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ADHD Coaching: Evolution of the Field

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ADHD is a neurodevelopmental disorder characterized by inattention, hyperactivity/impulsivity, or a combination (APA, 2013) and is increasingly understood to be associated with difficulties in executive functioning (Barkley, 2015; Brown, 2013). Multimodal care is currently thought to be the optimal treatment for ADHD (e.g., Hinshaw & Arnold, 2015; Martinez-Nunez & Quintero, 2019; MTA Cooperative Group, 1999). While stimulant medication is the most common treatment for ADHD, behavioral interventions are key to achieving improvements in functional areas, including organizational skills and academic and employment success (Chan et al., 2006; Rajeh et al., 2017).

ADHD coaching is becoming widely known as a useful component of multimodal care (c.f., Barkley, 2021; Kooij et al., 2010, 2019; Murphy, 2015; Pehlivanidis, 2012; Pfiffner & DuPaul, 2015; Prevatt & Levrini, 2015; Sarkis, 2014). However, not all professionals understand what ADHD coaching is, nor what it provides as a unique service, and many are unfamiliar with the emerging evidence in this field. This report provides an overview of ADHD coaching and describes the research to date on both the processes of ADHD coaching and coaching outcomes.

WHAT IS ADHD COACHING?

Coaching has been defined 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). Employed since the early 1990s, ADHD coaching is a specialized form of coaching tailored to individuals with ADHD and/or executive functioning challenges. While there is no single definition of what ADHD coaching comprises, the following three descriptions provide an overview of the field:

- "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" (ADHD Coaches Organization, 2021, para. 2).
- "ADHD coaching is a specialty skill set that empowers clients to manage their attention, hyperactivity, and impulsivity" (Professional Association for ADHD Coaches, https://paaccoaches.org/learn-about-adhd/).
- ADHD coaching is "a seamless blend of three elements employed by the coach as needed" (Wright, 2014, pp. 22-23). These elements are:
  - Life coaching
  - Psychoeducation related to ADHD

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- ◦ Assisting a client to develop individualized external systems and strategies that shore up executive functioning skills

Coaching is not a licensed profession, but many coaches choose to obtain credentialing offered by several independent bodies, and some coaches obtain more than one credential. The International Coaching Federation (ICF) and the Center for Credentialing and Education (CCE) provide well-respected general coaching credentials. The Professional Association of ADHD Coaches (PAAC) provides a less well-known, but more targeted, ADHD-focused credential. Some coaches pursue credentialing as health and wellness coaches through the National Board for Health and Wellness Coaching (NBHWC). Both ICF and PAAC offer varied levels of credentialing based on factors such as the number of hours of coaching experience and the amount of training and mentoring received. An overview of coach credentialing requirements is provided in Table 1.

While it is beyond coaches' scope of practice to address complex comorbidities, coaches often work with clients who are simultaneously in the care of a prescribing physician and/or a therapist or counselor. There may be some overlap between coaching and therapy (e.g., CBT; Ramsay & Giwerc, 2013), but, in general, coaching, therapy and psychiatry are distinctly different services (Tuttle, 2021). Coach training and coaching ethics emphasize that coaches should encourage a client to seek other services, such as therapy, as appropriate and necessary (e.g., ICF Code of Ethics, https://coachingfederation.org/ethics/code-of-ethics; PAAC Ethics, https://paaccoaches.org/paac-ethics/).

WHAT IS THE COACHING PROCESS?

To summarize various descriptions, ADHD coaching can be generally defined as an "assistive psychosocial process" that supports individuals facing challenges with implementation and functioning by helping them identify and utilize skills and strategies that minimize the impact of ADHD symptoms on their daily functioning and support the attainment of personal goals (Ahmann et al., 2018, p. 18). Like other psychosocial support services, coaching can lead to improved self-awareness, self-determination, and self-regulation, but its primary focus is on improving functional outcomes: promoting a client's ability to "better manage their lives by learning to set realistic goals and stay on task to achieve those goals" (Murphy, 2015, p. 753; Parker & Boutelle, 2009).

Unique Approach

Ahmann et al. (2018) suggest that the following aspects of coaching distinguish it as unique among approaches to working with clients having ADHD:

- Egalitarian and nonclinical: Partnership model with a personal-development orientation.
- Focus on skill acquisition and implementation: Targets clients' specific performance issues with personalized implementation plans and skill sets.
- Flexible structure: Client may meet with a coach remotely (phone, video-conference) or may meet in nontraditional settings (workplace, library).
- Increased accessibility and accountability: Access to coach between sessions (text, phone, email) bolsters client accountability and engagement. (p. 19)

As an example of the coaching process, Quinn et al. (2000) provide the following description of ADHD coaching for college students, a process similar to coaching for clients of any age:

A coach can help a [client] take action on [personal] goals by working together to:

- Clearly define and prioritize goals.
- Anticipate roadblocks that might prevent follow through on those goals.
- Develop strategies to address roadblocks.
- Create reminder systems to promote self-monitoring and improve follow through between sessions.
- Provide external accountability and evaluate progress toward these goals. (p. 17)

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Table 1: Common Coach Credentials*

Credentialing Body	Name of Credential	Minimum Requirements for Credential
International Coaching Federation (ICF)[a]	Associate Certified Coach (ACC)	• 60 hours ICF-approved coach-specific training • 10 hours of mentoring • 100 hours of coaching experience • Performance evaluation (live or recorded coaching session) • Coach Knowledge Assessment (exam)
	Professional Certified Coach (PCC)	• 125 hours ICF-approved coach-specific training • 10 hours mentoring • 250 hours of coaching experience • Performance evaluation (live or recorded coaching session) • Coach Knowledge Assessment (exam)
	Master Certified Coach (MCC)	• 200 hours ICF-approved coach-specific training • 10 hours mentoring • 2500 hours of coaching experience • Performance evaluation (live or recorded coaching session) • Coach Knowledge Assessment (exam)
Professional Association of ADHD Coaches (PAAC)[b]	Certified ADHD Coach Practitioner (CACP) Professional Certified ADHD Coach (PCAC) Master Certified ADHD Coach (MCAC)	• ADHD awareness review (exam) • Observe 10 experienced-coach sessions, live or recorded • 3 sponsoring PAAC-credentialed coaches • 6 coaching sessions reviewed/assessed, 3 with a single client and sponsor • Credentialing distinctions are based on the following: ° CACP - coaching has a problem/solution approach ° PCAC - coaching is focused on personal growth and development ° MCAC - coaching leads to profound changes that are transformational
Center for Credentialing and Education (CCE)[c]	Board Certified Coach (BCC)	• Varied degree requirements • 30-120 hours coach-specific training, depending on degree(s) • 30 hours of coaching experience (more required in certain circumstances) • A professional endorsement • Coach knowledge examination
National Board for Health and Wellness Coaches (NBHWC)[d]	National Board Certified Health and Wellness Coach (NBC-HWC)	• 75 hours of training with an NBHWC-approved health and wellness coach training program; programs include practical skills evaluation • 50 health and wellness coaching sessions • Credentialing examination in conjunction with National Board of Medical Examiners

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[a]https://coachingfederation.org/credentials-and-standards

[b]https://paaccoaches.org/become-a-certified-coach/; personal communication 3/10/21, Catherine Bray, PAAC President

[c]https://www.cce-global.org/credentialing/bcc/requirements

[d]https://nbhwc.org/become-a-board-certified-coach/

Each credentialing body has established specific coaching competencies or key skills that support the process of coaching. An example of one set of competencies is provided in Figure 1.

Theoretical Frameworks

In addition to individual coaches' competencies and skills, various theoretical frameworks undergird the coaching process. Some time ago, ADHD coaching was criticized as being "pseudo-scientific" (Goldstein, 2005, p. 379). But Cox et al. (2014), in *The Complete Handbook of Coaching* identify 13 common theoretical frameworks used in coaching, including cognitive-behavioral, solution-focused, psychological development, and positive psychology. Kauffman (2006) identifies key aspects of positive psychology that provide "a robust theoretical and empirical base" for the practice of coaching (p. 219). In a descriptive literature review, Tuttle et al. (2016) identify six specific theories or frameworks used in studies of ADHD coaching outcomes, employed either singly or in combination: executive functioning, psychoeducation, self-determination/empowerment, cognitive behavioral, emotional intelligence/interpersonal skills, self-efficacy, and social learning (Ahmann et al., 2018, p. 21). The Transtheoretical Model (Prochaska & DiClimente, 1983) and Motivational Interviewing (Miller & Rollnick, 1991), as well as implementation science (Gollwitzer & Brandstaetter, 1997), are also frequently applied in coaching (e.g., Ahmann et al., 2020; Tuttle, 2021). The GROW model (Goal, Reality, Options/Obstacles, and Will/Way forward), developed in the 1980s, has been used for decades to guide the coaching process (Whitmore, 1992). As Tuttle (2021) explains: "Coaching draws upon existing knowledge from psychology, sport, organizational development, and other fields, [while] it encompasses a unique set of skills and perspectives" (para. 2).

Structure of the Coaching Engagement

The coaching process typically begins with the coach supporting a client in determining individually-identified goals to guide their work over a several month period. Then, a typical coaching session consists of the following actions in service of those goals: connecting with the client, reviewing action steps established in the previous session, determining the client's desired focus for the specific session, exploring the session topic to facilitate learning and awareness, establishing action step(s) for the coming week, identifying potential roadblocks and needed structures and supports related to those actions steps, and determining an accountability plan. ADHD coaches and clients

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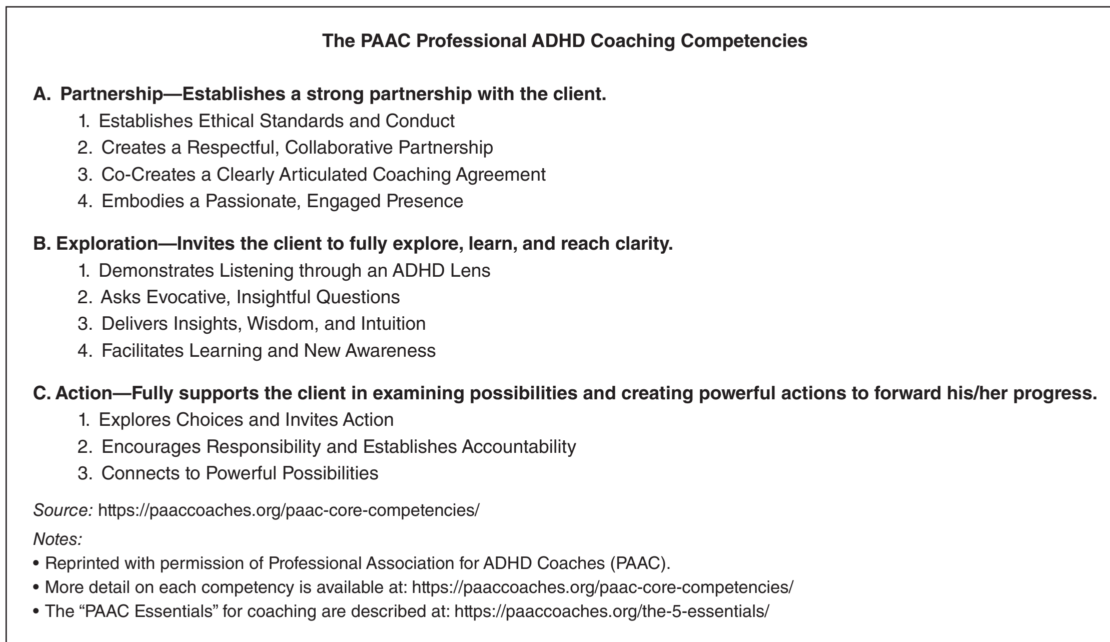
Figure 1: Sample Coaching Competencies*



The PAAC Professional ADHD Coaching Competencies

A. Partnership—Establishes a strong partnership with the client.

1. Establishes Ethical Standards and Conduct
2. Creates a Respectful, Collaborative Partnership
3. Co-Creates a Clearly Articulated Coaching Agreement
4. Embodies a Passionate, Engaged Presence

B. Exploration—Invites the client to fully explore, learn, and reach clarity.

1. Demonstrates Listening through an ADHD Lens
2. Asks Evocative, Insightful Questions
3. Delivers Insights, Wisdom, and Intuition
4. Facilitates Learning and New Awareness

C. Action—Fully supports the client in examining possibilities and creating powerful actions to forward his/her progress.

1. Explores Choices and Invites Action
2. Encourages Responsibility and Establishes Accountability
3. Connects to Powerful Possibilities

Source: https://paaccoaches.org/paac-core-competencies/

Notes:

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- More detail on each competency is available at: https://paaccoaches.org/paac-core-competencies/
- The "PAAC Essentials" for coaching are described at: https://paaccoaches.org/the-5-essentials/

*This figure includes coaching competencies for only one coach credentialing body (PAAC). Coaching competencies for ICF can be found at https://coachingfederation.org/core-competencies; those for NBHWC can be found in https://www.nbme.org/sites/default/files/20202/Examination%20Content%20Outline.pdf

may also communicate between sessions (for example, by text or email) to support completion of action step(s).

Finding a Coach

Professionals wanting to find ADHD coaches to whom they can refer clients, and with whom they can collaborate, can access directories such as those listed in Figure 2.

RESEARCH ON ADHD COACHING

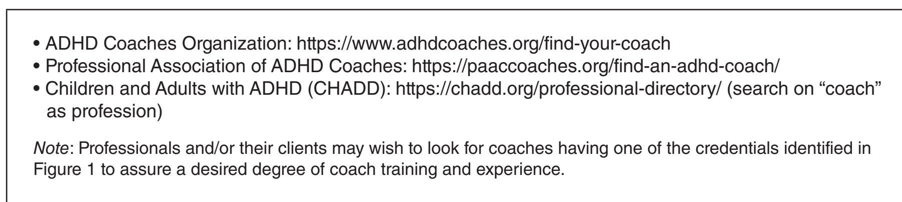
The first description of ADHD coaching in the popular literature was in Hallowell and Ratey's book, *Driven to Distraction* in 1994. The first study of ADHD coaching was reported in 2001 (Zwart & Kallemeyn). The literature has since grown with at least 33 studies related to ADHD coaching reported to date in peer reviewed journals (n = 27), as theses or dissertations (n = 3), as conference presentations/proceedings (n = 2), or in a book (n = 1). Among these studies, three explored peer coaching (which is not discussed here), eighteen other studies explored outcomes of coaching, and nine explored processes involved in ADHD coaching. Additionally, one study described the development of a scale to measure the benefits of coaching (Deal et al., 2015); one explored the impact of coaching on caregivers whose dependents receive it (Söderqvist et al., 2017); and one provided a comprehensive, descriptive literature review (Ahmann et al., 2017, 2018).

ADHD Coaching: Process Research

Schrevel et al. (2016) documented that, for some adults, coaching provides an approach to addressing ADHD concerns that is preferable to mental health counseling. This qualitative case series used semi-structured interviews of 23 adults with ADHD in the Netherlands who had chosen to pay out of pocket for ADHD coaching rather than use mental health services available to them at no charge. Participants reported that the process of coaching—involving an "optimistic, strengths based, and solution-focused approach" (p. 1), as compared to a "deficit and symptom-centered approach" more common in therapy (p. 1)—"worked better" (p. 5) and was "more substantial" (p. 5). They found the partnership model used in coaching to be a "joint venture" (p. 1) that was individualized, promoted insight and self-understanding, and equipped them to deal with life's challenges. While this study's participants used coaching in place of therapy, it is common for individuals with ADHD to work with a coach in addition to a therapist and/or psychiatrist or other prescribing provider.

As described above, coaching draws on a range of theoretical frameworks and evidence-based practices from varied fields. A recent case report describes an ADHD coaching engagement in detail, illustrating the theories, tools, and range of coaching skills and strategies applied in support of a 30-year-old woman who had been temporarily

Figure 2: Select Directories Listing ADHD Coaches



- ADHD Coaches Organization: https://www.adhdcoaches.org/find-your-coach
- Professional Association of ADHD Coaches: https://paaccoaches.org/find-an-adhd-coach/
- Children and Adults with ADHD (CHADD): https://chadd.org/professional-directory/ (search on "coach" as profession)

Note: Professionals and/or their clients may wish to look for coaches having one of the credentials identified in Figure 1 to assure a desired degree of coach training and experience.

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dismissed from a graduate-level clinical program due to a lack of success both academically and in clinical rotations (Ahmann et al., 2020). Other studies exploring specific processes involved in ADHD coaching have addressed the following issues:

- Effectiveness of varied communication modalities
- Use of communication between sessions
- Between session action steps
- Factors impacting goal completion

Communication Modalities. While the COVID-19 pandemic led to recent wide-spread use of telemedicine, coaches had long been using telephone and video conferencing, in addition to in-person coaching sessions (ICF, 2012; ICF, 2016). A 2019 survey of 117 self-identified ADHD coaches found that the telephone was the most frequently reported modality, but coaches rated all modalities as equally effective (Ahmann & Saviet, 2019). Qualitative findings from the same study, published separately, identified key themes including focus and distraction, time management, convenience and flexibility, and nonverbal observations (Saviet & Ahmann, 2020).

Between-session Communication. A unique aspect of ADHD coaching is its frequent use of between-session client-coach communication as part of the coaching process. Of 19 outcome studies reviewed by Ahmann et al. (2018), six described the use of coach-client contact between sessions as part of the coaching process, and ADHD coaches have reported engaging in between-session communication with clients at varying frequencies and across a number of platforms (e.g., text, email, telephone, or messaging apps) (Ahmann & Saviet, 2019, unpublished data). In a focus group, eight experienced ADHD coaches "...described the use of between-session communication with clients...to foster task awareness, continued learning, and progress on, or modification of, goals, as well as to support the development of executive functioning skills over time" (Saviet & Ahmann, 2021, p. 8).

Between-session Action Steps. Whether or not between-session communication is used, coaches typically help clients design action steps to be accomplished between coaching sessions. Prevatt et al. (2011) explored the impact of these "assignments" on progress in coaching among 13 college students. A student's positive attitude toward the between-session task, the "usefulness" of the task, and the coach's view of the quality of the client's follow-through with the task all impacted progress in coaching. Treatment gains were also positively impacted by a student's desire to please their parents.

Factors Impacting Goal Attainment. Prevatt et al. (2017) also explored processes supporting weekly goal attainment among 34 college and graduate students. Student use of incentives or consequences, the coach's view of client motivation, and the coach's view of the potential "benefit" of the goal all had positive associations with weekly goal completion. Surprisingly, student ratings of their motivation, enjoyment of task, and perceived relationship of the task to a larger goal were not associated with goal attainment. Research on other aspects of the coaching process that might support success would be useful.

ADHD Coaching: Outcome Research

The following discussion of research on ADHD coaching outcomes both draws from and builds on the descriptive literature review undertaken by Ahmann et al. (2017, 2018).

Overview of Studies. Eighteen studies of ADHD coaching outcomes have varied in size (n ranging from 1 to 1782 participants) and research design. Three randomized clinical trials (RCTs) have been reported (Evans et al., 2014; Field et al., 2013; Kininger, 2016); along with one quasi-experimental study (Richman et al., 2014); one exploration of a large data set (DuPaul et al., 2017); eight prospective studies of varied sizes, some of which incorporated qualitative components (Bloemen et al., 2007; Garcia Ron et al., 2016; Kubik, 2010; Maitland, et al., 2010; Parker et al., 2011; Prevatt & Yelland, 2015; Reaser, 2008; Wentz et al., 2012); one multiple-baseline across-participant study (Merriman & Codding, 2008); two case studies/series (Dawson & Guare, 2012; Swartz et al., 2005); and two qualitative studies (Parker & Boutelle, 2009; Parker et al., 2013).

Studies of outcomes of ADHD coaching have been conducted with clients of varied ages, using individual and group coaching, and with varied frequency and number of coaching sessions. While many of the studies employed credentialed coaches, in some, the coaching was provided by doctoral-level psychology students or school personnel trained in coaching methodologies.

Outcomes Among Children. Only one study has explored coaching among elementary school students. Garcia Ron et al. (2016) reported clinical improvement and improved family functioning, maintained at a six-month follow-up, after five monthly sessions of family group coaching for 49 elementary school students. While clear benefit was demonstrated, including maintenance of gains, further research is needed to learn whether coaching children by themselves is beneficial and what outcomes it might impact.

Outcomes Among Teens. Four studies of coaching for teens involved either brief daily coaching for three weeks (Merriman & Codding, 2008) or two marking periods (Dawson & Guare, 2012) or weekly coaching sessions for eight weeks (Wentz et al., 2012) or up to 27 weeks (Evans et al., 2014). Merriman and Codding (2008) found improvements in mathematics homework while Dawson and Guare (2012) tracked improvement in grades from pre- to post-coaching. Evans et al. (2014), an RCT, showed few areas of benefit using an intent to treat analysis, but did find a protective effect of coaching on academic outcomes and a clear dose-response effect on parent ratings in a variety of domains. Using an internet-based coaching model with students having ADHD or autism spectrum disorder, Wentz et al. (2012) found improvements in sense of coherence, self-esteem, and subjective quality of life, and demonstrated some maintenance of gains.

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While further research is warranted, ADHD coaching for teens appears to have promise. No study to date has explored group coaching for teens, a model that might make coaching financially accessible to more families, or as an option provided in a school setting. Group coaching might also be useful to meet the developmental needs of teens for peer affiliation.

Outcomes Among College Students. The majority of the research to date on outcomes of ADHD coaching has been conducted with college students. In these studies, coaching most often occurred weekly for eight to 10 sessions, but in a few cases for up to 18 sessions. The Learning and Study Strategies Inventory (LASSI; Weinstein et al., 2002) was used as a proxy measure of executive-functioning in exploring coaching outcomes in the majority of these studies. Pre- to post-coaching improvement and/or greater improvement than in a comparison group was found in either total and/or multiple subscale scores of the LASSI in these studies (Field et al., 2013; Parker et al., 2013; Parker et al., 2011; Prevatt & Yelland, 2015; Reaser, 2008; Richman et al., 2014; Swartz et al., 2005). Other studies of this age group included qualitative reports or other measures of improvement in EF skills (e.g., Kininger, 2016; Maitland et al., 2010; Parker & Boutelle, 2009). Improvements in aspects of student well-being were also found in several studies of ADHD coaching (Field et al., 2013; Maitland et al., 2010; Parker & Boutelle, 2009; Parker et al., 2011; Prevatt & Yelland, 2015).

Additionally, DuPaul et al. (2017) "examined the effect of support services on the GPA of students with LD [learning disability] and/or ADHD . . . by tracking students' support service usage and GPAs [grade point average] over a 5-year period" (p. 246). While academic advising and tutoring did not have a statistically significant impact on GPA, each hour of coaching resulted in a 0.2-point increase in semester GPA. Further, coaching improved the GPA of students with ADHD more than it did for those with LDs alone.

Of the 11 studies reviewed that examined coaching for college students, including two RCTs, results strongly suggest that ADHD coaching may be a useful support for these students, leading to improvements in executive functioning, GPA, and well-being. Between 2% and 8% of college students are estimated to have ADHD (DuPaul et al., 2009), and these students often face significant academic challenges. Thus, ADHD coaching is an especially valuable intervention to support this population.

Outcomes Among Adults. Both of the two reported studies of coaching for adults explored outcomes of group coaching. Bloemen et al. (2007) found no self-reported symptom improvement but found pre- to post-test improvement in daily functioning using the Weiss Adult Functional Impairment Rating Scale. Kubik (2010) reported improvement in many symptom-related behavioral dimensions that increased with respondents' ongoing participation in the coaching group, and found maintenance of gains. Although many adults are coached individually, rather than in groups, no study of individual ADHD coaching for adults has been reported to date. This is an area sorely in need of research.

INTERPROFESSIONAL COLLABORATION

While multimodal support for individuals with ADHD is ideal (e.g., Hinshaw & Arnold, 2015; Martinez-Nunez & Quintero, 2019; MTA Cooperative Group, 1999), to optimize its success, interprofessional communication and collaboration is key. One case report described coaching for an individual with ADHD taking medication and undergoing therapy (Swartz et al., 2005), although processes of interprofessional collaboration were not described. More recently, Ahmann et al. (2020) published a case report describing the coaching process and interprofessional collaboration in support of a graduate student whose psychiatrist had recommended coaching when the student was temporarily dismissed from her clinical program. During eight weeks of coaching, the coach and psychiatrist conferred several times, "providing each with a broader understanding of [the client's] needs, choices, challenges, and goals, thus optimizing support for the client" (p. 259).

The topic of interprofessional communication and collaboration in relation to ADHD coaching has been explored in a newsletter article authored by a psychiatrist and coach (Lowinsky & Parker, 2014) and discussed in a conference session co-led by a coach and therapist (Graham & Carroccia, 2020). Coaches participating in focus group discussions related to interprofessional communication and collaboration anticipate that, as other professionals enhance their understanding of ADHD coaching, interprofessional collaboration will become more commonplace and clients will reap the benefits (Ahmann et al., 2021).

SUMMARY: STATE OF THE FIELD

ADHD coaching is an emerging field that is (1) firmly oriented in a client-empowerment and partnership model, (2) utilizes established theoretical frameworks and evidence-based competencies and skills, and (3) provides a structure that scaffolds clients' learning and growth, including structured sessions and both between-session implementation and communication.

Further, ADHD coaching is a unique supportive service that enhances client self-awareness and promotes the development of "systems, skills, and strategies" (ACO, 2021, para. 2) that "shore up" clients' executive functioning abilities (Wright, 2014, p. 23), assisting clients to "better manage their attention and hyperactivity/impulsivity" (PAAC, https://paaccoaches.org/learn-about-adhd/), and, ultimately, aids them in achieving their self-identified "goals and full potential" (ACO, 2021, para. 2).

ADHD coaches have varied credentials (see Table 1), a factor that may create some confusion among other professionals. To address this, development of a clear consensus definition of the role, scope of practice, and competencies that would inform consistent approaches to training and practice would benefit the field.

A growing evidence base explores ADHD coaching processes and outcomes. While the robustness of findings

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varies, outcome studies across the age span suggest that ADHD coaching supports the development of executive functions, functional outcomes, and, in some cases, well-being, including self-determination (c.f., Ahmann et al., 2017, 2018). Guided by this research, future studies could further explore the impact of coaching among varied age groups; explore both individual and group coaching; further examine dosage effects and maintenance of gains; and utilize outcome measures related to executive functioning, self-determination, and well-being. Additional randomized controlled trials utilizing a common definition, duration, and frequency of ADHD coaching would strengthen an understanding of the impact of coaching for individuals with ADHD.

RECOMMENDATIONS FOR PRACTICE

Coaching has an important role to play in the care of individuals with ADHD. Because it is a unique service, therapists and psychiatrists or other prescribers can and should work with coaches in a multimodal approach that supports clients in varied and complementary ways.

To accomplish this, we recommend several future directions:

- All professionals working with clients having ADHD could broaden their understanding of what coaching entails by reading about coaching; seeking out interprofessional educational opportunities; participating in collaborative round tables and case conferences; and/or directly engaging in conversations between therapists, psychiatrists, and coaches.
- All ADHD professionals could become more familiar with the benefits of coaching by reviewing the research literature and/or collaborating with coaches on individual cases to observe client outcomes first-hand.
- ADHD coaching could be directly integrated into care models in varied settings to support optimal outcomes of individuals with ADHD across the lifespan. This might occur when varied professionals refer clients to ADHD coaches and collaborate; through the development of interprofessional practice partnerships (such as the model embraced by the University of Pennsylvania Adult ADHD Treatment and Research Program; http://med.upenn.edu/add); and/or by hiring ADHD coaches to work in middle or high school settings or in postsecondary disability services offices.

Finally, it is important that interprofessional efforts be undertaken to develop best practices of communication and collaboration in multimodal ADHD care. Enhancing collaboration across coaching and other professions will support optimal outcomes for individuals with ADHD, the ultimate goal of care.

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