, appear to be best targeted through the use of behavioral interventions (Chan et al., 2006; Rajeh et al., 2017). Certain forms of therapy, for example, Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT), may help with specific challenges related to ADHD, such as skill development and self-regulation.

Some adults with ADHD indicate a preference for a client-centered, partnership model of care, such as coaching, to manage their ADHD symptoms and develop essential skills to optimize functioning and improve quality of life (Schrevel et al., 2016). In fact, coaching for individuals with ADHD is a non-clinical behavioral modality receiving increasing recognition as a useful and important component of comprehensive care for individuals with ADHD and/or EF challenges (c.f., Barkley, 2015; Kooij et al., 2010, 2019; Murphy, 2015; Pehlivanidis, 2012; Pfiffner & DuPaul, 2015; Prevatt & Levrini, 2015; Sarkis, 2014).

Some individuals may pursue the use of supplements, exercise, neuro-feedback, meditation, and other complementary and integrative approaches as part of their comprehensive ADHD care (NCCIH, 2019).

Coaching for ADHD: Overview and Theoretical Frameworks

Overview of ADHD Coaching

The International Coaching Federation defines coaching as “partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential” (ICF, 2021, para. 1). ADHD coaching is a subspecialty, employed since the early 1990s, tailored to working with individuals having ADHD and/or executive functioning challenges (Ahmann & Saviet, 2021). Wright (2014) describes ADHD coaching as “a seamless blend of three elements employed by the coach as needed”: life coaching, psychoeducation related to ADHD and “assisting a client to develop individualized external systems and strategies that shore up executive functioning skills” (pp. 23-24). The ADHD Coaches Organization (2021) defines ADHD coaching as follows:

ADHD coaching is 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, skills, and strategies necessary for the client to achieve those goals and full potential. (para. 2)

At the outset of an ADHD coaching engagement, the coach helps the client assess their current level of functioning and identify overarching goals, vision, values, and motivators. Then, during each ongoing session, the coach supports the client in determining the desired session focus; reviewing prior action steps; exploring the identified session focus to promote client awareness and understanding; outlining new action step(s); recognizing potential barriers to action as well as resources, structures, and supports; and establishing a plan for accountability (Ahmann & Saviet, 2021). As this manualized intervention indicates, promoting growth and hope are also key components threading through the ADHD coaching process.

Theoretical Frameworks used in ADHD Coaching

Coaching has an extensive foundation of theoretical frameworks (e.g., Cox et al., 2014). Key among them are positive psychology and self-determination theory. According to Tuttle, frameworks specifically used in ADHD coaching include the following: executive functioning; psychoeducational; self-determination/empowerment; self-efficacy; cognitive behavioral; emotional intelligence/interpersonal skills; social learning; Transtheoretical model; Motivational Interviewing; and implementation science (Tuttle et al., 2016; Tuttle, 2021). Woven together, these theoretical frameworks support a robust coaching process.

Development of a Manualized Intervention: Rationale & Process

Rationale for Development of a Manualized Intervention

Outcomes of ADHD coaching have been studied across the lifespan. One study of group coaching for children and parents found improvements in ADHD symptoms and family functioning (Garcia Ron et al., 2016). More than a dozen studies among high school and college students have identified a range of improvements in areas including executive functioning, self-esteem, and various aspects of well-being (for a summary of literature, see Ahmann et al., 2017; Ahmann et al., 2018). Two studies of ADHD coaching for adults focused on group coaching and reported positive outcomes, including improved ADHD symptoms and functional impairment (Bloeman et al., 2007) and improvement across multiple domains, including cognitive and behavioral (Kubik, 2010). However, no research to date has explored individual coaching for adults with ADHD, despite this being a common modality. Consequently, research is currently needed to fill this gap.

Research on any intervention depends on a degree of consistency in the delivery of the intervention. The ADHD Coaches Organization (<https://www.adhdcoaches.org/adhd-coach-training-programs>) lists nine different training programs for ADHD Coaches. Most of these programs are built on the foundation of the Core Competencies and Code of Ethics of the International Coaching Federation, which can be accessed as follows:

- [ICF Core Competencies](#)
- [ICF Code of Ethics](#)

Despite these shared competencies, each training program approaches the unique processes involved in ADHD coaching in its own manner. For this reason, ADHD coaches may share certain practices in common but also may work somewhat differently with their clients. The development of a “manualized intervention” for a coaching engagement for adults with ADHD will assure a common and consistent coaching approach that can be used in research studies.

Based on both anecdotal and research evidence, twelve weeks is considered a reasonable time frame for at least an initial coaching engagement or “intervention”. For example, among studies of ADHD coaching for college students, demonstrating positive outcomes, coaching engagements ranged from 8-24 weekly sessions with a mean of just over 12 weeks (Ahmann et

al., 2018). Consequently, 12 weeks was chosen for the length of a manualized coaching intervention for ADHD coaching for adults.

Process of Developing the Manualized Intervention

To develop this manualized intervention, we brought together eight experienced International Coaching Federation credentialed ADHD coaches, of different training backgrounds. We purposely selected coaches of different training backgrounds so that we could identify the common steps in the ADHD coaching process, irrespective of training program. We met with these coaches in a series of five focus group meetings and identified both essential and optional components of the initial coaching sessions, ongoing sessions, and closure of a coaching engagement. Additionally, the group identified examples and guidance for these essential and optional components of the coaching process and suggestions for possible additional individualized approaches. The focus group meetings resulted in identifying a set of best practices common among coaches, comprising a clearly outlined “manualized intervention”. The guidelines provided in the manualized intervention provide a structure that allows for individualization to coach and client. Elements of Carroll and Nuro’s (2002) proposed stage model for development of a manualized intervention, as well as elements identified in the Template for Intervention Description and Replication (TIDieR) checklist (Hoffmann et al., 2014), guided the development of this manual. For a full description of the process of developing this manualized intervention, see Ahmann & Saviet (2022).

This 12-week “manualized intervention” for coaching adults with ADHD is designed to support an ADHD coaching intervention provided within the following frameworks and assumptions:

- International Coaching Federation ([ICF Core Competencies](#)) are foundational to the coaching provided.
- International Coaching Federation ([ICF Code of Ethics](#)) undergird the coaching practice for this intervention.
- Coaches providing this intervention are trained in the ICF Core Competencies and Code of Ethics.
- Coaches providing this intervention also have specific training in ADHD coaching and experience coaching adults with ADHD.
- ADHD coaching is a client-centered process, and the client is always “at choice”.

-
- ADHD coaches see and hear all interactions with clients through an understanding of ADHD and Executive Functioning challenges, appreciating the impact of ADHD at all steps of the coaching process and in all facets of the client's life.
 - ADHD coaching is often delivered as a weekly engagement but the frequency may vary.
 - ADHD coaching may be delivered face-to-face, via telephone, or by video-conferencing.
 - This manual is designed for use in individual, rather than group, coaching and for coaching adults with ADHD, as distinct from full-time college students.

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Section II: Frameworks and Assumptions

This “manualized intervention” for a 12-week coaching engagement for adults having ADHD is designed to support ADHD coaching provided within the following frameworks and assumptions:

- International Coaching Federation ([ICF Core Competencies](#)) are foundational to the coaching provided.
- International Coaching Federation ([ICF Code of Ethics](#)) undergird the coaching practice for this intervention.
- Coaches providing this intervention are trained in the ICF Core Competencies and Code of Ethics.
- Coaches providing this intervention also have specific training in ADHD coaching and experience coaching adults with ADHD.
- ADHD coaching is a client-centered process, and the client is always “at choice”.
- ADHD coaches see and hear all interactions with clients through an understanding of ADHD and Executive Functioning challenges, appreciating the impact of ADHD at all steps of the coaching process and in all facets of the client’s life.
- ADHD coaching is often delivered as a weekly engagement but the frequency may vary.
- ADHD coaching may be delivered face-to-face, via telephone, or by video-conferencing.
- This manual is designed for use in individual, rather than group, coaching and for coaching adults with ADHD, as distinct from full-time college students.

Section III: Introductory Consultation and Discovery Session

Notes:

- **Some coaches may assess fit and discuss aspects of the coaching agreement during a brief “introductory consultation”, while others may address these topics during the “Discovery Session”.**
- **Coaches have different terminology for the Discovery Session, for example: Intake Session, or Strategy and Planning Session.**
- **Some of the topics below may be addressed in a pre-coaching or discovery questionnaire to be reviewed with the client.**
- **ADHD coaches may use a variety of formal and informal assessments, tools, and exercises in their work with clients. [See [Appendix 9](#) for examples.]**

Explore and Establish Partnership [See [Appendix 1.](#)]

- Assess fit (consider other professional referrals as needed)
- Design coaching agreement
 - Explain coaching and ADHD coaching process
 - Distinguish coaching from therapy
 - Clarify expectations and responsibilities
 - Discuss logistics

Explore History and Current Functioning [See [Appendix 2.](#)]

- Discuss history
 - Diagnosis
 - Co-existing/co-occurring conditions
 - Medications
- Examine lifestyle/self-care
 - Sleep
 - Nutrition
 - Exercise
 - Pleasure/joy
- Identify ADHD/EF knowledge base
- Explore current functioning
 - ADHD/EF current impact
 - Life skills/tasks
 - Current strategies/systems
 - Personal/family

- Vocation/work

Explore Strengths and Values [See [Appendix 3.](#)]

- Identify supports
 - Personal
 - Professional
 - Other
- Explore and recognize strengths/successes
- Investigate values

Explore Possibilities [See [Appendix 4.](#)]

- Envision new story/life goals/ideal self
- Identify desired outcomes from coaching (long-term)
- Create goals/intentions (short term, concrete)*
*May occur in following session

Promote Growth & Hope [See [Appendix 5.](#)]

- Address (one or more of) the following:
 - Education on ADHD/EF/related factors
 - Ongoing EF support
 - Resources
 - Strengths
 - Normalization
 - Self-advocacy
 - Thought processes, perspectives, and/or limiting beliefs
 - Acknowledgment and/or celebration
 - Other: _____

Close Session

- Summarize/take-aways

Section IV: Ongoing Sessions [Appendix 6]

Notes:

- **Some of the topics below may be explored in a pre-session client form.**
- **Prior to or during the first ongoing session, the coach will discuss with a client the flow of a coaching session.**
- **In any session the coach:**
 - **May explore a change in direction to clarify the client's choice**
 - **Will note whether the conversation is off track and invite client back to the topic at hand**
- **ADHD coaches may use a variety of formal and informal assessments, tools, and exercises in their work with clients [See [Appendix 9](#) for examples].**

Open the Session

- Check-in with client
 - How week went
 - Follow-up prior goal/topic
- Identify focus for current session
 - Topic to be coached on/agenda
 - Note: Explore relationship of topic to broader goals, agenda (optional)
 - Desired outcome(s)

Explore the Topic

- Explore the big picture
 - Deeper exploration/importance, meaning
 - Situational factors, environmental influences, client context
- Identify tools and strategies

Promote Growth & Hope [See [Appendix 5](#).]

- Address (one or more of) the following:
 - Education on ADHD/EF/related factors
 - Ongoing EF support
 - Resources
 - Strengths
 - Normalization
 - Self-advocacy
 - Thought processes, perspectives, and/or limiting beliefs

- Acknowledgment and/or celebration
- Other: _____

Plan Next Steps

- Identify take-aways from session
- Explore how to move forward (action steps/fieldwork)
 - Balance intentions with reality
 - Break intentions (goals) into incremental small steps
- Note: Identify barriers to action steps/fieldwork (optional)

Support Success

- Explore supports and structures related to action steps/fieldwork

Address Between-Session Contact [See [Appendix 7.](#)] (optional)

- Did not occur
- Occurred
 - Session notes
 - Coach initiated
 - Client initiated

Section V: Closing Session [[Appendix 8](#)]

Notes:

- **If planning to continue coaching beyond 12 sessions, use this session as an opportunity to both reflect on progress to date and explore next steps.**
- **Coach may ask the client to reflect on progress and feedback in advance of this session.**
- **Coach may choose to use an evaluation form to elicit feedback.**

Recap Progress

- Reflect on progress
- Explore learning and growth

Acknowledge and Celebrate Progress

- Offer coach observations
- Elicit client observations
- Elicit sources of celebration

Explore Path Forward

- Explore take-aways
- Envision the path forward

Elicit Feedback for Coach

Section VI: Appendices

These Appendices expand on the listed items, offering the coach notes, questions and examples.

Appendix 1: Explore and Establish Partnership

This section initiates the coach-client partnership, exploring fit and the coaching agreement. Both the fabric of the agreement, as well as partnership and trust, should be emphasized.

Assess fit (consider other professional referrals as needed)

- Note: Let the client know that you are asking questions to determine if you are a good fit for each other.
- What do they want from coaching?
- Why are they reaching out now?
- What are their reasons for seeking a coach?
- Note: consider the need for a different/additional resource
- Is the client ready for coaching?
- Am I a good fit for the clients needs?
- Are we compatible?

Design coaching agreement

- **Explain coaching and ADHD coaching process**
 - Note: there may be written and spoken parts of the agreement
 - What do you know about coaching?
 - What are the coach's qualifications?
 - How do we distinguish ADHD coaching vs. life coaching?
 - Note: ADHD coaching is more hands on, offers more support, strategies
 - Note: ADHD coaches are coaches first, but also experts in ADHD, offering an ADHD-informed way of understanding situations and experiences
- **Distinguish coaching from therapy**
- **Clarify expectations and responsibilities**
 - What does the client expect from the coach?
 - What does the coach expect from the client?
- **Discuss logistics**
 - Note: Topics in this category may include:
 - Structure

-
- Cancellation policies
 - Communication pathways
 - Boundaries
 - Frequency (including termination)
 - How coaching works and what is involved
 - Format of session
 - Explain any platform used
 - Fee structure
 - How/where to learn more
 - How coaching might end (e.g., reduced frequency)

Appendix 2: Explore History and Current Functioning

The main purpose of this section is for the coach and client to come away with an understanding of the “load on the camel's back” by getting a picture of how these factors impact (help/hinder) the client's management of ADHD and EF, as well as life overall.

Discuss history

- What is helping with ADHD symptoms?
- Note: Additional topics might include:
 - List of medical conditions
 - History of head injuries/concussion
 - Use of alcohol and recreational substances
 - Use of caffeine
 - Smoking
 - Menopause
- **Diagnosis**
 - Do you have a formal diagnosis?
 - When was the diagnosis?
- **Co-existing/co-occurring conditions**
 - Note: Explore the common trifecta of ADHD, anxiety, depression
 - Note: Inquire about the presence of learning disabilities
- **Medication**
 - Do you take any medication?
 - If so, what do you take?
 - Do you take any supplements for ADHD?

Examine lifestyle/self-care

- **Sleep**
 - How many hours do you get?
 - How many hours do you need?
 - How do you feel about your sleep?
- **Nutrition**
 - How do you feel about your diet?
- **Exercise**
 - How much and what type of exercise do you get?
 - How do you feel about the amount you get?
- **Pleasure/joy**

- How do you manage stress?
- How much stress do you tolerate?
- Are you doing what you enjoy?
- What is fun?
- How do you relax?
- What healthy habits do you have?

Identify ADHD/EF knowledge base

- How do ADHD or EF challenges affect you personally?
- What is most confusing to you?
- What have you read about this?
- What do you want to know?

Explore current functioning

- **ADHD/EF current impact**
 - What is the impact of ADHD/EF on your daily and overall functioning?
- **Life skills/tasks**
 - How do you manage life skills/tasks?
- **Current strategies/systems**
 - What strategies and systems do you have in place?
 - How satisfied are you with your systems for the following (note: can use a scale):
 - Keeping track of and sticking to a schedule
 - Managing time
 - Taking and refilling any prescribed medications
 - Handling mail
 - Managing money and paying bills
 - Keeping track of keys
 - Filing papers
 - Regular decluttering
- **Personal/family**
 - What is the personal impact of ADHD/EF challenges?
 - How is ADHD impacting your personal life?
 - How are ADHD/EF challenges impacting your current relationships?
 - Note: Explore both family and friendship relationships.
- **Vocation/work**
 - How do ADHD/EF challenges impact you at work?
 - How do ADHD/EF challenges impact your work responsibilities?

-
- What challenges do ADHD/EF challenges pose at work?
 - Are you in a leadership role? If so, how is that impacted?

Appendix 3: Explore Strengths and Values

Aligning strengths and values provides a path for operating in life. Leveraging strengths aids in client empowerment, thereby functioning to counterbalance challenges and better manage ADHD. Values are essential for motivation and prioritizing. Both should be explored, and coaches should actively work to notice and point out what “spark(s)” they see in their client related to strengths and values.

Identify supports

- Note: Also explore the following - What value do these supports provide you?
- **Personal**
 - Family
 - Friends
- **Professional**
 - Seek to understand past and present
 - Doctors, therapists, fitness trainers
 - If engaged in any treatment, how is it going?
- **Other**
 - Mindfulness
 - Alternative strategies

Explore and recognize strengths/successes

- Note: You may use informal or formal (e.g., VIA) assessments, strength spotting
- Note: Prompt for creativity, a common ADHD strength
- What has been working in any aspect of life?
- What do you do well?
- Would you share with me three accomplishments?
- What are three things you are proud of?
- Note: Listen/dig for most fulfilled experiences or moments
 - What contributed to those?
- How can you use your strengths to support growth?

Investigate values

- Note: You may use informal or formal assessments
- Points to keep in mind:
 - Distinguish approval from others vs. aligning with own meaning and purpose
 - Recognize expectations from others vs. personal values

-
- Promote personal satisfaction vs. external recognition and rewards
 - Ask questions to encourage self-awareness:
 - What is most important and meaningful in your life and why?
 - What ignites your passion and drive?

Appendix 4: Explore Possibilities

Promoting hope and exploring a way forward are important aspects of coaching. It focuses both on visioning (envisioning) and begins to explore planning at a meta-level. Specific goals can be explored if time, and client energy, permit. Otherwise, specific coaching goals can be established in the next coaching session.

Envision new story/life goals/ideal self

- Points to keep in mind:
 - You may need to assist clients in finding their voice
 - A strengths-based perspective can help support developing a new story
- What provides you hope, inspiration, empowerment?
- What do you want from life to feel fulfilled and satisfied?

Identify desired outcomes from coaching (long-term)

- Note: Desired outcomes are a living document of what is important and meaningful and, as such, may shift over time
- What would you like to be different?
- How do you want to feel after coaching?
- What are your major objectives or gains you hope to achieve from coaching?
- What do you hope to achieve in life as a result of partnering with me as your coach?
- Examples may include improving:
 - ...my focus and ability to sustain attention
 - ...my planning, prioritizing, and time management skills
 - ...my ability to deal with my emotions
 - ...my social skills and communication
 - ...my sense of self-efficacy and accomplishment

Create goals/intentions (short term, concrete)

- Note: this may occur in the following session
- Note: the term “incremental intentions” may be less intimidating than the word “goal”
- What is your sense of the path forward?

Appendix 5: Promote Growth & Hope

This Appendix identifies important aspects of ADHD coaching that are threaded throughout the course of a full 12-week coaching engagement. Coaches often touch on one or more of these in each session. Psychoeducation and the provision of relevant resources can help support normalization for clients. Checking in on the development of EF skills, strategies and habit formation can support client growth. Cultivating awareness of strengths, normalization, self-advocacy, and exploring thought patterns, in particular, both identifying and challenging negative thoughts, are essential parts of working with clients to promote growth and hope.

Address (one or more of) the following:

- **Education on ADHD/EF/related factors**
 - Note: Possible topics include:
 - Explore understanding of ADHD and executive functioning (EF)
 - Assist in identifying impact of ADHD and EF on individual client
 - Explore sources of reactivity/overwhelm and common management strategies (e.g., notice triggers, pause to center, choose path forward)
 - Explore related issues as appropriate (e.g., social skills, rejection sensitive dysphoria)
 - Ask permission to share information, and then explore how the client feels about the information and might use it
- **Ongoing EF Support**
 - Ask permission to check-in on ongoing EF skill, strategy, and habit development
- **Resources**
 - Note: Resources can include written material, such as books and magazines, as well as websites, organizations, or other professionals
 - What do you want to know more about?
 - How might you access more information?
 - Note: As with education, ask permission to share information, and then explore how the client feels about the information and might use it
- **Strengths**
 - Note: Strengths identification in each coaching session can be empowering
 - What strengths did you use?
 - How can you use your strengths to support growth?
- **Normalization**
 - Points to keep in mind:
 - Normalize negative thinking as prevalent in ADHD

- Identify other “common” aspects of ADHD/EF challenges as such when they arise in coaching conversations
- To help defuse shame, distinguish between having ADHD vs. being a “moral failure”
- **Self-advocacy**
 - Points to keep in mind:
 - Individuals with ADHD can feel like a “deer in the headlights” when facing a challenge
 - The client may need support in developing language to help self-advocate
 - Supporting the client in recognizing new choices, despite the past, can help build capacity
- **Thought processes, perspectives, and/or limiting beliefs**
 - Points to keep in mind:
 - Listen for negative self talk
 - Work on promoting awareness of negative self-talk
 - Label negative self-talk when you hear it
 - Challenge negative self-talk
 - Explore limiting beliefs
 - Identify and discuss imposter syndrome as appropriate
 - Discourage use of the term “lazy”
- **Acknowledgment and/or celebration**
 - List 3 accomplishments that you are proud of
 - Acknowledge work and celebrate successes
 - Note: Celebration cultivates positive emotions - see, for example, Frederickson’s “Broaden and Build Theory” counteracting negativity bias, promoting creativity and access to personal resources, and supporting movement towards thriving
 - Note: Acknowledging work in or between sessions might sound like the following: “I want to acknowledge the creative brainstorming you did this session.”
- **Other**
 - This may vary by coach, based on specific additional training, and might include application of: mindfulness, somatics, positive intelligence, positive psychology, and the like

Appendix 6: Ongoing Sessions

Throughout ongoing sessions, the coach should be mindful to promote client autonomy, self responsibility, and ownership of process and outcomes. For example, in “Exploration of the topic”, the coach may ask how the client wants to get started with the exploration.

Note: Pieces of the session opening may be asked as part of a pre-session or “strategy” form.

As an example, a pre-session form might include the following questions:

- 1) What are your celebrations and successes since our last conversation?
- 2) What did you intend to complete since our last conversation that is still open?
- 3) What are the roadblocks you are now experiencing?
- 4) What is it that you are not willing to bring up?
- 5) What do you want me, as your coach, to help you with during this call?

Open the Session

- **Check-in with client**
 - **How week went**
 - **Follow-up prior goal/topic**
 - What went well?
 - What didn’t go well? What was a challenge?
 - What might need to be tweaked?
- **Identify focus for current session**
 - **Topic to be coached on/agenda**
 - What do you want to be coached on?
 - What is one thing you really want to talk about today?
 - Note: Coach may raise areas previously mentioned as being important to client
 - **Note: Explore relationship of topic to broader goals, agenda (optional)**
 - **Desired outcome(s)**
 - What do you want to walk away with?
 - How will you know you’ve achieved the session goal?
 - What makes this important now?

Explore the topic

- Note: Coaches should be mindful to approach exploration of the topic and fostering of awareness with the use of reflections, powerful questions, being present to emotions, avoiding suggestions and leading, and by remaining client-centered
- **Explore the big picture**
 - **Deeper exploration/importance, meaning**
 - Notes:
 - The purpose here is to explore what ignites a client’s intrinsic motivation
 - Coach may encourage exploration of “future self” (may help boost dopamine)
 - Explore how the client relates this topic to meaning and purpose
 - Explore how the client links this topic to broader intentions or goals
 - **Situation factors, environmental influences, client context**
 - Note: Explore social-cultural context as appropriate
- **Identify tools and strategies**
 - Note: Brainstorming is a client-centric approach to exploring strategies
 - Note: When clients are stuck, the coach may:
 - offer strategies (e.g., “Here’s what has helped some other clients...”)
 - while remaining unattached (e.g., “I am not attached to this idea.”) and
 - inquiring about what might work for the client (e.g., “How do these ideas sound to you?”)

Promote Growth & Hope [See [Appendix 5](#)]

- **Address (one or more of) the following:**
 - **Education on ADHD/EF/related factors**
 - **Ongoing EF support**
 - **Resources**
 - **Strengths**
 - **Normalization**
 - **Self-advocacy**
 - **Thought processes, perspectives, and/or limiting beliefs**
 - **Acknowledgment and/or celebration**
 - **Other:** _____

Plan Next Steps

- **Identify take-aways from session**

- What did you learn about yourself?
- What did you learn about the situation or topic?
- **Explore how to move forward (action steps/fieldwork)**
 - **Balance intentions with reality**
 - **Break intentions (goals) into incremental small steps**
 - Note: Coach may use scaling questions (e.g., “How likely are you to do this on a scale of 1-10?”; “What makes it a 4 instead of a 3?”; “How can you go from a 4 to a 5?”; “What might a 10 look like?”)
 - Note: Goals can include things to do, to reflect or focus on, or to pay attention to
- **Note: Identify barriers to action steps/fieldwork (optional)**

Support Success

- **Explore supports and structures related to action steps/fieldwork**
 - Note: Ideally the coach is not the sole source of support
 - Note: It is important to empower the client to reach out to others and become their own advocate
 - How will you remember to do these action steps/fieldwork?
 - Note: this may need to be very specific (e.g., “Where will you put a post-it note reminder?”)

Address Between-Session Contact [see [Appendix 8](#)] (optional)

- **Did not occur**
- **Occurred**
 - **Session notes**
 - **Coach initiated**
 - **Client initiated**

Appendix 7: Address Between-Session Contact

Between-session contact is best seen in the context of the overall goal of coaching: to support client autonomy and increase client self-efficacy. While, in some cases, between-session contact may be used in early sessions to provide accountability and support progress, over time the coach assists the client in developing their own outside support(s). Clear boundaries related to between-session contact both uphold the integrity of the coaching relationship and support client autonomy. Coaches follow the ICF Code of Ethics in establishing boundaries.

Address Between-Session Contact (optional)

- **Did not occur**
- **Occurred**
 - **Session notes**
 - Note: While in general coaches encourage clients to take notes during coaching sessions, in some cases, if it assists the client in processing, coaches may offer to do this, and send the notes after the session
 - Note: Coach may send highlights from session, for example:
 - Coach observations
 - Accomplishments
 - Action steps/Fieldwork
 - Resources
 - Confirmation of next appointment
 - **Coach initiated**
 - Note: Ask permission to do this
 - Note: Examples of coach initiated communications may include:
 - Thoughts or questions that arise between sessions
 - Something additional to reflect on
 - Resources
 - Questions about progress, including barriers, challenges
 - Celebrations
 - Reminders
 - **Client initiated**
 - Point to keep in mind: The coach may be a source of support for the client, particularly in the early stages of the coaching relationship
 - Note: Examples of client initiated communications may include:
 - Sharing wins, challenges
 - Accessing coach for accountability

- Reporting on action steps/fieldwork

Note: Boundaries are an important aspect of between-session communication

Points to keep in mind:

- Limit between-session contact to promote autonomy and self-responsibility
- Limit between-session contact to demonstrate coach confidence in client
- Trust client to be self-sufficient until next session
- Ask: How do you want to communicate between sessions?
- Negotiate time and frequency of contact
- Keep texting /emails within reason
- Consider offering services as a concierge coach if client contact is frequent
- Consider charging for additional time if needed
- Establish expectations for coach response time
- Establish expectation of client response to coach-initiated contact
- Ask client about their boundaries for times around texting
- Avoid development of social relationships (e.g., Facebook, Instagram, Twitter)

Appendix 8: Closing Session

The closing session is a time to acknowledge that the coaching relationship is coming to an end. It provides an important opportunity to support a client in reflecting on progress made, learning gained, and the application of this learning to continued growth. The coach recognizes and gives voice to the fact that some goals attained may be measurable, while other important growth is more intangible (e.g., increased confidence, awareness, self-esteem). Both types of progress are celebrated. Finally, the coach may request feedback on the coaching process itself for the coach's own professional self-development.

Recap Progress

- **Reflect on progress**
- **Explore learning and growth**
 - How have you changed as a result of coaching?
 - What has been the most valuable thing you have experienced as a result of coaching?
 - Notes:
 - Reflect on what happened during coaching
 - Revisit question from intake session about desired change(s)
 - Revisit question from intake about desired feeling at the end of coaching
 - Consider revisiting the wheel of life

Acknowledge and Celebrate Progress

- “It has been a pleasure working together.”
- **Offer coach observations**
 - Share observations about the client's investment in the coaching process
 - Share observations of growth (e.g., self-advocacy, negative thinking, other)
 - Reconfirm client strengths
 - “Here's what I have had the pleasure of watching through our coaching...”
 - Share what coach has learned from client: “You've opened my eyes to ____, and I appreciate that.”
- **Elicit client observations**
- **Elicit sources of celebration**

Explore Path Forward

- **Explore take-aways**
- **Envision the path forward**

- What is next for you?
- How will you take what you've learned and apply into your life moving forward?
- How will you continue to implement the knowledge of strengths, values, and strategies you've learned?
- How will you continue to implement and honor your values in life?
- How will you continue to work towards being your ideal self?
- What specific tools and strategies might you use moving forward?
- What tools and strategies resonate with being your best self?
- Note: Some coaches may ask permission to check in at a later time (if there are ongoing long-term goals)

Elicit Feedback for Coach

- Is there any other information, insight, or feedback you would like to share about the coaching experience?
- Might you be willing to be a reference in the future?
- Would you be willing to provide a testimonial?
- Note: Express willingness to work together again in the future if the client is interested
- Note: Could use a written evaluation form that may include:
 - Feedback for the coach
 - Client's own insights on growth

Appendix 9: Example Assessments, Tools, and Exercises

Coaches often make use of assessments, tools, and exercises, whether in the initial or ongoing sessions. These function as opportunities to stimulate coaching conversation and help build and further client awareness, growth, and learning. While some assessments may be empirically based, validated measures, other assessments or tools are designed by coach training organizations or coaches themselves to address areas in which such tools may be lacking but still prove useful in practice. Rating scales can be used to assist a client in exploring any topic.

Assessments—used to gather and evaluate information, and provide deeper awareness and understanding

- EF assessment
- Strengths inventory (e.g. Values in Action (VIA) or StrengthsFinder)
- Life skills assessment
- Wheel of life
- Learning styles

Tools—leveraged for growth, learning, exploration; may be similar to assessments but more narrowly tailored

- Medication checklist
- Values reflection
- Needs and values
- Tolerations (what are you tolerating in your life?)
- Boundaries
- Self-constructs
- Limiting beliefs
- Maslow’s hierarchy
- Task and dump list
- Sensory integration checklist
- Optimism/pessimism
- Positive intelligence mental fitness program
- Emotional awareness and regulation
- Ghouls and guardians
- Old rules and beliefs
- Avoidance vs. approach goals
- Positive/negative mindset ratio assessment
- Emotional/physical/spiritual energy level

Exercises—introduced and practiced as skills or techniques to help expand awareness, improve coping

- Mindfulness
- Breathing exercises
- Visualizations
- Somatic exercises