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For Families & Adults with Attention-Deficit/Hyperactivity Disorder

Who did this young man grow up to be?

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## Complementary Interventions

# Just what is Coaching?

by Joel L. Young, M.D. and David Giwerc, MCC

**AD/HD coaches help clients develop problem-solving skills to cope with their AD/HD, often a valuable complement to medication management.**

MANY PATIENTS and physicians are beginning to realize the value of including an AD/HD coach as a part of the treatment team. Just as an athletic coach motivates an athlete, coaches for AD/HD can help motivate their clients. While therapists are highly educated and licensed professionals, coaching is still an emerging field with no currently recognized educational requirements.

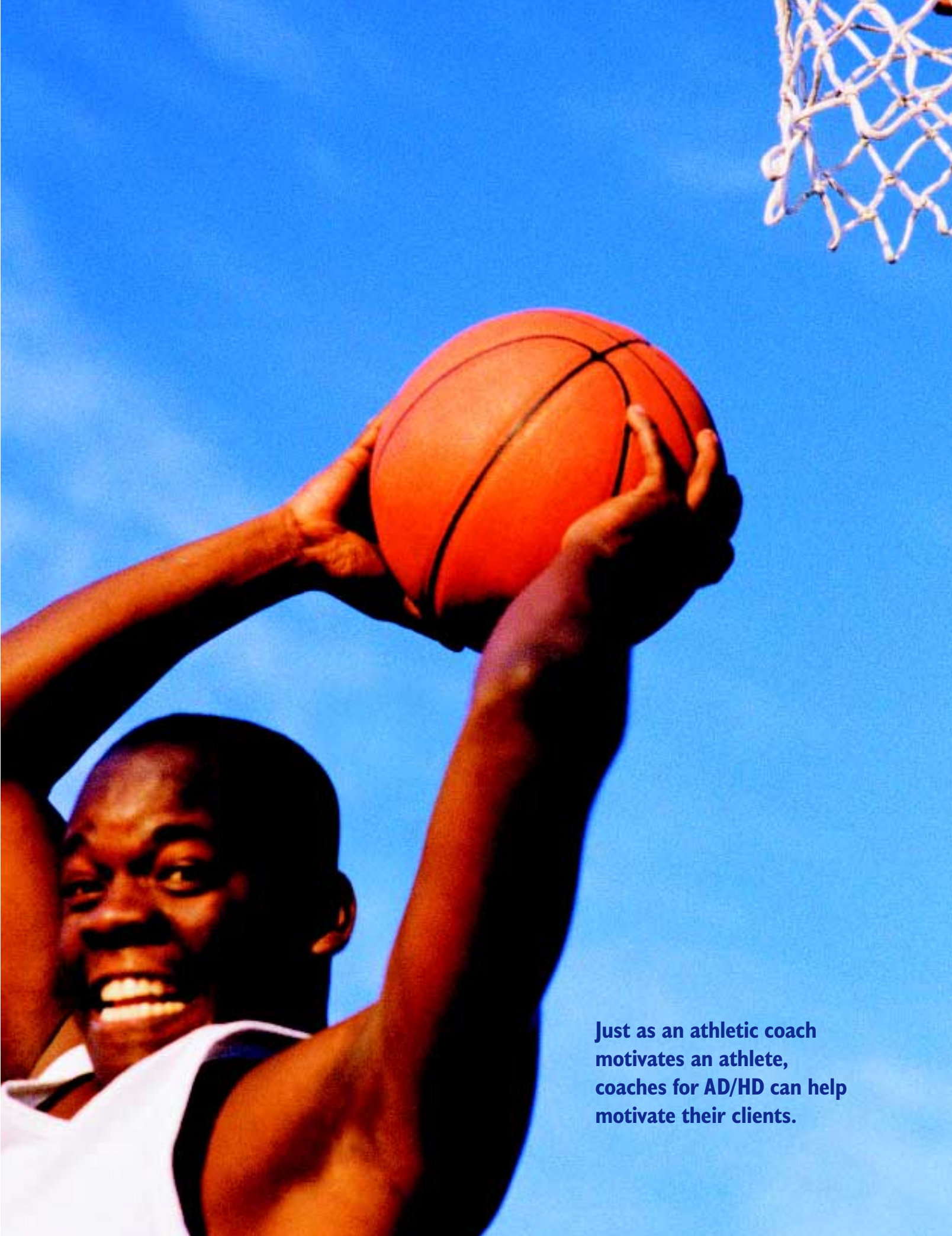
Although AD/HD is generally considered a childhood disorder, at least 67 percent of children with AD/HD continue to exhibit varying degrees of the disorder into adulthood (Barkley, 2001). Some sources claim an even greater prevalence. In fact, the exact number of adults who have AD/HD remains unknown.

Wender (2000) notes that the negative consequences of AD/HD are greater for adults than for children. While impulsivity in the classroom may only result in a teacher's reprimand, impulsive adult activities may have more serious consequences. Adults with AD/HD are more likely to have driving accidents, license suspensions and speeding tickets. They can be impulsive shoppers, become involved in unwise business activities and may have short-lived romances and marriages. Wender also notes that spouses of adults who have AD/HD feel unheard and unimportant.

In fact, adults who have AD/HD face many unique challenges that are a direct result of their disorder. These include problems with interpersonal relationships, difficulties getting and keeping jobs and other lifelong impairments. The adult who has undiagnosed or untreated AD/HD often does not understand the condition or how it impacts the lives of those who have it.

Better diagnostic techniques and therapeutic interventions have made it easier for physicians to care for patients who have AD/HD. The physician, typically a

**Editor's note: Since there is no published empirical literature on the effectiveness of AD/HD coaching, the suggestions provided here are based on clinical experience and principles of behavioral change.**



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pediatrician, psychiatrist or primary care doctor, must be comfortable in making the diagnosis. Since research clearly indicates the role of psychopharmacology as an AD/HD intervention, the physician must be proficient in managing any medications used to treat the disorder and any comorbidities present.

Medications can improve focus and reduce other symptoms of AD/HD. However, medications alone cannot teach the patient how to compensate for unlearned life skills. For example, people acquire social skills and "good manners" during childhood. Socially appropriate behaviors are expected to be well established by the time the patient enters adolescence or young adulthood. Unfortunately, the child with AD/HD often does not learn age-appropriate social behaviors, and the gap between expectations and performance continues to widen as the child grows. Socially inappropriate children become socially inappropriate adults, often with unfortunate consequences.

### Exploring New Treatment Options for AD/HD

To help address these behavioral components of AD/HD, physicians rely upon other mental health professionals such as psychiatrists, psychologists or clinical social workers. The combined efforts of the clinician and psychotherapist allow greater patient access to the clinician for medical management. This team approach provides the patient with AD/HD with appropriate support for the therapeutic issues that frequently accompany the condition. Surveys of physicians indicate that general practitioners view their role in the care and treatment of patients who have AD/HD as largely supportive in nature and involving close liaison with specialist services (Shaw et al., 2002).

Unfortunately, other important issues such as cognitive restructuring needs, time and stress management, self-esteem and relationship difficulties are often not within the domain of the psychotherapist. AD/HD is not depression (although depression is a common comorbidity among those who have AD/HD). Current research indicates that AD/HD is a brain-based, biological disorder. It is not the result of childhood trauma, post-traumatic stress disorder or other conditions traditionally addressed by psychotherapy. However, while these conditions can and often do exist alongside AD/HD, they are separate from the AD/HD diagnosis.

The patient who has AD/HD also needs practical strategies that will allow him or her to accomplish even mundane daily tasks like getting to work on time, paying bills regularly and learning other basic life skills. Furthermore, adults with AD/HD are often trapped in a frustrating cycle of failure that severely limits their quality of life. One of the hallmarks of AD/HD is the gap between ability and performance. This gap must be closed or reduced if the patient is to enjoy the full benefits of treatment.

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### The AD/HD Coach

Coaches use highly pragmatic approaches to problem solving, and their use is becoming increasingly popular among high-performance individuals who may or may not wish to use a therapist. The main objective of coaching is to identify what is preventing the client from reaching a specific goal and to work with him or her to create a specific plan for reaching it.

Therapy and coaching are *not* the same, and the two disciplines are not interchangeable. While therapists are highly educated and licensed professionals, coaching is still an emerging field with no currently recognized educational requirements. Some clients with AD/HD see both a coach and a therapist as part of their personal AD/HD management program.

Coaching completes the bridge between biology and behavior and narrows the gap between ability and performance. Many patients and physicians are beginning to realize the importance of including an AD/HD coach as a part of the treatment team. And for some clients with AD/HD, their coach was the first person to not only understand their frustrations,

but to sincerely believe all of their AD/HD stories.

The less formal coach/client connection is more conducive to personal encouragement and motivation than the traditional doctor/patient relationship. Physicians can rarely provide this level of attention and encouragement within the restrictions of the typical office visit. The coach becomes the client's champion, reinforcing and reminding the individual of his or her natural talents and successes.

An AD/HD coach also creates a safe environment that encourages the honest and open communication necessary for behavioral changes to occur. This environment exists on a foundation of unconditional acceptance of the client coupled with science-based instruction about AD/HD. Within such a structure of safety, the coach focuses on identifying and acknowledging the natural talents of the individual and developing a plan to convert them into daily strengths.

Many coaches may also have AD/HD and be intimately familiar with the challenges faced by others with the disorder. Although having AD/HD is not a requirement for being a coach, those who have been diagnosed with the disorder offer their clients a heightened sense of empathy and hope that they, too, can master the challenges associated with the condition.

AD/HD coaches help clients develop problem-solving skills and strategies to cope with their AD/HD, which can be a valuable complement to medication management. In some cases, coaching may be helpful for those who are reluctant to use established forms of treatment, such as psychotropic medications or therapy. While coaching cannot replace stimulant medication as a treatment for AD/HD, a coach can provide some strategies for accommodating to the disorder. Additionally, further education about AD/HD may encourage the patient to pursue medical treatment options. Depending on the specific needs of the patient, the AD/HD coach may also address the benefits of specific lifestyle issues such as proper sleep, nutritional habits and exercise.

### Keeping the Client Focused

Patients with AD/HD have a great deal of difficulty maintaining their focus. Medication can help, but there may still be times when focus is minimal at best. The coach helps determine how the client handles different challenging tasks by identifying distinct phases of attending:

1. Focusing on the intended stimulus
2. Sustaining focus
3. Shifting focus at will
4. Hyper-focusing (intense focusing on negative thoughts that can lead to serious reflection)
5. Hypo-focusing or daydreaming (the weakest level of focus presenting the greatest challenge)

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Once the various phases have been identified and understood, the coach works with the client to develop strategies that will help maintain focus.

### Psychoeducation

Psychoeducation is an integral part of the coaching process. During this phase of the relationship, the coach educates the client about how and where the challenges of AD/HD are manifested in daily life. For example, people with AD/HD tend to be visual thinkers, and coaches are taught to use creative metaphors to help patients visualize the effects of AD/HD on their lives and how to overcome them.

During the psychoeducation phase of coaching, the coach shares information supported by scientific research about AD/HD. The coach uses the documented and proven body of knowledge from reputable and respected sources to explain the client's past inability to perform as a function of undiagnosed and untreated AD/HD, not as a result of being "broken" or having a character flaw. Understanding the effect of

**The main objective of coaching is to identify what is preventing the client from reaching a specific goal and to work to create a specific plan for reaching it.**

AD/HD on the brain and the life of an individual, can diminish—and in many cases eliminate—years of self-blaming behaviors that have contributed to the low self-esteem of the individual and the continued cycle of failure. The client learns that AD/HD is a brain-based disorder with unique strengths, while at the same time emphasizing that AD/HD is not an excuse for past mistakes or other problems.

### Professional Regulation and Standards

AD/HD coaching is one of many niches that are part of the profession of personal coaching. There is not a single entity or organization that regulates AD/HD coaching. However, there is one governing body that is responsible for monitoring the integrity of the entire coaching industry (Weiss et al., 1993).

The International Coach Federation (ICF), founded in 1992, is the largest not-for-profit professional association of personal and business coaches, boasting more than 6,000 members and 144 chapters in 30 countries. The ICF (**www.coachfederation.org**) seeks to preserve the integrity of coaching around the globe and conducts a certification program that helps establish the standard for coaches worldwide.

The purpose of the ICF Credentialing Program is to:

- Establish and administer minimum standards for credentialing professional coaches and coach training agencies.
- Assure the public that participating coaches and coach training agencies meet or exceed these minimum standards.
- Reinforce professional coaching as a distinct and self-regulating profession.

The ICF credentials of Professional Certified Coach (PCC) or Master Certified Coach (MCC) are awarded to professional coaches and coach-training agencies able to validate that they meet or exceed these minimum standards. AD/HD coaches who seek either of these credentials must meet ICF's standards.

### Skills and Training

The AD/HD coach who wants to gain the essential skills to effectively coach individuals with AD/HD should enter a training organization that not only meets ICF standards and competencies, but also provides a comprehensive understanding of AD/HD's challenges and the strategies that can be developed and employed to overcome them.

Currently there are not enough well-trained coaches who have the necessary understanding of AD/HD, its challenges and the skills required to effectively coach the large number of adults with AD/HD requesting these services. Clients should always check references from previous clients, ask prospective coaches about their training and certification and inquire about their knowledge of AD/HD. They can also ask coaches if they have an ICF credential and how long they have had it. ICF-credentialed coaches are required to maintain their designation by meeting specific educational requirements that must be documented and submitted to the ICF (recertification is necessary every three years).

When selecting a coach, the ICF offers the following recommendations:

1. Individuals should educate themselves about coaching. Hundreds of articles have been written about it in the last three to five years.
2. They should know their objectives for working with a coach.
3. They should interview three coaches before deciding on one. Ask about their experience, qualifications and skills, and get at least two references.
4. Coaching is an important relationship. There should be a connection between the individual and the coach that feels right.

AD/HD coaches support their clients in developing a comprehensive understanding of both the nature and

impact of AD/HD. Coaches who have the knowledge and ability to develop effective and customized strategies can augment the services provided by physicians and therapists.

Coaching builds hope by educating clients about their own AD/HD. Through the coaching process, clients gain an understanding that the source for many of their challenges is their disorder, not personal shortcomings. The clients' talents, which are their natural recurring patterns of success, become the foundation for effective systems and strategies that can dramatically improve their quality of life. ■

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David Giwerc, MCC, International Coach Federation, is the founder/president of the ADD Coach Academy, a comprehensive AD/HD coach-training program. Giwerc is the president of the board of directors of Attention Deficit Disorder Association (ADDA). He leads the AD/HD SIG (Special Interest Group) monthly teleclass, sponsored by the International Coach Federation, which is designed to provide a platform for coaches to learn more about AD/HD coaching. He was the producer and co-director of the well-received AD/HD Coaching video and has been a featured speaker at previous ADDA, CHADD and International Coach Federation Conventions.

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