

Coaching for Success

by Harriet Steinberg, R.N., M.N.

THE CONCEPT OF COACHING FOR AD/HD appeared in an article by Edward M. Hallowell, M.D., and John J. Ratey, M.D., in the January 1993 CHADD Newsletter. The role of the coach, as defined by Hallowell and Ratey, is someone to “help you get organized, stay on task, give encouragement, keep tabs on you and in general, be in your corner and on your side.”¹

A coach partners with a client to help the client understand and recognize his or her behavior in terms of the unique challenges of AD/HD: distractibility, restlessness and impulsivity. Coaches help the client plan and set realistic goals, learn how to prioritize and develop techniques to maintain focus.

Coaching is not about therapy—it is about action and it is goal-driven. The coach helps the client learn how to stay on task and how to complete projects. The coach also provides structure and support to the client around the issues of self-esteem, self-awareness and self-regulation. Coaching supports the client to change behavior, monitor progress and create accountability. The coach accomplishes this through teaching techniques of time management, spatial organization,

planning and follow through, and breaking large projects into small, manageable parts.

An example of this might be bill paying. Many of my clients have been chronically late or scattered in getting their bills paid—they accrue late fees and receive overdue notices or overdraft fees. A coach can help the client create a structure to manage this issue. A typical approach might involve:

1. Helping the client set up a schedule to regularly open their mail and sort bills.
2. Designating a specific location to keep unpaid bills.
3. Designating two dates per month to pay bills.
4. Having the client put these dates on his or her calendar, monthly planner or PDA.
5. Selecting which specific location in the house would be the best for paying bills.
6. Placing the supplies (checks, envelopes, stamps, etc.) in this location.
7. Assigning a location to store and file paid bills.
8. Making the client accountable to the coach by committing to notify him or her (via e-mail or voice-mail) when the bills have been paid.

The coach’s essential function is to question and discover how to make it possible for clients to change their behavior and accomplish their goals.



It is important to ask clients if they want to do things differently. Are their current methods working?

These activities may continue until the act of paying bills becomes routine for the client. Establishing these routines can take a lot of time and effort. Such a system could be applied to many of the normal tasks in a client's life. Ultimately, the coach's essential function is to question and discover how to make it possible for clients to accomplish their goals.

Recently, I was hired by a new client (we'll call him "Nelson") who has AD/HD, depression and a history of alcoholism. He is 40 years old, married and has an 8-year-old son, Rusty. He hired me because he wanted to change his life—or at least some aspects of it. Nelson was tired of being disorganized and functioning at a level he believed to be below his abilities. He sees a physician who prescribes medications for his depression and AD/HD. He also attends Alcoholics Anonymous sporadically. At my coaching assessment, I learned from Nelson that his wife, Ginger, also suffers from longstanding depression and probable AD/HD, and that their son has AD/HD as well. Both are on medication for their conditions. And, while the medications help with their AD/HD and depression symptoms, they don't effectively help to manage the day-to-day organizing of tasks, time or items.

Their home is very disorganized—most items do not have a "home" and a lot of money gets "lost" because of overdue bills, lost checks, library fines and the like. Nelson made it clear from the start that he does not want someone to come to their home and

just "organize their stuff," he wants someone to teach them the skills necessary to manage on their own.

He's the ideal client—he wants change and is willing to try to learn the necessary systems or methods to do so. He also appreciates the observations I make about his distractibility and what I teach him about AD/HD. He knows that learning and self-observation can help him to better manage his life.

Nelson would like Ginger to "get organized," too. I met with her and spent a few sessions working on some basic household tasks, and we set up systems for managing those duties. However, Ginger was highly distractible and didn't seem to really care very much. After meeting with Nelson and Ginger as a couple, we decided it would be more efficient to work together as a team. Ginger experiences a lot of anxiety in social settings, but gets depressed if she stays home. She also expressed a feeling of hopelessness. I offered (with their approval and a written consent form) to contact her physician and share some of my observations regarding Ginger's mood issues and distractibility.

After some adjustments to her medication, Ginger seemed to be doing better. The next time we met, we established that there seemed to be little structure in the family, so we worked on setting up some routines: a dinner hour where the whole family could sit down together to a meal, a regular bedtime for Rusty and consistency in behavior management issues between Ginger and Nelson. Some of Ginger's symptoms are apathy and social isolation, so we chose one activity (art lessons) for Ginger to investigate within the week. We agreed she would report to me via e-mail on her findings. We then set a goal of registering for the class by the following week.

Given my previous training and experience, my background works to my clients' benefit. As a nurse, I understand (and am still learning about) AD/HD and how it affects the brain, its neurochemistry and the effects of medication. As a case manager, I am comfortable and able to reach out to my client's physician and share what I see in real time and real life. As an organizer, I am able to apply systems to life, time, space and information management according to the needs of my clients. As a coach, I can question my clients, ask them how they want to change their lives and support them in doing so. I help them to learn the skills they need and hold them accountable to accomplish the things they want to do. I also try to demonstrate to my clients a model of good structure and its value, and help them build structure into their own lives.

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It is important to ask clients if they want to do things differently. Are their current methods working? Do they want some predictability and regularity to their schedules—to be able to show up to appointments or meet friends on time—get enough sleep—get some exercise—have groceries in the house to cook a few meals (not every night!) and pay the bills on time?

Of course, none of us are “perfect,” but we’re all in this together. It is encouraging to see my own personal growth as my clients evolve, and that’s one more reason why I love being a coach. ■

Harriet Steinberg, R.N., M.N., graduated from Boston University with a degree in sociology, holds an R.N. from the University of Massachusetts (Amherst), and has pursued a Masters of Nursing degree from OHSU. She practiced nursing for many years as a Certified Case Manager. Steinberg is currently an associate of the Optimal Functioning Institute, a training program for coaches specializing in AD/HD.

References

¹ Hallowell, Edward M, M.D., and John J. Ratey, M.D. *Fifty Tips on the Management of Adult AD/HD*, CHADD Newsletter, January 1993.

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