

Coaching for College Students with ADHD

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Abstract Evidence suggests that ADHD can impair academic achievement in college students and throughout the life span. College students with ADHD are an at-risk population who might benefit from interventions. An offshoot of CBT-oriented therapy that has grown significantly and gained popularity in recent years is ADHD coaching. ADHD coaching is a psychosocial intervention that helps individuals develop skills, strategies, and behaviors to cope with the core impairments associated with ADHD. Most coaching programs are primarily based on a CBT approach and target planning, time management, goal setting, organization, and problem solving. This paper describes ADHD coaching for college students and discusses how coaching is different from standard CBT treatment. This is followed by a review of empirical studies of the effectiveness of ADHD coaching for college students. Finally, some specific considerations and procedures used in coaching are described.

Keywords Coaching · College students · ADHD

Introduction

The prevalence of adult ADHD in the USA has been estimated at 4.4 % [1], and 5 % of incoming first-year college students reported having ADHD [2]. Evidence suggests that ADHD can impair academic achievement in college students

and throughout the life span [3]. Only 9.1 % of individuals who display ADHD in young adulthood graduate from college, compared to 60.6 % of the non-ADHD control group [4]. College students with ADHD have demonstrated lower grades and/or test scores compared with controls [5–7]; they may also be more likely to withdraw from class, to have poorer study habits [5, 7] and to experience difficulty estimating time [8]. Additionally, college students with ADHD often have difficulty completing tests on time, require more time to complete assignments, yet have the perception that they work harder than their non-ADHD peers [9]. Symptoms of ADHD can turn everyday challenges like managing class assignments and prioritizing academic and social life tasks into overwhelming barriers [10]. Normal developmental challenges are amplified due to inherent deficits in self-regulation [11] as well as lack of external supports [12]. In fact, college students with ADHD are believed to have a “double-deficit” as a result of their diagnosis, emerging adulthood, and the college environment [11]. It is clear that college students with ADHD are an at-risk population who might benefit from interventions.

The NIMH Multimodal Treatment of ADHD Study [13] found that psychosocial treatments, in combination with medication, resulted in the best outcomes for individuals with ADHD. Medication can lead to a reduction in core ADHD symptoms; however, many treated individuals continue to fall well below their peers without ADHD in terms of lower executive functioning and continued psychosocial impairment [14]. Among the psychosocial treatments, positive results have been found for cognitive behavior therapy (CBT). There are many empirical studies of CBT treatments for adults with ADHD, and positive effects have been found for time management, organization, and planning [15–23]. In fact, it is believed that CBT for adult ADHD meets American Psychological Association (APA) Division 12 criteria for “at least” a “probably efficacious treatment” [24•]. These studies

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do not specifically address college students. However, their outcomes, which emphasize behaviors such as time management, organization, and planning, suggest that CBT treatments would likely be associated with positive academic outcomes in college students.

An offshoot of CBT-oriented therapy that has grown significantly and gained popularity in recent years is ADHD coaching [9, 25–28]. The primary aim of this paper is to describe ADHD coaching for college students and discuss how coaching is different from standard CBT treatment. This is followed by a review of empirical studies of the effectiveness of ADHD coaching for college students. Finally, some specific considerations and procedures used in coaching are described. Conclusions discuss the need for future research.

What Is ADHD Coaching?

ADHD coaching is a psychosocial intervention that helps individuals develop skills, strategies, and behaviors to cope with the core impairments associated with ADHD. Most coaching programs are primarily based on a CBT approach and target planning, time management, goal setting, organization, and problem solving. A review of the ADHD coaching literature [29] (also referred to as Executive Function Coaching) states that the main goal is to improve executive functioning (EF) skills. Citing [30], they further give examples of EF skills as being time management, prioritization, developing realistic plans, activating and sustaining effort over time, remembering goals, and regulating emotional reactions.

How Is Coaching Different from Cognitive Behavioral Therapy?

Coaching has more similarities than differences with traditional CBT counseling [31]. The following compares the two approaches with respect to the underlying premises, processes, and anticipated outcomes.

Foundational Principles Most current ADHD coaching programs are based on the premise that, due to biologically based deficits in executive functioning, individuals with ADHD have deficits in specific areas that result in impairments, and that behaviors can be modified via a skill-based intervention [32••]. While quite similar in scope, CBT-oriented work with college students is more likely based on the premise that the experience of growing up with ADHD (often undiagnosed) and then encountering unexpected and overwhelming difficulties in college may lead to the development of many self-critical thoughts and potentially maladaptive beliefs about the self, the world, and the future; i.e., the traditional cognitive triad [33].

Processes Coaching is a pragmatic, behavioral, results and action-oriented approach, as opposed to CBT, which is a more insight-oriented, intellectual approach [26, 34]. Coaching focuses on what, how, and when, rather than why [35]. Coaching tends to focus on more specific goals, whereas CBT attempts to train general coping skills [36].

Goals and Outcomes Many coaching interventions address the academic, vocational, and interpersonal life difficulties that are a result of deficits in executive functioning [32]. Goals in coaching tend to be more focused on specific behaviors than in therapy. A recent study showed that the most common coaching goals for college students involved time management, academic performance, and study skills [37•]. Prior to college, parents provide structure to compensate for deficits associated with ADHD [30]. They help their child get to school in the morning, oversee homework, keep a schedule of activities, find lost items, provide reminders of activities and class assignments, and generally oversee their child's life [32]. ADHD coaching programs for college students often take over where parents leave off and gradually help the college student to learn to manage their own life. Although coaching can include an emphasis on how thoughts affect behaviors, the primary focus is on skill building, goal setting, and life management. Table 1 summarizes the many goals seen in coaching interventions with college students. However, many of these could also be found in a CBT-oriented intervention.

In summary, there appear to be more similarities than differences between coaching and CBT-oriented therapy with college-student ADHD clients, and this will vary based on the specific practitioner. Most interventions that label themselves as ADHD coaching tend to utilize a CBT orientation, rely on psycho-education as a component, are results oriented, and have specific behavioral goals. Coaching focuses on the core symptoms of ADHD (inattention, impulsivity and hyperactivity) and teaches skills based on the primary impairments associated with those symptoms (time management, organization, planning, and problem solving). CBT interventions may well cover the same areas, but may be less skill based and depend more on the cognitions that underlie behaviors. An overall examination of coaching programs versus those characterized as CBT show blurring of many of these distinctions. Both coaching and CBT interventions with college students with ADHD are tasked with helping an individual with a common set of impairments cope with a fairly common set of challenges.

Empirical Support for ADHD Coaching

The next two sections will review empirical studies of group and individual ADHD coaching in college students. In the first

Table 1 Common goals in ADHD coaching programs

Target Area	Specific Components
Academics	Studying, note taking, memory skills, writing, paying attention and focusing in class, accessing accommodations.
Time management	Setting and keeping goals, scheduling, overcoming procrastination, setting reminders, using calendars and planners, being on time.
Organization	Organizing home and study areas, finding places for everything.
Career planning	Evaluating and identifying a career. Planning steps in reaching that career goal.
Healthy habits	Maintaining healthy eating, sleeping, and exercise routines.
Life skills	Managing finances, managing a home or apartment, becoming independent from parents.
Problem solving	Breaking down tasks, identifying barriers, making good decisions.
Psycho-education	Educating oneself about ADHD, engaging in self-advocacy.
Social	Managing and establishing healthy relationships, communication, emotional control, and self-esteem.
Medication	Managing medication.
Motivation	Utilizing self-reinforcement to accomplish goals.
Handling stress and anxiety	Managing life skills so that anxiety and depression associated with impairments is lessened.

section, the authors specifically use the term “coaching” to describe the intervention. In the second section, the term coaching is not used; however, it is clear that the intervention is primarily focused on one or more of the following areas: psycho-education about ADHD, general academic functioning (study skills and learning strategies), time management, organization, planning and goal setting, problem solving, or motivation. Although many coaching programs use a CBT framework, interventions that specifically refer to themselves as primarily cognitive behavioral therapy or counseling are not reviewed here.

There are limited empirical studies of individualized programs for college students that are self-described as “coaching.” A single case study of a college student engaged in a structured 8-week coaching program focused on long-term goals, weekly objectives, and rewards and consequences for short-term gains [38]. Results indicated improvement in study skills and learning strategies, increased study time, and achievement of personal course-related goals. A 5-year follow-up of that coaching methodology [39] evaluated 148 coaching clients seen by 26 different coaches-in-training. All of the coaches were doctoral students just learning the process and working with their first coaching clients. Despite this, significant 8-week gains were found on 10 different learning and study strategies, self-esteem, satisfaction with school and work, and a reduction in emotional distress. The largest effect sizes were found for time management and concentration. Additionally, a repeated measures design was used to look at weekly progress in coaching [37]. A variety of processes were evaluated that predicted successful completion of goals in a group of 34 college students. It was found that students who used self-imposed incentives or consequences as motivators

(e.g., small rewards or withholding of activities such as leisure time) had a significantly higher level of overall task completion. The most common barriers to successful goal completion were lack of motivation and poor time management.

Several studies of ADHD coaching in college students by the same research team [30, 40] found that participants engaged in more positive thoughts and behaviors, such as taking greater responsibility for one’s actions, using goal-attainment skills, modulating emotions, and increasing positive expectations for performance. They also reported improved study skills and learning strategies. A similar study [41] utilized a large college-age sample with a no-treatment comparison group and found that 6 months of ADHD coaching resulted in higher scores on study skills and learning strategies. Additionally, researchers [42] evaluated 24 college students using a non-randomized control group, with 12–24 sessions over a two-semester period. Their qualitative analysis of survey data revealed positive results for the coaching group. Peers have also been used as coaches, in a group format [43]. After 2–10 sessions, improvements were found on measures of self-efficacy, motivation, time management, anxiety, and test-taking strategies.

Interventions Not Specifically Designated as Coaching

Although not specifically identified as ADHD coaching, other investigators have described programs for college students with ADHD that appear to be very similar to programs described as ADHD coaching. The individual programs are described first, followed by the group programs.

An “individualized strategy instruction” intervention [44] emphasized self-evaluation of academic skills and behaviors, selection of individualized specialized learning strategies, and explicit and systematic instructions for college courses.

Strategies were geared towards specific academic skills such as organization, test taking, study skills, and note taking; as well as specific achievement areas such as reading, writing, and math. A combined sample of 46 students with either ADHD or LD were enrolled in the program for 1–2 semesters and received 1–3 individual sessions per week. Positive results included an increase in GPA. It was suggested that the individualized approach and the supportive relationship of the “strategy instructor” were beneficial. Barriers to success were pre-existing academic skill deficits, co-morbid emotional issues, and medication issues.

The “Personal Strengths Program” [45] evaluated seven college students with LD and/or ADHD. Based on self-determination and positive psychology, this intervention used guided cognitive strategy instruction to assist students in identifying and using their strengths to achieve weekly academically related goals. Students met with a personal strengths coach for 8 weeks, 1 hour per week. Topics included self-awareness, character strengths, learning strengths, assertive communication and negotiation, and using feedback and maintenance. There were no significant results regarding self-determination; however, participants did report that the program was a positive experience resulting in self-perceptions of control over one’s life both in and outside of school.

A mixed individual/group intervention [46•] called “Accessing Campus Connections and Empowering Student Success (ACCESS)” was based on CBT and mentoring. The intervention utilized a CBT approach [18, 47] and involved 8 weeks of active group intervention, during which time students also met with individual mentors. This was followed by a maintenance phase of two booster sessions utilizing a group format and 5–6 additional mentoring sessions. Topics included psychoeducation, skills training, organization, time management, adaptive thinking, and identification of campus resources. The 43 participants in the program evidenced an overall improvement in organizational skills and executive functioning, reductions in maladaptive thinking and inattention, and trends towards reductions in anxiety and depression.

A “skills training” program [48•] targeted organization, time management, and planning (OTMP). This intervention was a condensed version of a CBT-based program [47•] and was comprised of three weekly, 1-hour group intervention sessions, with take home exercises. The pre-post control group design found that the intervention group had less academic impairment, increased use of OTMP skills, and decreased symptoms of hyperactivity and impulsivity.

A “dialectical behavior therapy group skills training” [49•] was adapted for college students. This randomized controlled study included 33 undergraduates, with half of those in a control group that received skills handouts. Components of the intervention were psycho-education, organization, planning, time management, structuring the environment, and stress

management. Pre-, post-, and 3-month follow-up revealed that the intervention group had a decrease in inattentive symptoms; increases in executive functioning skills, quality of life, and mindfulness; and a trend towards improvement on continuous-performance-task measures. There were no post-test group differences in anxiety or depression.

In summary, the empirical studies of ADHD coaching for college students utilize a variety of specific techniques; however, the results are generally positive with regard to specific skills, goal completion, and emotional functioning. Most sample sizes are small and outcome measures are limited. Process-oriented studies have rarely been conducted, so it is unclear what variables lead to positive outcomes. Compared with the empirical studies of CBT treatments, coaching outcomes appear to be more directly related to academic concerns. However, the empirical studies of ADHD coaching have not yet determined whether treatment has a direct relationship with school grades or graduation rates.

Specific Considerations and Procedures Used in ADHD Coaching

This section describes some common considerations that appear to be anecdotally beneficial when conducting coaching with college students, as well as some common procedures that are employed.

Suitability of the Client for ADHD Coaching

An initial screening is recommended to determine the suitability of the college student for ADHD coaching. This can be done via a brief interview or by using a written application. If a college student primarily wants to work on time management, procrastination, organization, lack of focus, impulsivity, or motivation, then they are likely to benefit from ADHD Coaching. Coaching clients must acknowledge and accept that they have a condition that needs to be actively managed [27]. Clients need to be willing to commit to the process and be motivated to invest time and energy into coaching. College students should be free from psychiatric disorders such as major depression or bipolar disorder, anxiety disorder, substance abuse or dependence, or other major mental illness. Issues such as anxiety and depression do not rule out ADHD coaching; however, the mental health issue should not be so severe as to overwhelm the ability of the client to work on issues primarily related to ADHD symptoms. Many college students with ADHD have anxiety or depression directly related to their symptoms. If they are struggling academically and feeling overwhelmed, this can lead to frustration, anxiety, or depression. Helping them manage their symptoms of ADHD can lessen their anxiety or depression. Alternately, a student may have mental health issues so severe that ADHD

coaching needs to be delayed until their condition stabilizes. In this case, encouraging them to visit their university counseling center would be a good option.

Motivation

The college student's motivation should be evaluated prior to accepting them for ADHD coaching. It has been documented that low motivation is correlated with poor progress in coaching [50]. In the clinic with which the author is affiliated, it is common for parents to call and request coaching; we have found that it is useful to inform parents that the student must make contact before being accepted into coaching, and college students should be encouraged to pay some or all of the fee. When parents make all the arrangements, the college student frequently does not follow through. The college student should have specific goals in mind and motivation to attend other than that the parent has requested it [32••].

Psycho-education

Psycho-education can begin immediately, but will often continue over the entire course of treatment. The main goal of psycho-education is to improve the client's understanding and awareness of ADHD [51]. Previous investigations [15, 52, 53] concur that psycho-education can offer insights into past difficulties, decrease feelings of guilt, and improve the general functioning of the patient. When students are aware of the neurological differences in their brain, it removes the possible stigmas associated with diagnosis and allows the student to be more receptive to receiving services [29]. Some students may respond to academic difficulties by becoming discouraged in their abilities, resulting in negative self-attributions and subsequent self-defeating behaviors [33]. The more a client understands how ADHD affects them, the better they will be able to identify their highest-priority goals and make realistic decisions about their treatment [26].

Understanding the Etiology of ADHD

There will be wide variation in the client's knowledge about ADHD. A basic understanding of the biological underpinnings of ADHD will be especially helpful. Some clients have been told that they are "stupid" or "lazy" [54]. There are also many myths about the etiology of ADHD that are unhelpful. Research shows that neurological and genetic factors (e.g., pregnancy and birth complications, acquired brain damage, toxins, infections, genetic effects) are the greatest contributors to ADHD [55]. It may be the case that some individual clients have lower than average IQ or are unmotivated, and these issues would certainly need to be taken into account during

coaching. However, it is not helpful if a client believes this is the cause of their symptoms and behaviors. Likewise, we know that there are many lifestyle factors that can exacerbate impairments, such as poor diet, lack of exercise, or drug and alcohol abuse [55]. Education regarding the cause of ADHD can be enlightening for many college students, and motivate them to make connections between lifestyle and subsequent outcomes. This can help them to realize that change is possible.

Understanding Disability Rights

Psycho-education can also be important for students with regard to their rights regarding evaluations and subsequent disability services [56]. For college students, the Americans with Disabilities Act of 2008 will be relevant [57]. A variety of modifications (e.g., shortened assignments), accommodations (e.g., having a test read out loud), and interventions (e.g., remedial reading class) have been utilized for individuals with ADHD, but not all of these have been shown to be effective [58]. Therefore, it will be important for the coach to help their client understand the empirically supported benefits of different accommodations.

Medication

Whether or not to use medication needs to be the decision of the college student. However, it is common to discuss this issue and help the student to make an informed choice. The evidence in favor of medication is positive: psychostimulants such as methylphenidate and amphetamine are associated with 70 % response rates, which increases to 90 % when non-responders are switched to an alternative stimulant [59]. Psychostimulants appear to reduce the core symptoms of ADHD and also improve academic task performance and increase productivity [60, 61]. In a study of undergraduate students with ADHD, 92 % believed that medication helped them academically [5], while other work with undergraduates suggested that the use of an amphetamine improved study habits and the chances for academic success [14]. The ADHD coach should present a balanced picture regarding the pros and cons of medication. Students treated with psychostimulants are most likely to achieve improvements in academic and work-related performance because of alleviation of ADHD symptoms and not because psychostimulants directly improve their skills. The student will still need to change many behaviors in order to accomplish goals. Students should be encouraged to carefully monitor their medication, as it may take several months to achieve the best dosage and type of medication.

Conclusions

More research is needed that provides empirical support for ADHD coaching with college students. It is clear that coaching can be beneficial; and a wide variety of specific techniques have been shown to have positive outcomes. However, we need a better understanding of the specific processes that work. For example, what increases attendance? What improves motivation? Is group coaching as efficacious as individual? Are there moderators and mediators that affect the relationships between independent variables and outcomes? Are there specific topics that need to be included or is a client-driven selection of goals preferable? How many sessions are optimal? Do those with primarily inattentive type have different needs than those with combined type? What is the incremental value of coaching over pharmacological interventions? How should co-morbid mental health issues best be treated? What are primary barriers to success? As coaching in its many forms continues to grow in popularity, it is anticipated that answers to these questions will make coaching a staple of the college intervention package.

Compliance with Ethical Standards

Conflict of Interest The author declares that she has no conflict of interest.

Human and Animal Rights and Informed Consent This article does not contain any studies with human or animal subjects performed by any of the authors.

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