Coaching for Adults with ADHD: Gains at a Six-week Follow-up

Elizabeth Ahmann,[1,2] ScD, RN, PCC, NBC-HWC
Micah Saviet,[2] MSW, LCSW-C, NBC-HWC
Mark Otto, MSt[3]

[1]Notre Dame of Maryland University's School of Integrative Health
[2]Springer Institute
[3]Independent Statistician

ORCID IDs:
Elizabeth Ahmann: https://orcid.org/0009-0003-4869-9498
Micah Saviet: https://orcid.org/0000-0003-4112-7860
Mark Otto: https://orcid.org/0000-0002-0552-7771

Corresponding author:
Elizabeth Ahmann
Health and Wellness Coaching Department
Notre Dame of Maryland University's School of Integrative Health
% 3307 Belleview Ave.
Cheverly, MD, 20785
(301) 775-7011
eahmann@muih.ndm.edu

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Keywords: ADHD, coaching, coach, multimodal, intervention, sustained gains

Abstract

ADHD coaching is both a stand-alone support and a component of multimodal care for individuals with ADHD. Still, few studies have explored whether beneficial outcomes of ADHD coaching are sustained beyond the active coaching period. A prospective mixed-methods study of a 12-session ADHD coaching engagement included a 6-week post-coaching data collection for 42 adults. In addition to the gains achieved in the pre- to immediate post-coaching period, ADHD symptoms, executive functioning, and functional impairment all showed slight improvements after a six-week follow-up period. For executive functioning and functional impairment, the changes were statistically significant with a small effect size. While the improvements from the end of the coaching engagement to the 6-week follow-up were small, coaches, consumers, and referring practitioners should be encouraged by the durability of gains. Further longitudinal study is warranted.

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Background

Attention-deficit/hyperactivity Disorder

Attention-deficit/hyperactivity disorder (ADHD) is a developmental disorder, often diagnosed in childhood that can persist into, or be newly diagnosed in, adulthood,[1] and the prevalence of ADHD in adults has been reported in the range of 2.5-6.8%.[2] ADHD presents challenges with inattention, hyperactivity/impulsivity, or both, and often affects the executive functions (EFs) of the brain.[3-5] Untreated ADHD has also been associated with functional impairments across multiple domains.[6,7]

While stimulants are typically the first line of treatment for ADHD, multimodal care—medication management, therapy as needed, and behavioral modalities, including coaching—is increasingly seen as optimal.[8,9] Some suggest that behavioral modalities may be key to achieving functional improvement.[10,11]

ADHD Coaching

Employed since the early 1990s, specialized coaching for ADHD (ADHD coaching) is a collaborative, goal-oriented support that combines life coaching, psychoeducation, and executive functioning support to empower clients to manage their life with ADHD.[12-14]

The peer-reviewed literature related to ADHD coaching includes over 60 publications[15] at least 20 of which have specifically explored outcomes of coaching for individuals with ADHD, most often college students.[16,17] In general, this literature, comprising varied study designs and

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sample sizes, identifies evidence of improvement in ADHD symptoms, executive functioning, and/or functional impairment, variously measured.

Four quantitative studies to date have explored outcomes of ADHD or EF coaching for adults. Two of these explored group coaching, reporting pre- to post-coaching improvement in daily functioning and partner reports of improved ADHD symptoms[18] and improvement in five symptom-related behavioral dimensions at a 1 to 4 year post-coaching data.[19] A study of 17 adults receiving individual EF-focused coaching reported a statistically significant reduction in time to complete select executive functioning tests and significant improvements in visual and auditory attention; no difference was found in planning skills measured.[20] In a larger study, of which this report is part, after twelve sessions of ADHD coaching, ADHD symptoms, executive functioning, and functional impairment all showed statistically significant improvement with medium to large effect sizes.[21] At least two qualitative studies have also explored the impact of coaching for adults.[22,23]

Sustained Gains with ADHD Coaching

Of recent interest in the coaching field is whether outcomes achieved by the end of a coaching engagement are sustained beyond the completion of the active coaching phase. Many studies, including some RCTs, measuring sustained gains in health and wellness coaching for varied conditions demonstrate that some or all outcomes measured are sustained, or improved upon, at varied follow-up periods after the coaching engagement; for some, these periods are six

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or more months, consistent with the maintenance stage in the Transtheoretical Model of Change.[24-26]

To date, three studies of ADHD coaching have explored sustained gains over varied periods of time. For two of three high-school students in a multiple baseline, across-participant study of brief daily coaching, both mathematics homework completion and accuracy were higher during fading of support than during the intervention, and were sustained for a period post-fading.[27] An 8-week online support and coaching intervention for 12 youth, aged 15-26, with autism spectrum disorder and/or ADHD, found a non-significant decrease in symptoms of depression both post-intervention and six months later; however, sense of coherence, self-esteem, and global quality of life all improved significantly from pre-coaching to the six-month follow-up.[28] An observational study of group coaching for 25 adults with ADHD documented significant improvements in five symptom-related factors—cognitive, distractibility, social outcomes, inattentive concerns, and behavioral—from before to 1- 4 years after the coaching intervention.[19] Prior to the study reported here, no study had explored sustained gains with individual coaching for adults with ADHD.

Study purpose and Hypotheses

This study is part of a larger mixed-methods study of a 12-session coaching engagement for adults with ADHD[21] and examines outcomes at a 6-week post-coaching follow-up, conducted to explore the question of sustained gains.

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We hypothesized that changes identified in the following outcomes after a 12-session ADHD coaching engagement would be sustained over a 6-week follow-up period of time:

- ADHD symptoms
- Executive functions (EFs), and
- Functional impairment.

Methods

This report, part of a larger, prospective single-arm mixed-methods study that ran from November, 2022 through February, 2025, was supported by the IOC-ICF coaching research grant program, led by the Institute of Coaching and funded by the International Coaching Federation. The Institutional Review Board at XXX approved the study; informed consent was obtained from all participants. SurveyMonkey was used to gather the data for this analysis. Our reporting of this study follows the guidelines of the Boutron et al. extension of the CONSORT statement for non-pharmaceutical RCTs,[29] taking into account that this study was not an RCT.

Study methods are provided in detail elsewhere, as are the findings related to both the pre- to post-coaching period and participant interviews.[21,30] We recruited experienced, credentialed coaches and oriented them both study procedures and a manualized approach to the 12-session coaching engagement[31,32] for consistency.[33,34] The guidelines for the 12th or "closing" session included both a review of progress during the coaching engagement and a look forward, as detailed in Box 1. Coaches and clients were free to either end coaching, or continue, after the

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twelve session engagement. In the follow-up survey, participants were asked whether coaching continued between the 12th session and the follow-up data collection.

Box 1. Closing Session Guidelines

Closing Session

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

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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

Source: Page 22 of *Attention-Deficit Hyperactivity Disorder (ADHD) coaching engagement: Manualized intervention (adults, 12-weeks)*[31]

Client participants—recruited from the private coaching practices of study coaches—met eligibility criteria including: age 21 or older, an ADHD diagnosis, and several exclusions.[21] Outcomes including ADHD symptoms, executive functioning, and functional impairment were measured three times: before the coaching engagement, immediately after, and at a six-week follow-up.

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Hypotheses related to sustained gains of ADHD coaching were examined by comparing client outcomes at the end of the 12-session coaching engagement with outcomes six weeks later using the following well-validated measures. Here we note that Because of the 12-week intervention timeframe and the subsequent 6-week follow-up, the recall window for both the BDEFS-SF and ADHD-RS-SRV was adapted from their original six-month frames to 'the past month'. This adjustment was made to capture transient intervention-based changes and prevent contamination from retrospective recall at post-coaching and follow-up of pre-coaching behaviors. Despite this change in recall period, we intentionally do not report sample-specific internal consistencies (Cronbach's alpha) for these instruments to avoid reporting unstable, statistically volatile coefficients, known to fluctuate heavily in smaller sample sizes.

- ADHD symptoms: The 18-item ADHD RS-SRV,[35] modified for this study, with permission of its author, to focus only symptoms in the one month preceding completion of each survey; and, as an incomplete scale would be difficult to interpret, we required answers to every question on this scale.
- Executive functioning: The 20-item short form Barkley Deficits in Executive Functioning Scale, self-report version (BDEFS-SF for Adults)[36] was modified to focus only on symptoms in the one month preceding completion of each survey; as with the ADHD RS-SRV we required answers to every question on the scale.

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- Functional impairment: The 69-item Weiss Functional Impairment Rating Scale - Self Report (WFIRS-S).[37]

Working alliance was assessed using the Working Alliance Inventory (WAI-SR; wording was modified to measure coach-client alliance).[38]

Because of the 12-week intervention timeframe and the subsequent 6-week follow-up, reported here, we adapted the recall window for both the BDEFS-SF and ADHD-RS-SRV from their original six-month time-frames to 'the past month'. This adjustment was made to capture transient changes over the intervention and follow-up periods and to prevent contamination from retrospective recall of pre-coaching behaviors at post-coaching and follow-up. Despite this change in recall period, we intentionally do not report sample-specific internal consistencies (e.g., Cronbach's alpha) for these instruments to avoid reporting unstable, statistically volatile coefficients, as these are known to fluctuate heavily in smaller sample sizes.

To detect an effect size of 0.5 with 80% power and an alpha of 0.05 from paired data suggested that approximately 40 adult ADHD coaching clients would be needed. This sample size estimate also accounted for an attrition rate of about 20%. We oversampled due to a 33% early attrition rate.

All data analysis was completed in the latest version of R at the time. In addition to descriptive statistics to summarize participant characteristics, analysis for the follow-up study included the following steps:

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- Demographic characteristics of individuals continuing and not continuing coaching during the follow-up period were compared using absolute differences in percentiles.
- The ADHD-RS-SRV and the BDEFS-SF were each scored by summing the items. The WFIRS-S was scored by taking a mean of the item scores, after eliminating N/A and missing items. The WAI was scored as a total sum. For one participant, the value for one item on the WAI was missing, and that item score was imputed by taking the mean scores of the answers to the other items.
- Preliminary analysis involved multi-model inference with Akaike information criterion (AIC) statistical model comparisons[39,40] to determine the best fit equation for each outcome variable. In this follow-up analysis, for each of the outcome variables (ADHD RS-SRV, BDEFS-SF & WFIRS-S), the best fit model included coach and client within coach. These were used as control variables in further analysis. Working alliance, continuation of coaching, and question variation did not contribute to the best fit equation.
- For hypothesis testing, for each outcome variable, the best fit model, determined by AIC, was used to test the change in scores from post-coaching to the follow-up, using a t-test. Statistical significance was set at $p < 0.05$ for hypothesis testing.
- Cohen's D effect size of the period differences was obtained using a client-to-client standard deviation. Generally, effect sizes of 0.2, 0.5, 0.8 are considered small, medium, and large.[41]

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- Exploratory post-hoc analysis examined the association of the following variables, measured at pretest, with the change in each outcome: severity of ADHD symptoms (ADHD RS-SRV cut-off of 37), ADHD medication use, comorbidities (anxiety, depression, bi-polar, and/or PTSD), concurrent therapy, and concurrent use of other supports. Working Alliance, measured at post-test, duration of the initial 12-session coaching engagement (days), and continuation of coaching past 12 sessions, as reported on the follow-up survey, were also examined. For analysis, we included these variables in an ANCOVA model and applied the type IV t-test in the regression tables.[42] These tests are likelihood ratio tests (not AIC) comparing the full model to the model without the specific regression variable. A p-value of less than 0.05 was considered significant. These variables were not included in the main analysis in this study but, as relevant, could be included in a more complex model in future research.
- As a separate post-hoc analysis to explore coach effect on changes during the follow-up period, the intraclass correlation coefficients (ICCs) were calculated by decomposing client-to-client variation into coach-to-coach variation and client-nested-within-coach variation, with the coach-to-coach variation serving as the ICC numerator.

Findings

Twenty-one coaches who enrolled clients in the study had one or more clients complete the full study. Forty-five clients meeting inclusion criteria completed the 12-session coaching

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engagement; 43 completed the post-coaching survey; 42 completed the follow-up data collection to explore sustained gains (see flow chart elsewhere[21]). No adverse events were reported during the study follow-up period.

Over 90% of the study coaches had more than two years of coaching experience, and all held a credential from the International Coaching Federation and/or the Professional Association of ADHD Coaches. The clients in this study identified as 93% Caucasian/White and 72% female. Over 88% of clients had completed college or graduate school and nearly 56% were employed full time, while 19% were unemployed and others were employed part-time (19%) or retired (7%). Over 58% had one or more comorbidity; 63% took medications for ADHD; and 61% were concurrently working with a therapist. Demographics are provided in greater detail elsewhere.[21]

The coaching engagement was twelve sessions in all cases, but the duration of the engagement varied from 10 - 35.4 weeks, averaging 4 - 4.5 months[21] Fidelity to the manualized coaching guidelines was high, with a median percent over 86% for all coaching sessions and 95.3% for the final/closing session. From pre- to post-coaching, statistically significant improvements were found in ADHD symptoms, executive functioning, and functional impairment, with medium to large effect sizes.[21]

Among the 42 clients completing the follow-up survey, 18 ended the coaching after completing the 12-session engagement while 24 continued with some coaching sessions between the post-coaching data collection and the follow-up. The demographic characteristics of those who continued and did not continue coaching during the follow-up period are detailed in Table 1. Absolute differences were highest for gender identity (21%, with those continuing coaching

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being a higher percentage male) and working with a therapist at the onset of coaching (12%, with those not continuing coaching having a higher percentage). The absolute difference was 11.1% in the number of participants having more than one additional diagnosis, beyond ADHD (with those continuing coaching more likely to have more than one diagnosis), but was less than 10% when combining individuals having one additional diagnosis and those having more than one. While there was a 15.3% absolute difference in the number who completed college, the difference was less than 10% when college and graduate school were combined. Differences were under 5-10% for all other characteristics.

The results of hypothesis testing related to sustained gains from immediately post-coaching to the six-week follow-up data collection are presented in Table 2.

Exploratory post-hoc analysis identified the variables in Table 3 as having a significant association with the change in post-coaching to follow-up scores on the study outcome measures. Additionally, post-hoc exploration identified the following ICCs for each measure: ADHD-RS-SRV, 0.36; BDEFS-SF, 0.66; WFIRS-S, 0.34.

Discussion

This component of a larger single-arm prospective study explored whether beneficial outcomes of a 12-session ADHD coaching engagement were sustained over a six-week period following the end of the engagement. At the end of 12 sessions of coaching, participants had demonstrated statistically significant improvements in ADHD symptoms, executive functioning, and functional impairment, using the ADHD RS-SRV, the BDEFS-SF and the WFIRS-S, with

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medium to large effect sizes.[21] This report documents that these improvements were not only sustained over the subsequent six week period, but additional improvement occurred on each measure.

Continuation of Coaching

Fifty-seven percent of participants in this study elected to continue coaching during the six-week follow-up period. We do not have data on how many sessions they may have had. While the continuation of coaching during the follow-up period did not contribute to the best-fit model and, for this reason, was not controlled for in the analysis, post-hoc analysis did indicate that continued coaching negatively influenced improvement on two outcome variables in the follow-up period: ADHD symptoms and functional impairment (Table 3). An exploration of the differences between the groups continuing and not continuing coaching uncovered an absolute difference of 21% in gender distribution, with the group continuing coaching having more males; and an absolute difference of 12% in those having a therapist at the onset of coaching, with more of those not continuing coaching during the follow-up period having had a therapist. While the presence of one or more comorbidities did not differ meaningfully between the two groups, more than one comorbidity was somewhat more common (11.1% absolute difference) in those continuing coaching. Other differences were minimal, including use of ADHD medication during the follow-up period, of interest because of the post-hoc finding that medication use adversely influenced improvement in functional impairment. A limitation is that data was not collected on whether any participants continued therapy for the duration of the study or newly engaged a

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therapist during the study period. The impact of client gender and use of a therapist are variables deserving exploration in future research.

Sustained and improved study outcomes

We note here that the six-week follow-up period in our study was relatively short, due to the restrictions of the grant funding period. Additional studies, with longer term follow-up, would be useful to further explore the question of sustained or increased improvements after a coaching engagement.

ADHD symptoms

A number of studies have explored ADHD symptoms, variously measured, after a period of ADHD coaching, in both young people.[28,43,44] and adults,[18,19,21] finding improvement. While most did not explore the question of sustained gains, one study reported improvements in ADHD symptoms measured at 1-4 years after a 7-session group coaching engagement for adults with ADHD.[19]

In the current study, participant scores on the ADHD RS-SRV—measuring ADHD symptoms—at the end of the initial 12-session coaching engagement were not only sustained, but showed improvement, albeit slight, over the following six weeks. This small improvement, not statistically significant, and with a negligible effect size, augmented the significant improvement, with a large effect size, seen from pre-to post-coaching.[21] This encouraging

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finding suggests that longitudinal outcomes of coaching on ADHD symptoms deserve further exploration.

Executive functioning

A number of studies of ADHD coaching for youth have explored executive functioning as an outcome, whether using the Learning and Study Skills Inventory[45] as a proxy measure,[46-53] or through qualitative reports of either improved EFs[54] or goal attainment.[55] Additionally, with adults, a period of EF-focused coaching was associated with improvement on several neuropsychological measures.[20] However, these studies did not explore sustained gains. On the other hand, long-term effects, including benefits for EF-related outcomes of organization and motivation, were reported by teens and parents 1 - 4 years after their participation in a parent-teen behavior training program including both education and a type of individualized, collaborative, strengths-based support, somewhat similar to coaching.[56]

The current study found that executive functioning gains made during the initial coaching period—demonstrated by statistically significant changes in the BDEFS-SF with a medium effect size[21]—were not only sustained in the six weeks following the initial post-coaching period, but showed statistically significant improvement with a small effect size. This is the first study exploring the longer-term impact of ADHD coaching on executive functioning, and, as such, is a unique contribution to the literature. The finding of continued improvement of executive functioning after a period of coaching should be encouraging to coaches, clients, and other

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ADHD or referring professionals. Future research with longer follow-up periods would aid in further exploring this outcome.

Functional impairment

Because ADHD is associated with significant adverse impacts across multiple life domains,[6,7] improved functioning may be the variable most predictive of longer-term outcomes.[57] So, it is encouraging that we found statistically significant improvement in functional impairment, with a small effect size—using the WFIRS-S—during the six weeks subsequent to the coaching engagement. This change adds to a finding of significant improvement, with a large effect size, in the pre- to post-coaching period.[21]

A number of studies of ADHD coaching have explored functional impairment in varied ways. Examples in young people include social behaviors[43,58,59] and grades or academic impairment.[27,43,47,60,61] Among adults, one study found that participant scores on the WFIRS improved from before to after an ADHD coaching group, but sustained gains were not explored.[18] Only one study among youth with ADHD examined sustained gains, finding improved functioning, measured by completion and accuracy of mathematics homework, over the eight weeks following the conclusion of targeted coaching.[27]

The current study is the second to explore the question of sustained improvements in functional impairment among adults following ADHD coaching, and the findings of improvement at 6 weeks after the coaching engagement should be encouraging for coaches, clients, and potential referring professionals. Because of its importance, further research should

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explore functional impairment as both a short- and long-term outcome of ADHD coaching for adults.

Quality of life

Although quality of life was not measured in the present study, the improvements noted in ADHD symptoms, executive functioning, and functional impairment suggest the possibility of improved quality of life.[62] One study of coaching for youth with ADHD and autism found improvements in global quality of life, among other measures, over a 6-month post-coaching period.[28] Future research among adults might also consider longitudinal exploration of quality of life as an outcome.

Coaching and sustained or improved gains

Few studies have explored longitudinal effects of coaching.[63] A rapid systematic review of the health and wellness coaching literature found that only 12% of studies explored sustained gains.[24] However, several reviews of health and wellness coaching literature,[24,25] and studies of leadership or workplace coaching,[64-66] have reported, in at least some instances, improvements in outcomes extending beyond the period of coaching.

Of the 20 or so studies to date exploring outcomes of ADHD coaching, this study is one of only three exploring outcomes beyond the end of the coaching engagement. Two focused on youth,[27,28] and one on group coaching for adults[19]. In our study, some clients continued coaching beyond the initial 12 sessions, but continued coaching did not appear to impact improvements on

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the BDEFS-SF in the follow-up period; in fact, it had a negative influence on outcomes on the ADHD RS-SRV and WFIRS-S.

Factors that might explain long-term effects have received little attention in the literature. Both exploration of sustained or maintained gains, or even improvement over time, as well as study of factors potentially mediating or moderating long-term outcomes of ADHD coaching, deserve additional research attention.

Sustained vs. maintained gains

The widely-studied Transtheoretical Model of Change identifies a series of steps in behavior change from pre-contemplation through action, followed by a "maintenance" stage, said to occur when a new behavior has been in place for at least six months, although lapses and recycling through stages can, of course, occur.[26,67] While the current study had a shorter time to follow-up, two studies of ADHD coaching examined outcomes at six or more months post-coaching, both finding maintained gains.[19,28] Funding for future studies should emphasize collecting follow-up data at six months or greater post-coaching to explore maintenance of gains.

Impact of coaching "dosage."

Two reviews of studies of workplace/organizational coaching have suggested that neither the number of coaching sessions nor duration of the engagement are determinative of outcomes,[68,69] and an examination of sustained gains in the health and wellness coaching literature does not identify dosage as an explanatory variable.[24] To the contrary, a study of

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coaching for school students with ADHD suggested that coaching "dosage" might explain certain outcomes.[43]

Among three prior ADHD coaching studies that explored, and demonstrated, sustained change or improvement over time, the number of sessions (7-16) and the total duration of the engagement (3 weeks to 2.5 months) varied[19,27,28] providing no guidance regarding dosage.

In the current study, 12 sessions was the defined coaching "intervention," and the duration of the coaching engagement was 4 - 4.5 months on average (varying from 10 - 35.4 weeks). From pre- to post-coaching, post-hoc analysis found that a longer duration of the 12-session coaching engagement negatively impacted improvement in executive functioning and functional impairment, though not ADHD symptoms.[21] However, during the follow-up period, a longer duration positively influenced changes in executive functioning but not ADHD symptoms or functional impairment. We did not collect systematic data on reasons for gaps in coaching that influenced the duration of the coaching engagement. While variability in the length of a coaching engagement is not unusual in ADHD coaching,[70] and gaps may not be surprising given this population's challenges maintaining engagement,[71] these issues could be explored in future studies.

Twenty-four (57%) participants completing the follow-up survey had some continued coaching sessions over the following six weeks. Continued coaching after the initial twelve session engagement negatively influenced improvements in both ADHD symptoms and functional impairment but not executive functioning; the reason(s) for these post-hoc findings are unclear. Future research exploring the optimal duration—both time and numbers of sessions—for

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an ADHD coaching engagement could also both guide best practices in the field and also address questions regarding costs of care.

Potential confounding variables

Research on coaching in different settings suggests the importance of exploring moderators and mediators of outcomes.[63] In this study, coach effect appeared to moderate outcomes, and was controlled for in analysis. Post hoc analysis suggested that 34 - 66% of client-to-client variation in the post-coaching to follow-up change scores was explained by coach effect, consistent with the relational nature of coaching. It is not clear why the percent would be almost double for the outcome of executive functioning in comparison to symptoms or functional impairment. Regardless, coach effect should be explored as a possible moderator in future studies of sustained gains.

Our exploratory post-hoc analysis also suggests a number of other variables that might deserve attention in future studies: severity of ADHD, ADHD medication use, concurrent use of therapy or of other supports, working alliance, length of the initial coaching engagement, and continued coaching beyond the 12 sessions (see Table 3 for details). These results should be interpreted with caution and serve primarily to guide future research.

Possible mechanisms

What are possible mechanisms of change at play in sustaining improvement and even supporting ongoing improvements in outcomes post-coaching? Here we explore four speculative

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hypotheses: 1) temporality in types of outcomes; 2) transformative learning; 3) growth mindset; and 4) changes in the brain itself.

Temporality in outcomes. Some research suggests that coaching can facilitate cognitive, affective, and skill-based outcomes.[68] It makes sense that improvements in ADHD symptoms, and cognitive and/or affective changes, might precede changes in functioning.[57,72] While in the present study, there is no evidence of a temporal order, we did not directly explore this. Future research might be designed to elucidate whether any temporal order to the occurrence of different coaching outcomes.

Transformative learning. Studies show that leadership coaching can support a transformative learning process—including increased confidence, increased reflection—with coaching laying a foundation for changes that improve over time or even emerge during a post-coaching period.[66] Perhaps consolidation of new learning is needed before it is demonstrated as new behaviors. We wonder whether this phenomenon might, at least in part, explain the findings of improvement in the post-coaching period in our study.

Growth mindset. Also, while some literature suggests that, over time, adults with ADHD may have developed a fixed mindset, perceiving intelligence and abilities as immutable, growth mindset can be taught, including to individuals with ADHD.[73,74] Furthermore, coaching can cultivate a growth mindset.[75-77] We wonder whether the ADHD coaching process might

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encourage a shift from fixed to growth mindset, priming a client to view their life in terms of opportunities to learn and grow, leading to post-coaching improvements. (Qualitative findings of this mixed-methods study support this hypothesis.[30]). Future research could explore growth mindset as an outcome of ADHD coaching to determine whether it might be a possible mechanism at play in ongoing improvements post-coaching.

Brain changes. Use of fMRI to observe activity in various regions of the brain during simulated coaching sessions has demonstrated that a more positive coaching approach (such as that generally embraced in the current study) can stimulate activity in areas of the brain impacting executive functioning and the dopamine pathways, key in ADHD.[78] One might wonder about the effect of activating these areas repeatedly during a series of ADHD coaching sessions over time.

Such an effect could be even more impactful when clients internalize aspects of the coaching conversation,[66,79] as in the present study when 65% of participants endorsed the following statement: "When I am stuck, I imagine the questions my coach would ask me." [21] While only a speculative hypothesis here, the potential of ongoing stimulation of key brain regions over time, during and following a coaching engagement, would make for fascinating future research.

Optimizing sustained/maintained gains or improvement post-coaching

Regardless of mechanism, what can support sustained or maintained gains, or even post-coaching improvements in outcomes? In one study of ADHD coaching for adolescents and

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young adults, participants identified a need for preparedness before discharge.[28] Others have also suggested the importance of support for maintenance of gains when clients have ADHD.[80,81] In this study, the final coaching session focused on consolidating learning and identifying next steps (Box 1). However, even more could be done to support long-term gains from coaching. For example, anticipatory guidance could address common attitudinal and behavioral lapses, as well as sources of ongoing engagement and support, as illustrated in Box 2. We note here that these are expert recommendations, not based on outcomes of this study.

Box 2. Possibilities for Anticipatory Guidance at the End of a Coaching Engagement

- Plan ahead for potential lapses
    - provide anticipatory guidance about potential lapses due to boredom or life changes
    - help a client anticipate other factors potentially triggering a lapse
    - assist a client in developing a plan for addressing potential lapses
    - invite practice of both mindfulness, to encourage awareness, and self-compassion to limit self-judgment if and when lapses occur
- Plan ahead for ongoing engagement
    - encourage client awareness of - and keeping notes on - what works

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- brainstorm with a client varied paths to the same end goal, as a way of building in options for variety and interest while maintaining a new behavior
- encourage consideration of ADHD-friendly strategies to boost continued interest in a new behavior, such as building in ongoing rewards, finding social support, and/or taking on new challenges
- invite periodic review of the values and motivators that prompted the initial change, as well as considering new motivators

- Plan ahead for ongoing support
  - help a client build in ongoing reminders for desired behaviors
  - wean coaching support gradually and invite periodic coaching check-ins ("booster sessions" over time
  - explore sources of continued accountability and support, such as accountability partners or groups
  - consider other follow-up activities pertinent to a client's interests

Note: Select ideas from various sources [66,82-85]

Coaching and multimodal support

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For coaches in practice, potential clients, and any referring practitioners, the results of this study offer encouragement about the possible association between ADHD coaching and sustained improvements in ADHD symptoms, executive functioning, and functional impairment for adults with ADHD. This study also has implications for optimal multi-modal support.

While benefits from long-term stimulant use have long been established,[86] as many as 52% of adults discontinue medication usage within 12 months.[87] Some, but not all, research suggests that both medication and CBT, and the combination, may have benefits persisting beyond the period of active treatment, in some cases of therapy, up to a year.[88-92] Studying sustained effects of coaching over a 3-12 month period would be valuable.

In one coaching study, adult clients participating in group coaching for ADHD perceived that a combination of coaching with medication and therapy was the most effective treatment.[19] However, coaching alone, as distinct from coaching plus stimulant use, had a beneficial effect on five symptom-related areas of concern at a 1-4 year follow-up. Similarly, coaching alone had a significant benefit for these five areas while coaching plus therapy affected only two of the five outcomes. In our study, 63% of participants were taking medication for ADHD and 61% were concurrently in therapy at the onset of coaching. Although the reasons are not clear, post-hoc analysis in the current study suggests that medication use may have adversely impacted improvements in functional impairment during the six week follow-up period. This important topic deserves more study.

As multimodal care is considered optimal support for adults with ADHD,[8,9] future research might also explore the use of ADHD coaching in conjunction with medication and/or

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CBT to elucidate the effects of this more fulsome multimodal approach on both short- and long-term outcomes for adults with ADHD.

Strengths and Limitations

This is the first study to explore whether adults with ADHD experience gains in a post-coaching period across three key outcomes: ADHD symptoms, executive functioning, and functional impairment. One strength of this study was its use of coaches who were experienced, credentialed, specifically trained in ADHD coaching, and oriented to a manualized approach for a 12-session coaching engagement. Credentialing ensures that coaches have demonstrated a level of competency in coaching skills (e.g., International Coaching Federation and Professional Association for ADHD Coaches) and training in coaching for ADHD is not universal. So, the results of this study may not be generalizable to inexperienced coaches or those without a credential and ADHD-specific training. Also, the nature of the closing session, dictated in this study by the manualized guidelines, might also impact sustained or improved outcomes across a post-coaching period.

A strength of this study was its use of well-recognized, valid and reliable instruments to measure ADHD symptoms, executive functioning and functional impairment. We altered the recall period for the ADHD-RS-SRV and BDEFS-FE from six months to one month to capture change over the shorter coaching engagement and follow-up periods. While this step limits direct comparisons to original six-month population norms, it significantly increases our design's

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ecological validity, isolating coaching-induced behavioral shifts from retrospective recall bias. Although in some cases internal consistency can change when an instrument's recall period is modified, we did not calculate sample-specific Cronbach's Alphas due to the likelihood that these calculations under active treatment conditions would likely produce an artifactual underestimation of the scales' true psychometric capabilities. Further, as the ADHD-RS-SRV is a criterion-referenced tool, mapped to the DSM criteria, inter-item correlations are secondary to its established content validity. Also, because an intervention may alter aspects of executive functioning at varying rates among individuals, calculating sample-specific internal consistency for the BDEFS risked misinterpretation of uneven improvement as measurement unreliability. Future validation studies may benefit from investigating formal test-retest reliability indices specifically calibrated for one-month intervals within ADHD adult clinical or coaching intervention studies.

This study relied on client self-report measures. Some suggest the benefits of more than one perspective in assessment of ADHD and related impairment,[94] and several studies of ADHD coaching have incorporated, for adults, perspectives of spouses/partners or neuropsychological tests,[18,20] and, for youth, grades or GPA.[47,60,61] While a potential limitation, it is our contention that, as coaching is a client-centered support, ultimately, the client's perception of outcomes, based on their lived experience, is the most meaningful assessment of outcomes.[95]

Reviewing the study interview data revealed that many of the participating clients were diagnosed with ADHD in adulthood, some describing a "recent" diagnosis or a major life transition, such as new, more demanding employment.[30] In these transitional circumstances,

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participants may be particularly ready and motivated to change,[26,93] and thus more likely to demonstrate progress.[49] This may have been a factor in the successful outcomes found in this study, including improvements over the follow-up period. Whether the findings can be generalized to other client circumstances requires further exploration.

The demographics of study participants—a majority White/Caucasian, college-educated women—while common among current ADHD coaching clients[70]—may also limit generalizability. On the other hand, study participants had sought coaching themselves, and coaches anecdotally reported that the manualized guidelines were consistent with their usual approach to coaching. For these reasons, and despite the use of eligibility criteria stricter than in most coaching practices, this study offers a glimpse into the "real-world" experience of ADHD coaching for adults.

Conclusions

ADHD coaching is understood to be a useful stand-alone support and component of optimal, multimodal care for individuals with ADHD. This study explored the question of sustained gains in the six weeks after a 12-session ADHD coaching engagement for adults, measuring outcomes using widely accepted, valid self-report measures of ADHD symptoms, executive functioning, and functional impairment. Significant improvements in each of these outcomes, with medium to large effect sizes, had been found in the pre- to post-coaching

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period.[21] At the six-week follow-up, this study demonstrated not only that those improvements were sustained, but further improvement in ADHD symptoms, executive functioning and functional impairment occurred—statistically significant, with a small effect size, for both executive functioning and functional impairment.

As part of a larger, mixed-methods study of ADHD coaching for adults, and the first to explore sustained gains with individual ADHD coaching, this study suggests that the association between coaching and symptoms, executive functioning and overall functioning may increase over time, even post-coaching. Additional research with longer follow-up periods would be valuable. At the same time, coaches, potential clients, and referring practitioners should be encouraged by these findings that offer meaningful support for the positive impact of coaching on participating clients, over time, and across multiple domains.

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Table 1. Client Demographics: Continued Coaching (or not) During the Follow-up Period

Demographic Characteristic		Continued Coaching n=24 n(%)	Did not Continue n=18 n(%)
Gender identity	Female	15(62.5)	13(83.3)
	Male	9(37.5)	2(11.1)
	Transgender Male	–	1(5.6)
Race and ethnicity	White or Caucasian	22(91.7)	17(94.4)
	Multiple race/ethnicities	1(4.2)	–
	Choose not to answer	1(4.2)	1(5.6)
Years of education completed	High school or GED	1(4.2)	–
	Some college	–	2(11.1)
	College	13(54.2)	7(38.9)
	Graduate school	10(41.7)	9(50.0)

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Occupational status	Full time	14(58.3)	10(55.6)
	Part time	5(20.8)	3(16.7)
	Retired	1(4.2)	2(11.1)
	Unemployed	4(16.7)	3(16.7)
Other diagnoses*	No other diagnosis	6(25.0)	4(22.2)
	One other diagnosis	6(25.0)	5(27.8)
	More than one other diagnosis	12(50.0)	7(38.9)
	I choose not to answer	–	2(11.1)
Medication for ADHD at follow-up	Yes	17(70.8)	11(61.1)
	No	7(29.2)	4(22.2)
	Did not answer	-	3(1.7)
Working with a therapist (at onset of coaching)	Yes	13(54.2)	12(66.7)
	No	11(45.8)	5(27.8)

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I choose not to answer	–	1(5.6)

*Mental health diagnosis other than ADHD; anxiety and depression, or the combination, were most common

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Table 2. Hypothesis testing: statistical significance and effect size

Outcome	Measure (scoring)	Follow-up minus post-test change*	SE	t	p-value	Effect size (SD)*
ADHD symptoms	ADHD RS-SRV (sum)	-2.0	2.994	-0.67	0.50	-0.11 (19.034)
Executive functioning	BDEFS-SF (sum)	-7.0	3.219	-2.17	$2.9x\ 10^{-2}$	-0.33 (21.538)
Functional impairment	WFIRS-S (mean)	-0.47	0.097	-4.83	$1.4x\ 10^{-6}$	-0.23 (2.062)
*Because higher scores on each measure signify higher severity, a negative post-test minus pre-test change and a negative effect size indicate improvement, or a decline in severity.						

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Table 3. Post-hoc Analysis: Significant Findings

Outcome Measure	Negatively Influencing Improvement in the Follow-up Period	Positively Influencing Improvement in the Follow-up Period
ADHD RS-SRV	Continued coaching between post-test and follow-up[a]	Severity of ADHD[a]
		Use of supports other than therapy[b]
BDEFS- SF	Working alliance[b]	Severity of ADHD[a]
		Duration of coaching engagement[a,c]
WFIRS-S	ADHD Medication use[a]	Severity of ADHD[a]
	Concurrent therapy[a]	Working alliance[a]
	Continued coaching between post-test and follow-up[a]	

[a]$p<0.01$; [b]$p<0.05$; [c]duration in days

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