Integrating Motivational Interviewing and ADHD Coaching: A Comprehensive Approach towards Treatment for Youth

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ADHD is a common psychiatric disorder among youth. One frequent result of the symptoms of ADHD is academic underachievement. Two approaches that have been demonstrated to be useful for youth are ADHD coaching and motivational interviewing (MI). Throughout the four stages of MI (i.e. engagement, focusing, evocation and planning), the therapist encourages change in the youth through a goal-oriented communication style characterized by provoking the youth’s own arguments supporting change. MI may facilitate the achievement of SMART (Specific, Measurable, Attainable, Reasonable and Timely) goals identified at the start of ADHD coaching sessions. Further, ADHD coaching may augment the MI process in each stage leading to one comprehensive and perhaps more effective intervention. This paper describes this approach with the goal that it will begin to ignite empirical research leading to improved outcomes for youth with ADHD during their educational careers.

Keywords: Attention Deficit/Hyperactivity Disorder, Youth, ADHD Coaching, Motivational Interviewing
Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a heterogeneous disorder with different symptom profiles, and varied levels of impairments and capabilities from individual to individual (Biederman, 2005). However, one common outcome of ADHD is academic underachievement (Litner, 2003; Marshall, Evans, Eiraldi, Becker & Power, 2014; Wilson & Marcotte, 1996). Two approaches demonstrated to be useful include ADHD coaching and motivational interviewing (MI) (e.g. Langberg, Becker, Epstein, Vaughn & Girio-herrera, 2013; Field, Parker, Sawilowsky & Rolands, 2013). In this paper, the theoretical imperatives of ADHD coaching and MI are described to understand how ADHD coaching can be integrated within the framework of MI. Integrating ADHD coaching and MI during one’s educational career is proposed to lead to a greater likelihood of youth with ADHD reaching their academic goals and promoting their overall functioning.

ADHD Coaching

An ADHD coach was first described by Hallowell and Ratey (1995) as “an individual standing on the sidelines with a whistle around his or her neck barking out encouragement, directions and reminders to the player in the game” (p. 226). Common phases within an ADHD coaching program include: 1) enrolment phase 2) the pre-screening phase 3) contracting phase 4) initial session and 5) regular coaching sessions (Field et al., 2013).

Through this process, youth are provided with information on coaching, given the opportunity to contact the coach, and are evaluated in their readiness to engage within the program. Next, youth complete forms guiding the initial session where action steps towards achieving SMART (Specific, Measurable, Attainable, Reasonable and Timely) goals are developed. In this process, identifying a specific goal takes place. Next, outlining how progress can be measured is carried out. Third, whether or not the goal is achievable is stressed. Fourth, assessing the extent to which the goal is worthwhile or reasonable to focus efforts on is carried out. Finally, a deadline to ensure a timely progression towards goal attainment is set (Field et al., 2013).

Research suggests ADHD coaching can help youth achieve both life and academic goals (Parker & Boutelle, 2009; Parker, Hoffman, Sawilowsky & Rolands, 2013). For instance, towards goal attainment, Parker and Boutelle (2009) taught post-secondary students how to develop realistic plans of action and make use of campus resources. Beyond goal attainment, ADHD coaching is associated with greater levels of well-being and self-regulation (Parker, Hoffman, Sawilowsky & Rolands, 2011). Examples include improved expectations centering on performance, recognizing responsibility for one's actions, regulation of one's emotions and behaviours and entertaining more positive thoughts (Parker & Boutelle 2009). However, it is important to note that ADHD coaching does not replace campus resources such as academic advising and counselling services; rather it complements them (Swartz, Prevatt & Protor, 2005). Comprehensive support may be necessary because youth with ADHD frequently display social, emotional and behavioral problems possibly reflecting low self-confidence, self-concept and self-esteem (Litner, 2003).
Importantly, youth need to be motivated through ADHD coaching to achieve goals despite the possibility of low self-confidence, self-concept and self-esteem to experience success. To ensure the youth is properly motivated within the beginning stages of the coaching process, a coach first determines the youth’s readiness to receive coaching (Field et al., 2013). Assessing readiness would entail the youth’s willingness to set goals for him or herself and participate in the processes necessary to attain those goals such as engaging in regular contact with the coach. However, many youth with ADHD may be motivated initially but have difficulty sustaining the effort needed to achieve long-term goals. Specifically, ADHD is associated with the tendency to address rewards to be experienced immediately as opposed to persevering to glean the rewards of having achieved a longer-term goal (Sonuga-Barke, 2003).

Preference towards immediate rewards may manifest itself in a number of ways. For instance, an individual with ADHD may choose to carry out behaviours leading to rewards that are smaller but immediate, such as playing a computer game, as opposed to writing a paper and reaping the rewards of finishing it once it is done (Marco et al., 2009). It may also manifest itself in the avoidance of conditions associated with effort, boredom or frustration (Fleming & McMahon, 2012). Difficulty prioritizing, and sustaining effort may result in procrastination and overall poor performance (Fleming & McMahon, 2012). The result may be failure to complete secondary school, to move on to post-secondary school or to complete post-secondary school (Barbaresi, Katusic, Colligan, Weaver & Jacobsen, 2007; Murphy, Barkley & Bush, 2002; Wolf, 2001). In addition to ADHD coaching, MI is considered to be appropriate for youth with ADHD who are unmotivated to change their behaviours as it both diminishes resistance and enhances motivation (Hardcastle, Taylor, Bailey & Castle, 2008; Hardcastle, Taylor, Bailey, Harley & Haggar, 2013).

Motivational Interviewing

In motivational interviewing (MI), the therapist encourages change in the youth through a goal-oriented communication style characterized by provoking the youth's own arguments supporting change (Miller & Rollnick, 2013). This underscores “change talk”, described below. The processes guiding MI include engagement, focusing, evocation and planning (Balán, Lejuez, Hoffer & Blanco, 2015). Engagement centers on forming a relationship between the youth and therapist. Focusing means working with the youth to narrow in on the areas in which he or she indicates a desire for change. Third, evocation of the youth’s rationale, ability, aspiration and vow to change is carried out by the therapist. Finally, planning takes place, and is characterized by developing and formulating a plan of action to achieve a given goal. Balán et al. (2015) highlights that while this process may be linear it is not uncommon for the youth and therapist to regress back to an earlier stage.

MI is a well-supported approach in instigating change across a wide scope of behaviours including promoting physical activity and smoking cessation (Catley et al., 2016; Lundahl, Kunz, Brownell, Tollefson & Burke, 2010). Furthermore, in respect to youth with ADHD, frequently in combination with other forms of therapy, such as cognitive behavioural therapy (CBT), MI has been used successfully in interventions targeting marijuana use (e.g. van Emmerik-van Oortmerssen et al., 2013; Fleming & McMahon, 2012; Kratochvil, Wilens & Upadhyaya, 2006; McRae-Clark et al., 2010).
Additionally, in a recent study by Sibley et al. (2016), MI was provided to youth with ADHD and their parents to promote engagement. In part, as a result of high levels of engagement, the parent-teen based therapy had high completion rates and both parents and youth reported being satisfied with the intervention. Overall, blended parent-teen based therapy and MI led to improvements in symptoms and diminished impairments experienced by the youth with ADHD (Sibley et al., 2016). Importantly, MI was also used to limit drop-out rates and promote perseverance among youth with ADHD in studies by Boyer et al. (2016a) and Boyer, Geurts, Prins and Van (2016b).

Through the findings of a collection of studies, Wolraich al et al. (2005) conclude it is possible that MI techniques may lead to youth feeling an increase in control and thereby believing they can make decisions regarding behavioural and medication interventions best suiting them. Thus, perceptions of control may reduce resistance towards treatment and promote their motivation to overcome the obstacles youth with ADHD face. Moreover, Ohan and Johnston (2011) suggest strategies coming about through MI and CBT leading to adaptive coping that mitigates defensive and resistant behaviour. Finally, in a study conducted by Langberg et al. (2013), it was found youth with ADHD suggested that a strong relationship with the therapist is necessary for treatment success. In turn, to support strength in the therapeutic relationship, Langberg et al. (2013) suggest MI.

MI deviates from traditional therapies because the therapist simultaneously facilitates change in their client through taking on a “helper” role while expressing acceptance of their client's current goals, values and perceptions (Miller & Clunies, 2000). While CBT and parent-teen based therapy may augment MI, among 11 clinical trials it was determined that through solely using MI, MI therapists efficaciously helped their client change his or her behaviour. Furthermore, of the 11 trials reviewed it was determined that nine of the 11 were more effective compared to when there was no treatment, being on a waiting list, standard care or extended treatment. The rationale provided for why two of the 11 studies determined MI was ineffective is because the “spirit” of MI was not present. Specifically, the therapists delivered advice through an authoritarian means, reflecting that these therapists were not trained appropriately (Noonan & Moyers, 1997).

Given the support for MI it can be concluded that in working with youth with ADHD, MI techniques ought to be carried out. However, it has not been until relatively recently that such a claim has been made. Abele, Brown, Ibrahim and Jha (2016) emphasize the importance of MI skills among general psychiatrists and propose that such skills ought to be a graduation requirement. While suggesting it should be a graduation requirement is not specific to those working with youth with ADHD, it serves as a step forward in this direction. Overall, it is evident both ADHD coaching and MI likely have a positive influence in their academic achievement among youth with ADHD. However, the efficacy of integrating ADHD coaching and MI to promote their academic success has not been addressed. Thus, what follows describes what an integration of ADHD coaching and MI during their educational career may look like.

**Integrating ADHD Coaching and Motivational Interviewing**

**Engagement**
Engagement centers on establishing the therapeutic relationship and is the first stage within MI outlined by Balán et al. (2015). The objective is to have the youth feel relaxed with the coach and the MI techniques are used “with and for the person” (Csillik, 2015 pp. 122). The therapist and youth work alongside each other towards change consistent with the values and academic ambitions of the youth (Csillik, 2015). The youth is considered to be the “expert” and the role of the therapist is to support and guide the “expert”; the therapist is the “helper” (Balán et al., 2015; Miller & Moyers, 2006).

MI places importance on therapists manifesting acceptance, compassion and empathy, each embodied within the spirit of MI (Miller & Rollnick, 2013). Acceptance refers to the expression of “absolute worth, accurate empathy, affirmation, and autonomy support” (Csillik, 2015 p. 122). In addition to acceptance, compassion is evidenced by the therapist. Compassion is integral to the spirit of MI and understood to mean placing importance on the well-being of the youth (Miller & Rollnick, 2012). Specifically, compassion is defined by its authors as a thoughtful course of action supporting the interests and well-being of others (Miller & Rollnick 2012).

Empathy by the therapist towards the youth in MI is paramount and is defined as “to sense the client’s private world as if it were your own, but without ever losing the ‘as if’ quality” (Rogers 1957, p. 99). Specifically, in MI the therapist’s role is to listen in a respectful manner to gain an understanding of the youth’s perspective in the absence of blame, judgement and/or criticism (Csillik, 2015). Beyond acceptance, compassion and empathy, therapists continually affirm the strengths and positive traits of the youth (Csillik, 2015). It is not uncommon for youth with ADHD to suffer from low self-esteem, possibly due to repeated academic failures (Shaw-Zirt, Popali-Lehane, Chaplin & Bergman, 2005). Thus, unsurprisingly, affirming strengths and the positive traits of the youth, MI promotes treatment retention, candor and trust (Linehan et al., 2002). Retention, candidness and trust, in turn, establish engagement with the therapist. Engagement will lead to an increased likelihood the youth will take the necessary steps to achieve the academic goals he or she has identified for him/herself. In turn, through MI, the youth with ADHD will experience success.

Similar to MI, youth lead the sessions in ADHD coaching. However, it is agreed that if or when the youth shifts focus from the academic goals he or she is working towards, the coach is to refocus him or her (Field et al., 2013). Nevertheless, one facet that may be valuable in the pursuit of a strong therapeutic relationship is that the youth, and not the coaches, dictate the frequency, duration and method of contact (Swartz et al., 2005). Specifically, depending on the youth’s academic goals or schedule, for instance, coaching may be delivered through phone or e-mail, as opposed to face-to-face meetings solely occurring in the therapist’s office. Ten-minute daily phone calls may be suitable for one youth, whereas another youth may opt for weekly one-hour meetings along with regular e-mail contact (Murphy, 2005; Swartz et al., 2005). This approach encourages the youth to determine the communication styles that may help him or her to update their coach regarding the steps taken towards achieving their goals between sessions. Regular contact and choice of how contact is brought about may also help to sustain youth’s focus and motivation, which as previously highlighted are necessary factors to consider when working with youth who have ADHD.

Finally, in respect to ADHD coaching, in Swartz et al. (2005) study, youth in initial sessions are responsible for dictating what the rewards and consequences would look like
for missed meetings, meeting weekly objectives and attaining long-term academic goals. Having the youth be responsible for identifying the rewards and consequences is in line with the expectation that the youth is the “expert” and the coach is there as a support, mirroring the process in MI. Importantly, however, the flexibility inherent in ADHD coaching and the allocation of responsibility to the youth may augment MI in the engagement phase, altogether leading to a stronger foundation to enter the “focusing” phase.

Focusing

Following the development of a partnership between the youth and therapist, narrowing in on specific academic goals on which to work, represents the second step in the process of MI: the “focusing phase”. The literature on MI highlights that during the process of focusing, collaboration between the youth and therapist is maintained and the therapist continues to support the youth’s autonomy in dictating what treatment will look like for him/her (Balán et al., 2015). However, the academic literature describing MI goes into little depth about what “focusing” may look like. Descriptions of ADHD coaching, on the other hand, provide insight into how focusing may be best approached.

In ADHD coaching, Kubik (2010) emphasizes that prior to setting specific academic goals the groundwork must be laid. In the first session, the central goal in the ADHD coaching program is to make individuals aware of the emotional, behavioral and cognitive outcomes that result from their ADHD. Importantly, these outcomes may be influential in the education of youth with ADHD. Self-awareness is intertwined throughout the ADHD coaching sessions as coping methods are established. Similarly, interactions within the home and school environment are addressed, centering on the use of excuses, blame, and defensive behaviors. The self-awareness developed through discussion and documentation also leads to establishing methods of coping, helping to manage and deter such behaviors. Finally, adults in their study gained, through the use of a planning journal, an accurate understanding of their day-to-day activities and the occurrence of both external and internal distractions impeding their work. The techniques used in their study are not typically carried out in MI programs but, given the success of the coaching program, may be worthwhile to integrate.

As highlighted, the techniques used in Kubik’s (2010) study promote self-awareness and may be thought of as existing on a bridge from the engagement phase to the focusing phase in MI. Once engagement has been passed through successfully, it is likely necessary to address the unique challenges associated with having ADHD prior to identifying goals as in Field et al. (2013) and Swartz et al. (2005). In Kubik’s (2010) study, adults developed their sense of self-awareness, the absence of which could hinder the success of the focusing stage. Specifically, the adults need to have an accurate understanding of themselves and their abilities for them to set realistic goals. Self-understanding is especially noteworthy when working to develop academic goals with youth with ADHD as research indicates their self-perceptions may not be as accurate as those of their peers without ADHD (Krueger & Kendall, 2001). For instance, if a youth with ADHD overestimates his or her academic abilities, he or she may be less likely to see purpose in coaching or setting goals because he or she may already be satisfied with their current level of academic achievement. Failure to see where improvements could be made would also have implications in the extent of success MI would have for a youth.
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with ADHD. MI therapists, as previously highlighted, are accepting of the youth. Thus, if the youth does not see that change needs to be made, the therapist needs to be accepting of their youth’s current values and perceptions or therapy will be unsuccessful.

If the youth with ADHD wants change to take place and self-awareness to develop, the initiation of SMART goals can be identified, as in the Fields et al. (2013) study. Swartz et al. (2005) also describe how goals can be identified through differentiating between long-term academic goals and weekly objectives. Similar to SMART goals, long-term goals are set within the initial meeting. Long-term goals indicate overall academic performance throughout the coaching program in addition to concrete academic achievements by the youth. They are “reasonable”, “measurable”, “observable” and “specific” (p. 650). Swartz et al. (2005) also requires that the goal must be “motivating” (p. 650). The youth, and not the coach, identifies no more than three academic goals to work towards; one goal, for example, may be increasing grade point average; more than three is difficult (Swartz et al., 2005). The youth taking on the role of identifying his or her goals is consistent with the youth and therapist role highlighted in the engagement phase because, again, the youth is taking the lead in the make-up of the session. The achievement of each long-term goal is designed to be attained following the conclusion of the ADHD coaching sessions. Achieving each long-term goal facilitates the success of ADHD coaching and informs MI therapists in how to go about eliciting change from their youth while maintaining acceptance of their current goals, values and perceptions.

Finally, in Swartz et al. (2005) study, once long-term goals are determined, academic weekly objectives are identified. Academic weekly objectives are steps taken to eventually lead to the achievement of a long-term goal. They are attained with ease and promote the confidence of the youth. For instance, if a long-term goal is to attain a ‘B’ in a psychology class, a weekly objective may be to read classroom notes for 15 minutes each night. If the youth chooses, the coach can document their progress for a visual representation. Swartz et al. (2005) cites Bandura (1982) who proposes carrying out small activities supports behaviour that is task-oriented and promotes self-efficacy. Carrying out small activities leading to achieving long-term goals also informs MI therapists in how to go about eliciting change from the youth while maintaining acceptance of their current goals, values and perceptions, as highlighted previously.

Evocation

In MI, laying the foundation for evocation is to instill in youth the idea that they can make their own decisions and choose their behaviour leading to a certain academic outcome; this is closely related to the promotion of self-efficacy. Self-efficacy refers to one's beliefs regarding one's ability to change areas within one’s life (Copeland, McNamara, Kelson & Simpson, 2015). It is a powerful predictor of change (DiClemente, 1993; Stajkovic & Luthans 1998). Youth with ADHD have often experienced many academic failures in their lives, and thus it is necessary to identify successes and use failures as lessons to learn from during treatment. Identifying successes and using failures, as lessons to learn from, may promote their confidence to make academic change within their lives (Miller & Rollnick, 2012).

Whether confidence is shaken or not, as previously highlighted, youth with ADHD may be more prone to disengaging from academic goal directed behaviours. In turn, one valuable feature of MI for youth with ADHD is the recognition of ambivalence (Erickson,
Gerstle & Feldstein, 2005; Miller & Rollnick, 2002, 2012). As opposed to an indication of pathology or limited motivation, Miller and Rollnick (2002, 2012) emphasize that mixed or conflicted feelings about behaviours that are problematic are an expected and fleeting element of life. In turn, such mixed or conflicted feelings about behaviours necessitate the therapist to be accepting and empathetic (Crisp, 2015). In turn, MI therapists perceive ambivalence as resolvable through evocation techniques, and once it is resolved, change will be set in motion. Evocation techniques include change talk, complex reflections, reflective listening and summary statements.

To start, one aim of MI therapists is to have youth recognize their own capacity, need and rationale to change (Erickson et al., 2005). “Change talk”, in turn, is language delivered from the youth to the therapist making an argument against their “status quo” (e.g. “I can’t stand procrastinating for so long before studying”) for positive change (e.g. “I would be happy if I could start doing work without first wasting so much time on the computer”) (Erickson et al., 2005). MI therapists call to mind and support “change talk” but are careful not to confront youth, provide advice or address concerns regarding the youth’s behaviour without first their prior consent (Moyers, Martin, Houck, Christopher & Tonigan, 2009). Obtaining consent from the youth is consistent with the notion that the youth is the “expert” and the therapist is there to support him or her. The implication of the youth and not the therapist being the “expert” is that the youth will feel in control and hopefully facilitate an understanding in the youth that he or she can change their behavior and attain their goals.

In addition to “change talk” in MI, therapists carry out “complex reflections”. Complex reflections refer to insights delivered from the therapist to the youth. When a statement is a complex reflection is made, it encourages the youth to confirm and expand upon what has been said by the therapist, or to amend it (McCambridge, Day, Thomas & Strang, 2011). Next, in MI therapists avoid posing closed-ended questions. Vansteenkiste and Sheldon (2006) suggest that closed-ended questions may deter the youth from expressing him or herself or perhaps identifying their areas of concern. Closed-ended questions may lead the youth to be passive and the therapist to unintentionally exert and maintain control during the sessions. Thus, Vansteenkiste and Sheldon (2006) suggest that posing open-ended questions is necessary and consistent with “autonomy-supportive counselling” (p. 77). One implication of using open-ended questions is that it will allow youth with ADHD to develop their self-awareness, as previously highlighted, also a goal through ADHD coaching. Open-ended questions draw out the youth's many different perspectives and allow the youth to explore and understand those perspectives and how those perspectives may facilitate or impede change.

Next, “reflective listening” is meant to clarify the meaning of statements made by the youth and allow them to resonate. It involves the therapist repeating the youth’s words verbatim or with a different emphasis (Vansteenkiste & Sheldon 2006). The purpose of reflective listening is to bring awareness to youth of their actual thoughts and emotions for them to be recognized. In turn, reflective listening is associated with autonomy support (Vansteenkiste & Sheldon, 2006). Finally, “summary statements” encompass the integration of the advantages and disadvantages of the youth’s behaviour by the therapist who thereby ensures the situation has been reflected upon accurately. Overall, summary statements promote self-awareness and are also consistent with promotion of “autonomous decision-making” (Vansteenkiste & Sheldon 2006, p. 76). In
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other words, reflective listening and summary statements are critical in MI because they make it possible for youth to delve deeper in their thoughts and rationales for their current behaviour and the possible positive outcomes of changing their behaviour, leading to greater academic success.

Beyond evocation techniques, therapists do not confront or coerce the youth; instead they provide options and encourage choice (Csillik, 2015). The objective of MI is to take into account the youth's academic goals, values and perceptions, reflecting acceptance. In turn, taking into account the goals, values and perceptions a youth has will evoke intrinsic motivation to make changes as opposed to the therapist imposing change, preventing intrinsic motivation (Csillik, 2015). Consistent with this approach is the central assumption in MI that youth have insight, experience, knowledge and creativity the therapist can then draw upon (Miller & Rollnick, 2012). Specifically, therapists elicit the youth’s motivation and arguments he or she has for change. Generally, MI evokes what is present as opposed to filling in what is absent (Csillik, 2015). The notion of evoking what is present is critical in the process of youth with ADHD developing self-awareness and beginning to understand that they have the ability to change their behaviour leading to the achievement of their academic goals, much in the same way as reflective listening and summary statements do.

Methods of evocation in MI are similar to techniques practiced in ADHD coaching. For instance, throughout the process of coaching, coaches actively listen and encourage self-discovery through self-reflective questions. Ultimately, however, youth are accountable for attaining the academic goals they themselves have set out to accomplish. One of the aims of having youth be accountable is to help youth develop a greater understanding of the behaviours either facilitating progress towards achieving their goal, or hindering them from achieving it (Quinn, Ratey & Maitland, 2000). For instance, in order to have youth begin to think about their behaviour, ADHD coaches pose questions as opposed to making recommendations (Quinn et al., 2000). ADHD coaches avoid telling youth how to carry out given behaviours; instead coaches ask youth what is important and helpful to them (Parker et al., 2011). Shifting from telling to asking is called the “inquiry” model (Parker & Boutelle, 2009, p. 205). The inquiry approach aims to improve upon the youth's ability to “stop, reflect, and develop more realistic plans” as the youth's sense of self-awareness improves (Quinn et al., 2000 as cited by Field et al., 2013 p. 67).

Finally, evocation techniques including change talk, complex reflections, reflective listening and summary statements in MI can facilitate the usefulness of the “inquiry” model in ADHD coaching. For example, in the study conducted by Field et al. (2013), coaches aim to prompt youths' own ideas as their ability to focus, plan and take steps towards their goals improve. Furthermore, ADHD coaches pose questions encouraging devising plans and contemplation among the youth they are supporting. As emphasized previously, the notion that the youth is the “expert” reflects the understanding from the coach that it is the youth who are aware of the strategies most appropriate for them. The coach, on the other hand, is needed to support the youth in their use of the strategies (Quinn et al., 2000). The coach taking on a supportive role, in turn, is consistent with successful MI. Overall, it is clear that there is overlap in the evocation methods used in MI and ADHD coaching. However, learning from one another and combining the use of
their tools to help the youth with ADHD achieve their academic goals would likely lead these youth to experience the most success.

**Planning**

In MI, planning refers to the collaboration of developing a plan designed to help youth to achieve their goals (Balán et al., 2015). However, like the “focusing” phase, the academic literature on MI goes into little detail about what planning may entail. The academic literature on ADHD coaching, on the other hand, describes a methodology to facilitate planning also appropriate within the context of MI. To begin with, ADHD coaches consistently inquire about the youth’s goals and are attentive to the emotional and physical welfare of the youth (Parker et al., 2013). For example, to help the youth achieve a greater sense of well-being, coaches will teach their youth to make use of time management aids, such as cell phone alarms, as reminders. Further, the coach may help the youth design more balanced schedules involving exercise and getting enough sleep (Parker et al., 2013). Quinn et al. (2000) goes on to describe, as previously highlighted, the need for coaches to follow up with the youth through phone or e-mail to facilitate progress towards behavioral change. This approach has proved to lead to attaining academic goals through self-determined means whilst minimizing non-clinical day-to-day anxiety and stress (Parker & Boutelle, 2009).

In the process of youth ascertaining or sharpening up their plans, one role of the coach is to assist in breaking down their larger goals into smaller tasks. Additionally, coaches may encourage methods of retaining the ways in which to behave towards task completion (Parker et al., 2013). This process is facilitated through having the youth use their planning journals and notify their coach of where they are in the process of completing the project during weekly check-ins as carried out in Kubik’s (2010) study. In order to carry through with a plan successfully, the youth may need to respond appropriately to situations that are difficult, especially ones hindering goal attainment. Kubik (2010) suggests role-playing may be advantageous in ADHD coaching to provide adults (and most likely youth) with the chance to develop or improve upon their reactions to situations which possibly pose a challenge. Role-playing may help youth identify where their difficulties lie in a concrete manner. MI does not use role-playing, but when working with youth with ADHD it may be beneficial for the MI therapists to implement it.

A final element of ADHD coaching is between-session assignments (BSA’s). BSA’s are tied into the process of following through with a plan. However, it may be important to not present it as homework, but rather as an “experiment” as described in Boyer et al. (2015, p. 1079). Presenting it as an “experiment” as opposed to homework is due to the tendency of individuals with ADHD to perceive homework in a negative light. The “experiment” involves having youth carry out self-help activities in between sessions to help make the most out of sessions (Prevatt & Yelland, 2015). In assigning BSA’s Prevatt, Lampropopoulos, Bowles and Garrett (2011) highlights that it is necessary to connect the BSA to “specific” and “limited goals” (p. 23). Further, the BSA itself needs to be “clear”, “attainable” and “objective” (p. 23). For instance, it was found that, through writing down the BSA, youth, in turn, devoted greater time towards its completion (Prevatt et al., 2011). Prevatt et al. (2011) suggests that writing down the BSA: 1) helps youth who tend to not remember; 2) prevents confusion possibly coming about as a result
of not understanding the specific requirements for the BSA and 3) offers a visual cue acting as a motivation for finishing. Finally, it is paramount that youth understand the link between BSA’s, and the overarching goal of coaching sessions to promote compliance in completing them (Prevatt et al., 2011).

BSA’s often involve assignments aiming to have the youth develop recognition and insight into their behaviours and thought patterns. The goal, in turn, is to have the youth understand his or her problems and begin to implement solutions (Prevatt & Yelland, 2015). Having the youth develop an understanding of his or her problems and implement the necessary solutions is consistent with the intentions of MI. Specifically in MI, the therapist's aim is to have the youth identify where their problems lie and generate solutions on their own without their explicitly identifying them to the youth. Similar to role playing, BSA’s are not carried out in MI. However, the success of BSA’s in ADHD coaching highlights the need for MI therapists to consider also implementing BSA’s into their practice. Similarly, MI ought to consider centering on covering objectives for the week, assignment completion, obstacles approached and solving problems as ADHD coaching does (e.g. Swartz et al., 2005). This is because, overall, this approach promotes successful planning.

Importantly, it is necessary for ADHD coaches and MI therapists to be aware of the barriers hindering BSA completion, including low motivation, avoidance or fear, inability, limited time and forgetfulness (Prevatt et al., 2011). Through recognizing barriers, ADHD coaches and MI therapists can make the needed changes and teach strategies to help their youth overcome them (Prevatt et al., 2011). Tompkins (2002) suggests that coaches ought to begin small, and build upon the activities previously carried out by their youth. It is important for coaches and MI therapists to do so as meta-analytic research demonstrates BSA’s positively affect therapy outcome (Kazantzis, Deane & Ronan, 2000).

Final Thoughts

Not all youth with ADHD have academic impairments. Furthermore, many youth without ADHD do have academic impairments (Litner, 2003; Marshall, Evans, Eiraldi, Becker & Power, 2014; Wilson & Marcotte, 1996). The impairments youth face differ from individual to individual but all youth have certain academic strengths. Strengths can be used to compensate for one’s relative academic weaknesses. Learning how to compensate for one’s own weaknesses through using one’s own strengths can be learnt on one’s own and/or through an intervention. As described above, one intervention to help in this process could be implementing a combination of ADHD coaching and MI. The combination of ADHD coaching and MI, in part, can teach youth how to identify their own academic strengths to overcome their academic weaknesses to then attain their academic goals. For instance, if a youth is goal-oriented but has difficulty with organization, the coach/therapist could help the youth identify small goals such as ensuring his/her notes are organized on a day-to-day basis leading to an organized set of notes by the end of the week or semester, in turn achieving a longer term goal. Once this youth acquires the habit of setting such goals to improve his or her organization, he or she will be well on the way to overcoming his/her relative weakness in organization.

The notion of directing MI and ADHD coaching in this manner means embracing a strength-based approach. In doing so, we need to move towards differentiation and
delivering support built within the curriculum to all students. Importantly, as opposed to delivering an intervention beginning in secondary or post-secondary school, delivering the tools fundamental to ADHD coaching and MI at a younger age may help to prepare younger people to achieve academic success upon reaching adolescence. For instance, ADHD coaching and MI in combination could initially involve younger students, identifying areas they are content with and areas they perceive as needing to be improved upon. In turn, students could be prompted to take the necessary steps to be more satisfied with their work through the principles embodying MI and ADHD coaching.

Implementing MI and an ADHD coaching program within an educational curriculum as opposed to within a “therapeutic” context may be more attractive to youth who perceive “therapy” or a formal intervention as stigmatizing. Nevertheless, in order to deliver ADHD coaching and MI one must have the necessary knowledge of both programs. Teachers, educational assistants and perhaps students themselves can become ADHD coaches through the appropriate training offered through both on and off-line formats (e.g. ADHD Coach Academy, Coaches Training Institute (CTI). Further, continual training can be accomplished through regular professional development. Moreover, while MI is traditionally delivered by trained therapists, there is substantial literature on the topic that can likely be self-taught and delivered by those working with students with ADHD. However, in addition to assessing the efficacy of a combination of ADHD coaching and MI to youth with ADHD, one further avenue for future research is to assess the efficacy of implementing for all youth a combination of ADHD coaching and an MI program by those who are not “trained”, irrespective of a diagnosis of ADHD. If this approach is efficacious it would be worthwhile as it would not be a financial burden on youth and would be more accessible, given the greater number of people able to deliver such a program.

This paper began with describing ADHD coaching and MI and the research support for each. Next, the ways in which central components of ADHD coaching could be implemented within the framework of MI are outlined. Guided by theory and empirical research, we can be led to the conclusion that ADHD coaching and MI augment one another with the potential to make up one comprehensive educational intervention targeted at youth with ADHD. The next steps include empirical research necessary to begin designing and implementing the interventions that are greatly needed.

References


Integrating Motivational Interviewing and ADHD Coaching


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