

The Rise of Attention Deficit Hyperactivity Disorder (ADHD) Coaching: The Social Meanings and Policy Implications of a New Approach for Managing ADHD

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Coaches exist for sports, business, and even post-secondary college entrance. This study examines the emergence of ‘coaches,’ as health-related providers without a medical license, to treat or manage a medical condition, specifically Attention Deficit Hyperactivity Disorder (ADHD). ADHD is the most common psychiatric condition of childhood in the United States, with an approximate one in ten children having the diagnosis (Visser et al. 2014). ADHD is also an increasingly diagnosed condition in adults (Kessler et al. 2008; CDC 2010; Mayes et al. 2008). The prevailing view among medical and psychological experts is that individuals with ADHD should seek treatment – particularly with stimulant medications from a medical professional and/or behavioural therapy from a psychologist.

A new type of management for ADHD emerged in the mid-1990s, however, one that is purportedly neither medical nor psychological. Research on ADHD coaching is nascent; with the exception of several recent studies on its effectiveness in managing ADHD - particularly for college students - very little research exists on this approach. Little is known about how, why, and when ADHD coaching emerged, and the social meanings and policy implications of this new field for managing one of the most prevalent mental health conditions in the United States. This study is a sociological analysis of the emergence of ADHD coaching as a purportedly new model for managing ADHD. This research also examines the policy context into which ADHD coaching has emerged, and the possible implications of this approach for social policy, for clinical practice, and for individuals who are diagnosed with ADHD.

To address the paucity of research on this topic, this study had the following four key aims: 1) examine the emergence and trajectory of ADHD coaching as an alternative or adjunct to established ADHD management approaches; 2) compare the ADHD coach model to the more institutionalized psychosocial and medical treatment paradigms; 3) explore the social implications of ADHD coaching for the conceptualization, diagnosis, and treatment of ADHD; and 4) examine the potential consequences of ADHD coaching for individuals who are diagnosed with ADHD, for clinical practice, and for social policy. The following qualitative methods were utilized to address these aims: 1) ethnographic data collection at ADHD-coach related conferences (n=6), 2) content analysis of extant literature on ADHD coaching and medical and psychological approaches to ADHD treatment, and 3) in-depth interviews with a purposive sample of ADHD coaches (n=50) and ADHD coach clients (n=20).

Findings from this study indicate that ADHD coaching emerged from a group - comprised mainly of individuals personally affected by ADHD - who were dissatisfied with dominant social meanings and practices around ADHD diagnosis and treatment. This field seeks to complicate medicalized notions of ADHD that emphasize pathology and medical treatment, by instead adopting a strength-based model that emphasizes

diversity and self-actualization. Members of this field also see their role as one of advocating (e.g. within the contexts of school and work) for their clients, and engaging in broader efforts to support individuals with ADHD.

ADHD coaches have employed specific strategies in their efforts to professionalize and legitimate their approach and their field – with some successes achieved within the broader profession of life coaching. Results from this study suggest that ADHD coaching represents a possible adjunct to medicine and a challenge to certain psychological approaches to ADHD treatment. Potential barriers to ADHD coaching being adopted as a resource into ADHD-related policies, practice, and care include the absence of a formal reimbursement structure to cover ADHD coach services, lack of awareness about ADHD coaching among health care providers, and a limited evidence base to support this model.

Findings from this research inform our understanding of the individual and institutional strategies employed by an emerging, non-medical field to gain professional legitimacy and authority over a medicalized condition. This work also sheds light on the wider phenomenon of health-related coaching as an adjunct or challenge to what have long been medicalized conditions.

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