ADHD Coaching Communication Modalities: An Exploratory Mixed Methods Study

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Elizabeth Ahmann[1] & Micah Saviet[2]

[1]Maryland University of Integrative Health; [2]University of Maryland School of Social Work

Background & Purpose

Background. Telephone is the most frequently used communication modality for coaching sessions in the U.S.;[1] a combination of in-person and telephone coaching is also common.[2] Coaching in person or by telephone, video-conference, or a combination of methods demonstrates positive outcomes.[3-10] Studies comparing outcomes of coaching in-person with telephone or videoconference suggest varied results.[2,9,11-13] To date, no study has specifically examined communication modalities in coaching for individuals having attention deficit hyperactivity disorder (ADHD).

Purpose. This mixed methods exploratory study:

- Reviews extant literature on ADHD coaching outcomes to identify coaching modalities used
- Surveys ADHD coaches to explore (a) the frequency of use and perceived efficacy of varied modalities and (b) coaches' views of benefits and drawbacks of each

Methods

Review of Literature. A recent literature review[14,15] identified 13 studies reporting outcomes of coaching for individuals with ADHD, all reporting improvement in ADHD symptoms and/or executive functioning (EF). Here, we reviewed these studies to identify the coaching communication modality used both in coaching sessions and in between-session accountability check-ins.

Survey. Informed consent was a prerequisite for participation in the 57-question anonymous online survey, comprised of both quantitative and qualitative questions, administered to ADHD coaches via SurveyMonkey, and collecting data that: described the coaches; identified the frequency of use of the varied communication modalities (only in-person, only by telephone, only by videoconferencing, and only a combination of approaches); measured coaches' perceived effectiveness of each modality, using seven-point Likert scales; and asking coaches' perceptions of the benefits and drawbacks of each modality.

To maximize the size of the convenience sample, self-identified ADHD coaches were recruited over an 11 week period through the website and social media platforms of the ADHD Coaches Organization (ACO), the single largest organization of ADHD coaches, with a social media presence reaching significantly beyond its membership. An optional opportunity was provided to enter a random drawing for gift cards.

One-way ANOVAs were used to determine whether there were significant differences in the frequency with which coaches used the communication modalities studied as well as their perceptions of the effectiveness of each modality.

The qualitative data was analyzed using an iterative, inductive approach based in Grounded Theory. The two researchers individually coded the data, and all discrepancies were resolved by discussion.

Results & Discussion

Literature review. Communication modalities used in the 13 identified outcome studies,[14,15] were: in-person (n=7); telephone (n=3); and a combination (n=3). Videoconference was not reported. Three studies reported between session check-ins using a combination of phone, email and text, and three reported using phone and email.

Quantitative. 117 coaches participated in the survey. Response rates varied by question, and not every question applied in all circumstances.

- **Characteristics of the Survey Respondents and the Clients they Coach: Tables 1** and **2**, **Figure 1**.
- **Use of Each Communication Modality**: **Table 3**. Overall, there is a significant difference in the average number of clients a coach worked with using each modality ($p = .03$). As distinct from the ICF's finding that telephone is the most frequently used communication modality among coaches in the U.S.,[1] in-person was the modality ADHD coaches used with the highest average number of clients; a combination of modalities was used with the lowest.
- **Factors Affecting Choice of Communication Modality**: **Figure 2**. In general, client factors (e.g., age of client, client time management) were much more common reasons than coach considerations (e.g., personal time management, office space) for choice of modality, not surprising given the collaborative, client-centered nature of coaching.[16,17] No significant difference is found between full-time and part-time coaches in type of modality most frequently used. The number of years a coach had worked with ADHD clients is positively correlated with the number of clients coached by phone ($p < .01$), but not with other modalities.
- **Perceived Effectiveness of Communication Modalities**: **Table 4**. No significant difference was found among coaches' perceived effectiveness of varied communication modalities for coaching sessions; on average coaches perceived each method as "very effective," with over 20% responding about the effectiveness of each method perceiving it as "completely effective." The number of clients (including zero) a coach worked with per week using a given modality had a significant positive correlation with perceived effectiveness of the modality (in-person, $r(77) = .25, p < .05$; phone, $r(71) = .38, p < .01$; video, $r(65) = .32, p < .01$; combination, $r(41) = .30, p < .05$).
- **Between-session Check-ins.** Almost all coaches who responded about between-session contact with clients reported having such check-ins (97-98%); most commonly at a variable frequency (58%), and, most commonly using text (85%), followed by email (72%), as in the ADHD coaching outcome studies;[14,15] and, less commonly, other modalities.

Qualitative. Analysis of the data uncovered numerous themes in coaches' reports of the benefits and drawbacks of each coaching communication modality. **Table 5** presents the most frequently reported benefit and drawback of each modality, including sample quotations, based on one round of coding.

Table 1. ADHD Coach Characteristics

Characteristic (Respondents)	N (%)
ADHD coach credentials	
Coach credentials[a] (n=67)	49 (73%)
Meets ACO coach criteria[b] (n=86)	75 (87%)
Meets PAAC coach criteria[c] (n=86)	84 (98%)
Meets ACO & PAAC criteria[b,c] (n=86)	71 (61%)
Numbers of years as ADHD coach (n=86)	
<1 year	6 (7%)
1-4 years	21 (24%)
5-10 years	31 (36%)
>10 years	28 (33%)
Occupational status (n=87)	
Full-time	41 (47.13%)
Part-time	46 (52.87%)
Geography (n=86)	
Urban	20 (23.26%)
Suburban	54 (62.79%)
Rural	12 (13.95%)
Type of coaching clients[d] (n=116)	
Individuals	115 (99%)
Families	41 (41%)
Groups	28 (24%)

Notes.
[a]48 respondents reported having credentials from one or more external credentialing body; additional coaches hold credentials only from coach training programs.
[b]The ADHD Coaches Organization (ACO) defines a professional ADHD coach at: https://www.adhdcoaches.org/policies/adhd-coach-training-programs/
[c]The Professional Association of ADHD Coaches (PAAC) defines ADHD coaching at: https://paaccoaches.org/learn-about-adhd/
[d]Some coaches work with more than one client arrangement.

Table 2. Coaches' Client Characteristics

Client Characteristics	Respondents N (%)	Client N (%)
Age of clients coached	100	1,066[a,b]
Grades 1-8	37 (37%)	88 (8%)
Grades 9-12	48 (48%)	136 (13%)
College students	62 (62%)	231 (22%)
Graduate students	37 (37%)	44 (4%)
Other young adults	32 (32%)	52 (5%)
Adults	82 (82%)	461 (43%)
Older adults	32 (32%)	54 (5%)
Client session frequency	101	1,063[b]
More than once a week	46 (46%)	41 (4%)
Once a week	89 (88%)	665 (63%)
Once every other week	59 (58%)	163 (15%)
Once a month	33 (33%)	41 (4%)
Variable	40 (40%)	132 (12%)

Notes.
[a]The number of clients per coach varied: range from 1-30; mean of 9; mode of 8.
[b]This total differs from the 964 reported in Table 2, likely due to varied numbers of respondents for different survey questions.

Table 3. Coaching Communication Modalities used with Clients[a]

Communication modality	Respon-dents	Clients N (%)	Range	Mean	Mode
Total individual clients	93	964[b]			
In person only	59	364 (37%)	1-28	6	1
Telephone only	61	274 (28%)	1-30	4	1
Videoconference	51	232 (24%)	1-20	5	2
Combination	34	105 (10%)	1-15	3	1

Notes.
[a]There is a significant difference in the average number of clients that a coach works with using each modality, as determined by a one-way ANOVA, $F(3, 201) = 3.110$, $p = .03$.
[b]964 is the denominator in calculating percentages by approach. This total differs from the 916 reported in Table 1, likely due to varied numbers of respondents for different survey questions.

Table 4. Perceived Effectiveness of Communication Modalities[a]

Communication modality	Respondents	Mean[b]
In person only	75	5.75
Phone only	75	5.75
Video conference only	70	5.94
Combination approach	45	6.13

Notes.
[a]There was no statistically significant difference in perceived effectiveness of coaching modalities, as determined by a one-way ANOVA, $F(3, 261) = 1.642$, $p = .18$.
[b]7-point Likert scale (1 = "not at all effective"; 7 = "completely effective")

Table 5. Reported Benefits and Drawbacks of Varied Modalities

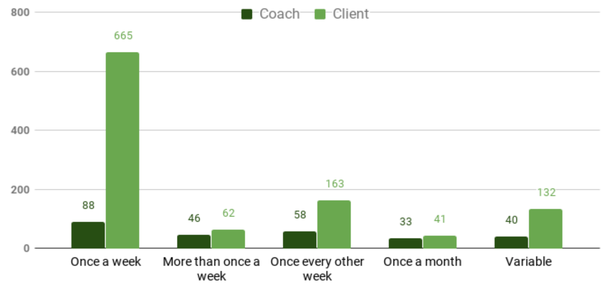
Modality	Benefits	Drawbacks
In-person	Observe non-verbal cues *"More information from body language"*	Traffic/travel time *"Traffic, risk of ticket, accident, being late, time consuming, parking"*
Telephone	Convenient/time efficient *"Efficient use [of] both of our time"*	No non-verbal cues *"Can't see facial expressions"* Multitasking/distraction *"Client can more easily multitask ... and may put less attention on the session"*
Video conference	Convenient/time efficient *"Convenience. And that's huge for people with ADHD"* Shared visuals *"I can see their calendar, to-do-list, or whatever we are working on via screenshare"*	Technology glitches *"Sometimes the internet connections are not good and we have to switch to the phone"*
Combination	Convenience/flexibility *"There are multiple ways to connect so you have options"*	None *"No drawbacks. Its my fav way of coaching"*

Limitations & Conclusions

Limitations. Most of the potential sources of bias in this study are common when using convenience samples and survey methodologies. They include: coverage error, non-response error, an inability to distinguish non-response from not-applicable for several questions, and measurement error due to possible respondent misinterpretation of questions.

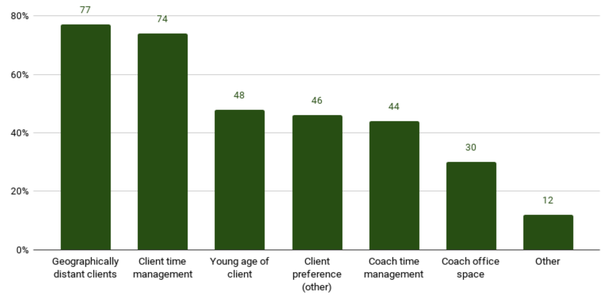
Conclusions. ADHD coaches use a variety of communication modalities for coaching sessions, most frequently meeting with clients in-person. The following factors, taken together, suggest that varied communication modalities are all effective in coaching clients with ADHD: the broader literature on effectiveness of varied coaching communication modalities; the findings from ADHD coaching outcome studies using in-person, telephone, or a combination of modalities; and the results of the present survey, in which coaches perceive in person, telephone, videoconference, and a combination of modalities to be equally effective. Nonetheless, research using objective outcome measures, as well as directly comparing different modalities, is needed in order to draw definitive conclusions about the comparative effectiveness of each modality in supporting optimal client outcomes.

Figure 1.
Number of Coaches and Number of Clients by Frequency of Coaching Sessions



Note: data from 101 responses

Figure 2.
Percent of Coaches by Factors Affecting Choice of Communication Modality



Note: Data from 99 respondents (multiple responses possible)

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References
- References available from authors upon request

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Correspondence
- Elizabeth Ahmann, ScD, RN, PCC, NBC-HWC; eahmann@muih.edu
- Micah Saviet, BS, CNA, MSW student; msaviet@umaryland.edu