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The Effect of a Cognitive-Behavioral Coaching Model on Improving Academic Performance of ADHD Adolescents

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Research Article

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Abstract

Background/purpose. This research aims to examine the effect of a Cognitive-Behavioral Coaching (CBC) model on the academic performance of adolescents with attention deficit hyperactivity disorder (ADHD) and to analyze the relationship between academic performance, self-esteem, and relationship with parents.

Materials/methods. The sample comprised 31 students enrolled in Yeshivot (Jewish religious high schools) in Israel. Qualitative multiple case study methodology was used to examine data collected before and after intervention based on the coaching CBC model. Data were collected from two sources: (a) client files that included complete documentation of all coaching sessions and (b) semi-structured in-depth interviews. The triangulated data coming from different sources and times were analyzed and discussed from a retrospective perspective.

Results. The findings demonstrate an improvement in the academic functioning of adolescents with ADHD, particularly in the components "managing academic tasks" (73%) and "achievements" (76%). The CBC model was found to be effective in improving the academic performance of adolescents with ADHD. The relationship between academic improvement, increased self-esteem, and improvements in the relationship between adolescents and their parents is discussed.

Conclusion. The findings contribute to establishing coaching as a potentially effective intervention to train executive functions, achieve academic goals, and strengthen self-esteem in adolescents with ADHD from a qualitative perspective. In addition, information about the intervention process is provided, which may help implement this type of intervention within or outside the school context. This study focuses on a specific population. Therefore, further research applying different methodologies is needed to examine the effect of the model in broader and more diverse populations.

1. Introduction

There has been a significant increase in the number of students diagnosed with ADHD in recent decades (Kazda et al., 2021). According to Thomas et al. (2015), the rate of those diagnosed with the disorder in the world up to the age of 18 is 7.2%, and in Israel, the rate of diagnosed students is 14.4% (Davidovitch et al., 2017). Students diagnosed with ADHD have low school achievements compared to their peers(Lovett & Nelson, 2021), as well as several difficulties in their relationships with their parents (Ching'oma et al., 2022; Laugesen et al., 2016). The difficulties get worse in middle and high school, parallel to the increasing academic demands and the many environmental changes (Booster et al., 2012; Langberg et al., 2012). A few researchers have found that the impairment of executive functions (EF) resulting in a decrease in students' self-regulation (SR) can be the main cause of these students' difficulties at home and school (Barkley, 2018; Firmin & Phillips, 2009). Therefore, an effective intervention to address ADHD should include significant consideration of the functional aspects in all areas of life.

Personal coaching first appeared in the 1980s and was shown to be effective for the normative population (Biswas-Diener, 2009). Maynard (1997) and Ratey (2008) founded and developed ADHD coaching that focused on strengthening EF, a core impairment leading to ADHD (Barkley, 2015). Ahmann et al. (2017) reviewed 22 studies on the effect of coaching on children and adolescents with ADHD. They found coaching to be an effective component in the combined treatment of ADHD by alleviating symptoms and improving executive ability. Similarly, Brevik Saethern et al. (2022) and McFarlane (2023) found that academic coaching could improve goal focus, increase academic achievements, enhance relationships, and support personal well-being.

The current study is a unique attempt to examine a researcher-developed coaching model on a unique population of adolescents with ADHD studying in the institutions of the religious-national community in Israel. In these institutions, the school day lasts about 12 hours and includes prayers, Jewish studies, and studying for the matriculation exams. The data about the clients' performance was collected from the client files documenting the clients' coaching sessions and their parents' intake and coaching sessions, as well as from semi-structured in-depth interviews that took place for the study, mostly about three years after the coaching sessions ended. The data from multiple case studies were analyzed by finding patterns, and the data from the two sources of information were cross-referenced. We examined the contribution of the Cognitive-Behavioral Coaching (CBC) model to the academic functioning of adolescents diagnosed with ADHD, as manifested in the following areas: attending classes, performing tasks in the classroom, doing homework, studying for exams, managing academic tasks, having appropriate conduct with teachers, following school rules and earning academic achievements. In addition, the relationship between self-esteem and academic achievement was analyzed using participants' views.

2. Conceptual Framework

2. 1. ADHD as Executive Functions and Self-Regulation Disorder

ADHD is a chronic neurological disorder that appears before the age of 7 and has a hereditary background, manifested in attention deficits, high distractibility, impulsivity, and hyperactivity (American Psychiatric Association, 2013). The generally accepted estimate in the world is 7.2% of school students (Polanczyk et al., 2015; Thomas et al., 2015). In contrast, a longitudinal study among children aged 4-17 in the USA found a sharp increase in the diagnosis of children with ADHD, from 6.1% in 1997 to 10.2% in 2016 (Xu et al., 2018). This gap also exists in Israel. According to the data of the Ministry of Health in Israel (2023), 5-10% of school children up to the age of 12 have ADHD, but a longitudinal study found that the prevalence of ADHD in Israel was 14.4% in 2014 compared to 6.8% in 2005 (Davidovitch et al., 2017).

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We followed the path of several researchers who have claimed that the focal point of ADHD is in the executive functions (EF) (Barkley, 2022; Brown, 2006; DuPaul et al., 2009; Silver, 2010). Barkley (2011, 2015) added that ADHD is a disorder in EF (EFDD) as well as in SR (Self-Regulation) (SRDD), which are different terms used to refer to the same phenomena. EFs that enable the SR are a wide group of higher cognitive functions that include self-restraint, self-awareness, working memory, and verbal and intentional self-action (Chesner, 2005). According to Shiels and Hawk (2010) and Zimmerman (2008), self-regulation is a process in which a person sets goals and manages his cognition, motivation, and behavior according to his goals and the feedback he receives from the environment. Zimmerman and Campillo (2003) defined the three stages of SR as task analysis and planning, supervision of the execution according to the plan, self-evaluation, and drawing lessons after the execution.

2. 2. ADHD in Adolescence

According to the literature, in addition to the recognized core symptoms, adolescents with ADHD present difficulties in self-management and organization, emotional regulation, and decision-making, and these cause difficulties in various areas of daily life (Brown, 2020; Tamm et al., 2024). Although some ADHD symptoms may moderate during life, EF impairment may continue to impact the quality of life of adolescents with ADHD (Stern et al., 2012). The impairment of EF may cause low academic functioning, continuing even into the high school years in children identified with ADHD (Kent et al., 2011; Lovett & Nelson, 2021; Mackenzie, 2017; Waxmonsky & Baweja, 2019), with the main cause being the failure of self-management (Langberg et al., 2012). This failure increases during the school years (Booster et al., 2012) and especially during the transition to middle school classes (Evans et al., 2005; Smith et al., 2023), which is characterized by many environmental changes that can be challenging for these students (Langberg et al., 2012).

2. 3. ADHD Coaching as a Component of the Integrated Treatment Model

Researchers who have conducted meta-analysis studies have determined that the combined model, including medication and behavioral-emotional intervention, is the most effective for children and adolescents with ADHD, even in the long term (Jensen et al., 2001; Rajeh et al., 2017). One of the leading and most promising interventions for ADHD today is coaching (Ahmann et al., 2017). As a short-term intervention, coaching helps clients define and achieve personal and professional goals more quickly and efficiently than other interventions (Sylviane, 2014). Personal coaching adapted to people with ADHD was first developed by Maynard (1997) and later by Ratey (2008) to maximize abilities and compensate for the functional difficulties caused by ADHD. Ahmann et al. (2017) reviewed 22 studies on the effect of coaching processes on children and adolescents with ADHD. Coaching for ADHD was found to be the most effective component of the integrated treatment by strengthening EF as a central component of ADHD coaching (Tuttle et al., 2016).

2. 4. The CBC Model

The Coaching model examined in our research combines techniques and strategies from the field of cognitive-behavioral therapy (CBT) and is highly effective for coaching (Hofmann et al., 2012; Neenan, 2006; Palmer & Whybrow, 2006). CBC is based on a collaboration between the coach and the client with the purpose that the client can help himself over time. The client takes homework in each session to assimilate the learning and thereby change thinking and action patterns. Like CBT, CBC is also considered a "short-term intervention," with the duration of treatment varying according to the client's goals and the severity of his condition (Chand et al., 2022). However, while CBT is intended for clients with psychopathology, CBC addresses people who want to improve self-management skills, problem-solving, goal achievement, and overcoming barriers while developing advanced metacognitive thinking (Zadok, 2016). CBC is proven to be an evidence-based positive

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intervention for adults, with applicability in different areas of coaching (Tomoiagă & David, 2023). Specifically, the general population has shown positive effects for improving self-management, utilization of time, and achieving goals, along with reducing stress, fatigue, and burnout in a relatively short time (Ducharme, 2007; Grant, 2017; Ratiu & Baban, 2015). Friedel (2024) found that CBC was effective in enhancing the achievement of academic goals in secondary schools. Therefore, CBC can be an empowering approach for the ADHD population, yet there is a lack of research on its effects on this population.

2. Methodology

2. 1. Case Study

Our study employed a qualitative "multiple case study" method, particularly suitable for research that follows the processes of patients (Denzin & Lincoln, 1994). More specifically, we employed the collective case study method (Stake, 1994, 2000), whose purpose is to find insights and common denominators from the dozens of cases selected, given their possible contribution to the understanding of the topic under discussion (Flyvbjerg, 2011). The researcher, as the main research tool in the qualitative method (Tsabar, 2001), uses a case study when it is clear that the phenomenon or the case does exist and tries to present patterns that will enable a deeper understanding of the phenomenon being examined (Yossifun, 2016). We conducted an in-depth examination of client files that underwent a coaching process conducted using the case study. In this study, as suggested by Yin (2012), all the cases were merged to conduct a cross-sectional analysis to identify mortality and reach insights, generalizations, and practical conclusions through them.

The analysis was conducted using a thematic-inductive process, which also included triangulation of data from different sources and followed the stages of Braun and Clarke (2006): getting to know the text in depth, initial coding of the text, searching for themes, reviewing the themes, definition of topics and their implementation and creation of a theme array organized with retrospective reference to the research question.

It is accepted that 30 interviews were sufficient to provide data to discover patterns, distinguish between the random and the typical cases, and establish a representative picture of the situation (Ne'eman, 2017). We adhered to the Standards for Reporting Qualitative Research framework (O'Brien et al., 2014) when presenting the results of this research.

2. 2. Study Population

Thirty-one (N=31) boys diagnosed with ADHD who studied in Israel in the 7th-12th grades in institutions belonging to the religious-nationalist community, numbering about 15% of the population, participated in the study (Finkelstein, 2021). The age range at the beginning of the coaching was 13-17, and the mean was 14.9 years old. The religious-national community educates its students to live according to the Jewish religion and to participate in the national missions in Israel (Ministry of Education, n.d.). In these institutions, the school day is longer than usual and ends at seven in the evening. The school day includes three prayers, three meals in the dining hall, a one-hour lunch break, and short breaks between classes.

All students studied in regular education settings and classes, and the young ones (ages 13-14) completed at least seven years of schooling before the coaching. These facts show that learning and adaptation abilities are suitable for regular education and that significant learning disabilities are negated. Twenty-seven clients (87.09%) received coaching after diagnosis while under medication. Five (18.51%) stopped using it at the beginning or during coaching due to the side effects. Four other clients were diagnosed with ADHD during the coaching and took ADHD medication during this process. Twenty-six clients (86.66%) took medication during the coaching according to the following

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distribution: 7 clients took Ritalin (for 4 hours); 10 clients took Ritalin LA (for 8 hours); 5 clients took Concerta (for 12 hours); 2 clients took Fokalin (for 4 hours); 3 clients took Attenet (for 5-6 hours); one client took Vyvance (for 12 hours). As mentioned above, the students' school day lasted about 12 hours. However, only 16 clients took medications that covered 8 hours or more. The rest of the clients who took medications with a shorter duration of action were required to take another dose in the middle of the day or took only one dose for those hours when they experienced significant academic difficulty.

2. 3. Coaching According to the CBC Model Intervention:

The coaching model presented here meets the coaching definition of the International Coaching Federation (2008) and the Israel Coaching Chamber (Passmore et al., 2019), focusing on a practical result in a short time and helping the students reach their potential according to their values, aspirations, and talents. The model, conceptualized as a balance of 'doing' and 'being,' has the potential to augment the client's executive functions, as outlined by Barkley (2018). These functions encompass self-restraint, metacognition, verbal working memory, and intentional self-activity.

The model uses cognitive-behavioral techniques and includes communication with the client between sessions, making the coaching period a continuous unit. Clients with ADHD must consume this component due to their need for constant accompaniment due to the failure of self-management, the high distraction, and the difficulty of starting a task and persisting in it (Barkley, 2022; Brown, 2020; Dodson, 2023). Communication through text messages, phone, and video calls allowed the coach to be present in the client's life throughout the week, keep up to date with his situation, encourage him, and help him solve problems. The clients who participated in the study took an average of 20 sessions per week, and with the communication between sessions, it was 20 consecutive weeks, each session lasting one hour.

All the students selected for the study went through a coaching process outside school in a private clinic with one of the authors of the article, who holds the NLP master trainer rank and is a senior coach and certified supervisor on behalf of the Chamber of Coaches in Israel. He has been engaged in coaching for over 13 years and specializes in ADHD. He has over 10,000 hours of coaching experience and 10 years as a teacher in yeshiva high schools.

During the coaching sessions (20 on average), the client is constantly engaged in two components: deepening learning about himself and his abilities and advancing his goals (Whitworth et al., 2006). The model presented here, created by one of the authors, is intended for adolescents aged 14-18 diagnosed with ADHD. It consists of the client's being and doing and is structured to achieve these two components.

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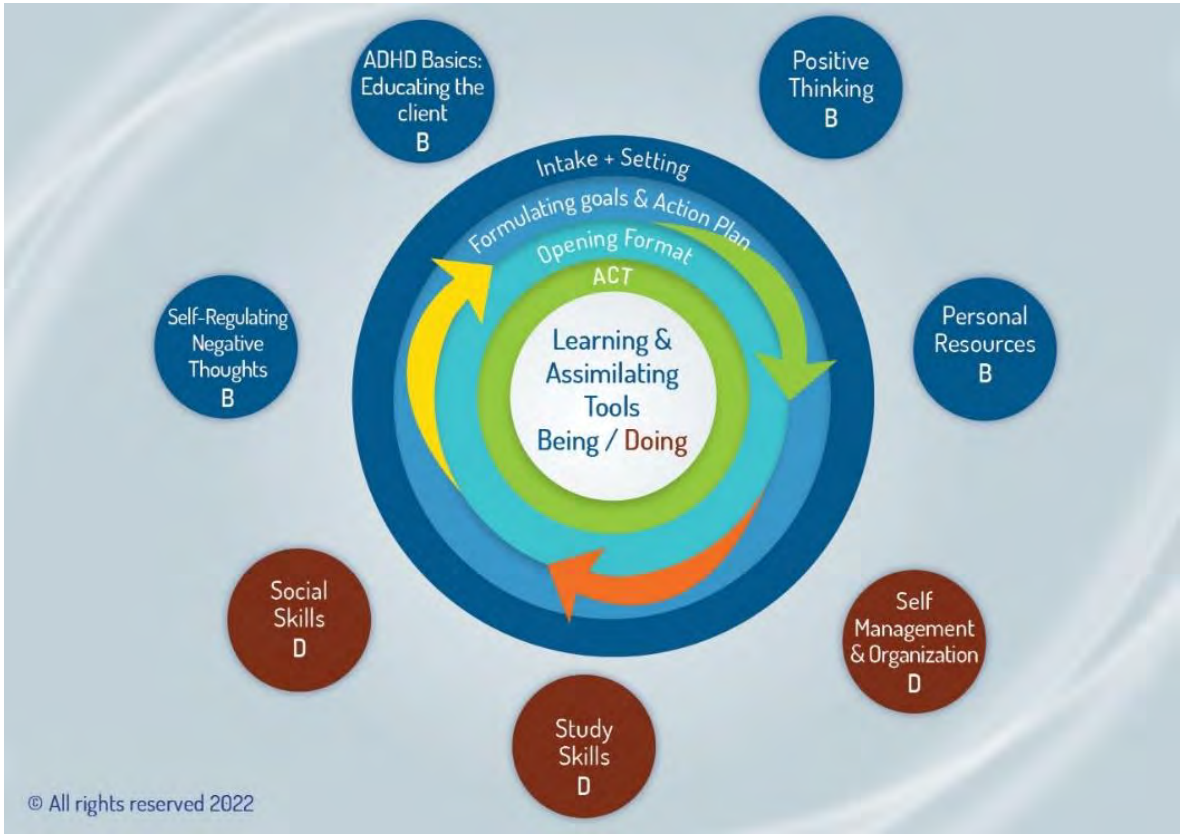

Figure 1. Executive Functions & Self-Regulation CBC model.

The coaching process begins with the intake and staging meeting. During the second and third meetings, we examine what is present and desired in life and then formulate some goals. From the third meeting on, the client leaves with a practical work plan for the chosen goal, and from the fourth meeting on and throughout the entire process, two permanent components are used: an opening format and the ACT tool. As will be presented later, the model includes seven additional components used according to the client's goals and the needs that arise during the meetings.

A. Opening format

The first element of the model is an "opening template" consisting of four questions, and its purpose is to provide feedback on the past week and prepare for the coming week. The questions are:

1. What have you done during the past week to promote yourself?" (Emphasis on the client's responsibility and efforts)
2. What was successful and what was not? (checking the results)
3. What lessons have you learned from the last week? (preservation and improvement)
4. What is important to you to achieve during the coming week? (Setting focused goals to continue)

B. The “Asses, Commit, Take action” Tool (ACT)

This ACT coaching tool, created by Maynard (1997), strengthens EF and was chosen to be integrated into the CBC model because of its practical functions. It includes three components: assess the situation, commit to a game plan, and take action. This tool helps the client identify the gap between the current situation and the goal in a particular area of life, prepare a work plan to achieve

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the goal, and take action. This tool, used in every coaching session, gives the client a pattern of organized thinking so that they can learn to achieve their goals on their own over time.

Below is a detailed description of the work according to the three stages:

Assess the situation: The client presents the current situation regarding the work and its effects on him and his environment from an emotional and functional point of view. Later, the client builds the desired situation for him and examines its positive effects on his life and environment. The client imagines that he has achieved the desired state and describes it in detail.

Commit to a game plan: The client creates a new plan, considers the resources available to him, and finds a solution to any expected malfunction. The plan will reflect the client's values, strengths, and preconceptions. When the plan is ready, the client imagines himself implementing the plan in all its stages.

Take action: The client implements the program in detail at a time and place prearranged and then reports to the coach about the execution of the task or any difficulties during it.

The CBC model includes seven work topics represented by balls. The blue balls, like the color of the sky, include tools and issues concerning the client's being, and the brown balls, like the color of the earth, include tools that deal with the client's function. The components of each of the seven topics in the model are detailed below:

1. Collect personal resources: A series of tools to empower the client and reveal his values, strengths, ambitions, and dreams.
2. The principles of positive thinking: Learn concepts related to positive thinking from ancient and modern Jewish sources and positive psychology.
3. Learning about ADHD: Through a PowerPoint presentation, the client learns about the disorder in the bio-neurological and functional aspects.
4. Treatment of negative thoughts: Identifying the negative thoughts that govern the client, examining them, and replacing them with positive and encouraging ones.
5. Social skills: Tools and skills for success in relationships at home and school.
6. Discipleship: Tools, methods, and structures that contribute to academic success at school.
7. Self-management and organization: Tools and methods to improve self-management, including the use of digital applications.

We examined the contribution of the coaching process according to the CBC model to the following two areas: study skills and self-management. These topics concern the client's ability to manage themselves at home and school.

2. 4. Data Collection Procedure

The data presented in the following tables were taken from two sources:

1. The client files - archived data in detail on the dates, times, and content of the coaching meetings with the clients and the intake and coaching meetings with the parents.
2. Semi-structured in-depth interviews—Each client was interviewed once after the coaching process. The interview guide the authors built for the study includes eighteen open questions.

These sources complement each other. The client files provide real-time data on the clients' coaching processes, and the interviews provide a retrospective view of the clients' experience.

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Each client was informed and signed a "declaration of participation in the study and interview." In the case of a client under 18, parental informed consent was signed. The study was carried out following the Declaration of Helsinki and the General Data Protection Regulation (GDPR) of the European Union.

2. 5. Data analysis procedure

Data analysis was carried out in five steps.

1. Interviews were recorded and transcribed using pseudonyms for reasons of confidentiality.
2. Information from different sources (the client files, interviews, and intake meetings with the parents) was arranged in an Excel table.
3. From the data obtained, two independent researchers identified relevant themes and agreed on five themes by consensus representing the most important and comprehensive areas of the clients' lives. The themes were coded as self-esteem, academic performance, relationships with parents and siblings, and social sphere.
4. Data from different sources were expressed in quantitative terms (numbers and percentages) and qualitative terms (information reported in records and interviews). They were shown twice before and after the coaching process. These are presented in tables divided into themes before and after intervention. The percentages refer to the rate of responders out of all clients (31) or those referred to a particular theme.
5. The triangulated data from different sources and times were analyzed and discussed from a retrospective perspective based on the identified topics and the explanatory theoretical framework.

This article delves into academic performance, which occupies most of the client's day, and his role in society as an adolescent: being a student (Omer, 2021).

3. Results

As shown in Table 1, in the pre-coaching phase, all the participants reported problems in carrying out class tasks; 96.29% had difficulties managing academic tasks (remembering the tasks, organizing study materials, setting times for learning), and studying for exams, followed by 92.59% who had low academic achievement, which means that the rest of the clients had good achievements. It implies that ADHD symptoms did not adversely affect the academic status. The least frequent problem pre-coaching was addressing teachers appropriately (22.22%).

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Table 1. Performance Difficulty in the Clients' Academic Functioning Factors

	Attendance and performing tasks in the classroom	Doing homework	Studying for exams	Managing academic tasks	Appropriate approach to teachers	Following school rules	Academic Achievements
Pre-coaching*	27/21 77/77%	27/27 100%	26/27 %96.29	26/27 %96.29	6/27 %22.22	14/27 %51.85	25/27 92/59%
Post coaching	7/21 33.33%	18/27 66.66%	17/26 65.38%	19/26 73.03%	4/6 66.66%	6/14 42.85%	19/25 76%

As shown in the first row of Table 2, 22 clients reported low self-esteem (helplessness) pre-coaching, concerning experiencing failure in one of the four areas of life listed at the top of the table. These reports were translated into the coaching objectives for these clients. After the intervention, it can be seen in the client reports shown in the second row, a 100% success in the increase in self-esteem following the improvement in the social situation, family relationships, and self-management, and a 46% success in self-esteem following the improvement in the academic field.

In addition, according to the clients' reports, self-management was the main factor influencing self-esteem before and after coaching. The deficiency in academic functioning and self-management comprises 100% of the clients' reports of low self-esteem before coaching.

Table 2. Factors Associated with Low Self-esteem Pre-coaching and Post-coaching

	Academic functioning	Social relationships	Self-management	Family relationships
Pre-coaching	13/22 (59.09%)	7/22 (31/81%)	9/22 (40.90%)	4/22 (18.18%)
Post coaching**	7/13 (46.15%)	0/7 (100%)	0/9 (100%)	0/4 (100%)

*Note: *22 out of 31 clients reported low self-esteem before coaching due to failure in one of the factors listed in the table.** This row shows the number of clients who reported low self-esteem after the intervention in the context of that area. For example, 7 out of 13 clients who reported low self-esteem pre-coaching reported a similar situation after the coaching as well. Six clients reported high self-esteem post-coaching due to improved academic performance. Also, all seven clients who reported low self-esteem pre-coaching due to failure in social relationships reported high self-esteem post-coaching due to improvement in this area. The same goes for self-management and family relationships.*

As shown in Table 3, the main tension between the clients and their parents before the coaching was self-management (70.58%) and academic functioning (41.17%), which were two overlapping factors.

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Table 3. Tension areas between the clients and their parent

	Academic functioning	Self-management	Relationships with siblings	Attitudes towards religion
Number of clients reporting difficulty with parents	7/17 (41.17%)	12/17 (70.58%)	4/17 (23.52%)	3/17 (17.64%)

4. Discussion

This study supports the theory that ADHD is caused by difficulties in executive functions. Since adolescents' main role in Western culture is to be students, difficulties in executive functions are most noticeable in the school environment and affect students' functioning, achievements, and emotional state. In the following lines, two implications of this theory will be discussed.

4. 1. Low Self-Esteem Due to Difficulties in The Academic Field

Low academic achievements following functional difficulty create many situations of frustration, helplessness, and criticism from teachers and parents, which damages the self-esteem of students with ADHD (Lovett & Nelson, 2021; Mackenzie, 2017; Ostreicher, 2015; Waxmonsky & Baweja, 2019). Twenty-two clients (70.96%) reported low self-esteem before coaching. Based on Table 2, the most common difficulties were related to academic functioning (59.09%) and self-management (40.90%).

The relationship between self-management and self-esteem, as illustrated in Table 3, shows that the improvement in self-management (45.45%) was the most significant factor in increasing self-esteem. It seems that self-management led to high achievements and gave the client satisfaction and control over his life, contributing to increased self-worth. The words of Adam (age 16.5, 11th grade) support this interpretation: "Thanks to the coaching, my self-esteem was higher. I realized that I am capable, and I also had successes that made me appreciate myself. I knew I could choose what to do." In this sense, Rasmussen et al. (2022) show that self-esteem results from a process in which acquiring self-management skills, achieving goals, or having positive academic experiences reinforce the strengths and increase the self-esteem of adolescents with ADHD.

4. 2. Academic Performance in Class and in Free Time

As shown in Table 1, 21 clients (77.77%) reported difficulty in functioning in the classroom, compared to 26 and 27 of the clients (96-100%) who reported difficulty in academic functioning during leisure time.

At least four reasons could be considered for the functional decline at the end of the day:

1. Lack of framework, structure, and mediation - students with ADHD need a clean and structured environment to meet daily tasks due to the inherent disability in order and systematicity (Flick, 2000; Plotnik, 2008; Quinn & Stern, 2005). After about ten hours of learning in a "Yeshiva" classroom, a student with ADHD will find it challenging to exercise high self-discipline at the end of the day when he is tired, distracted, and left without a framework and accompanying adult. In this part of the day, without a teacher and a class, a student with ADHD with difficulties in self-management will find it challenging to start and persist in learning.

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2. Dissipation of the effect of the drug treatment—Twenty-six out of thirty-one clients (83.87%) used drug treatment that covered most of the study hours in the classroom. During leisure time in the evening, these clients were required to perform tasks when the effect of the drug treatment wore off.
3. The "rebound" phenomenon—using stimulants may cause a side effect known as "rebound." This occurs when the drug's effect wears off. The rebound is characterized by confusion, anger, and manifestations of impatience (Adler et al., 2017; Carlson & Kelly, 2003; Kolar et al., 2008; López et al., 2017), making it extremely difficult to complete academic tasks.
4. Parental helplessness—The parent whose son's situation may echo his childhood and difficulties sympathizes with the difficulty and is filled with compassion for his son (Plotnik, 2008, 2013). During the intake meetings, it emerged that many parents had difficulty demanding that their children perform urgent academic tasks after such a long day when they were resting at the end of the day.

4. 3. ADHD as a Disorder in the Executive Field

The findings show the centrality of the functional disability among the clients who participated in the study. Table 1 shows that 26 clients (96.29%) indicated difficulty managing academic tasks. This difficulty limited their ability to do homework and study for tests in 96.29% - 100% of the clients. Adequate self-management is necessary for academic success, including completing tasks, organizing and maintaining equipment, and meeting deadlines. If so, the findings mainly indicate difficulties in performance and not in understanding, as Barkley (2011, 2018) claims that ADHD is a functional disorder in the field of self-control and not a disability in thinking and understanding. The results of the current study also support prior evidence that showed a connection between behavioral changes following training and mental health (Bishop et al., 2018). Similarly, Barney et al. (2022) found that interventions that fostered academic and organizational skills for adolescents with ADHD might have a secondary impact on mental health, specifically reducing depressive symptoms. Other studies also support the effectiveness of academic training for students that deal with executive and organizational aspects as an improvement of performance and achievement (Park & Robinson, 2022).

As shown in Table 2, self-management and academic functioning were the two factors that most influenced the clients' self-esteem, for better or worse. The academic functioning can be divided into two main components: 1. Self-management and organization for learning. 2. The learning itself. Since the clients who participated in the study completed at least seven years of regular education, it can be assumed that they do not have significant learning disabilities. If so, their difficulty is not in learning but in getting organized to learn. Hence, it is possible to see self-management and academic functioning as overlapping fields.

The severe symptoms of ADHD may cause stress, conflicts, and negative communication between family members (Harpin, 2005; Johnston & Mash, 2001). Among the various symptoms of the disorder, Firmin and Philips (2009) noted the impairment of self-management as the dominant factor in the tension between the child and his parents, as shown in Table 3 as well. An example of this was heard from the parents of Maor (14 years old, 9th grade student), who said, "He loses things and finds it difficult to organize a bag for a trip. What takes a normal child twenty minutes can take him several hours. The failure causes him to become frustrated and angry and lash out at everyone, causing tension in the family." Due to the lack of self-management, many of the parents had to perform tasks in their children's place, as Gabi's mother (15 years old, 9th-grade student) said: "I have always had to accompany him in his studies, remind him what needs to be done and when, and it frustrated me very much that it was impossible to trust him." In this regard, Miller et al. (2022) found

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a high correlation between maternal stress, depression, and the self-regulation problems of adolescents with ADHD; therefore, addressing these elements in interventions can reduce tension and stress in the family.

These findings show that improved self-management contributed to improved academic functioning, self-esteem, and relationships of many of the clients with their parents, in line with other studies that verified the positive effects of CBC-based interventions in the general population and high school students, reflecting improvements in self-management, time use and its impact on goal achievement, along with reduced stress or anxiety (Ducharme, 2007; Friedel, 2024; Grant, 2017; Ratiu & Baban, 2015). For example, Gabi's mother (15 years old, 9th-grade student) said: "After the coaching, Gabi is highly motivated for studies and a daily routine. He goes to bed, gets up on time, does his homework, and studies for tests according to a plan he prepares." The parents of Yoni (16, student 11th grade), who had a lot of behavioral difficulties before coaching, shared that their relationship improved due to his improvement in self-management: "We wanted to share with you that we were delighted. On a trip abroad, Yoni tried to keep the house tidy and took responsibility for getting himself up in the morning in time for school." Adam's parents (16.5, 11th grade) also talked about the improvement in their relationship following the training: "Adam's relationship with us has improved tremendously. We stopped criticizing Adam, and he started sharing more of his life and being nicer and kinder to us."

Rodríguez et al. (2022) found that some executive functions, such as self-regulation of the learning process in adolescents, would also reduce emotional and behavioral problems and increase well-being. An example of this is from Eli (16.5, 11th grade), who described how the improvement in self-management affected his well-being and self-esteem: "After the coaching, I realize that I am capable of more. I now have tools that others do not have. I can be more planned and rational and think a little more about what I am doing." Amit (15.5, 10th grade) talked about the process he went through and how it affected his self-esteem: "Following the coaching, I have much more control in life. The randomness and lack of persistence are gone. I have the coaching process, learned to work correctly and persevere. Do what is necessary. Before coaching, I knew I was smart, but I was not successful. Today, I am much more successful."

5. Conclusion

In the current study, we examined the CBC model for strengthening the self-regulation of adolescents with ADHD, including two components that help the client strengthen abilities such as metacognition, initiating and persisting in execution, self-feedback, problem-solving, and decision-making. The two components are the "opening format" and the continuous communication with the coach throughout the week. The "opening format" repeats itself in every session and requires the client to plan goals for his week, break down the goals into tasks, build a detailed plan for each task, execute, monitor the execution, and derive lessons. The continuous telephone contact between the coach and the client throughout the week ensures that the client stays engaged and helps him solve problems between coaching sessions.

Our findings support the effectiveness of the combined treatment of ADHD, which includes drugs and behavioral therapy since 26 clients (86.66%) received coaching after not achieving satisfactory results with medicines. Furthermore, the results suggest that the combination of coaching with cognitive-behavioral techniques (CBC model) improves executive functions in adolescents with ADHD, in line with other studies that demonstrated the efficacy of these non-pharmacological strategies, so the CBC model could be a useful strategy to apply inside or outside the school setting (Qiu et al., 2023; Tomoiagă & David, 2023).

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Poor self-regulation, as a result of ADHD, is a factor in the client's functioning at home and school. Although drug treatment contributes to the reduction of the symptoms of the disorder, it does not teach the client how to function correctly and efficiently. Coaching focuses on the functional aspect and compensates for this shortcoming by improving relationships and academic performance. Strengthening the client's control over life and increasing achievements also contribute to an increase in the client's self-esteem. This article supports prior findings that attributed the difficulty in the relationships between ADHD adolescents and their parents to the child's self-management disorder. Coaching that improves the teenager's functioning at home and strengthens their commitment to the family can contribute to strengthening their relationship with their parents. Academic coaching should emphasize improving performance in classes and address the difficulty in learning after school hours when the effect of the drug has worn off, and no framework provides structure and support.

6. Implications

ADHD coaching for teens is a relatively new practice that requires further research to validate its effectiveness. The findings of this article are another step in establishing ADHD coaching as an effective practice for strengthening executive functioning and self-esteem in high school students.

Our findings support an approach that connects self-management abilities and the academic performance of students with ADHD. The daily and unsuccessful struggle of the student in these two areas may cause low self-esteem. Therefore, any intervention for students with ADHD should pay attention to improving the student's self-management and organization skills. Interventions in the field of self-management in the academic context do not necessarily require a professional; they can be done by school officials who will be guided by a professional so that they can help students with ADHD themselves. Practical recommendations derived from the findings suggest that strengthening executive functions is necessary to achieve academic improvement. To do this, the coaching process must maintain continuity through weekly meetings with the client. To assimilate new habits of thought and action, it is important to end each meeting with linked tasks that are resumed in the next session. It is advisable to make brief follow-up contacts (by phone or online) between sessions to monitor the processes or offer support, if necessary. Parental coaching can improve the relationship between parents and adolescents, and it is recommended that they generate cooperation between them and guide parents on how to help their adolescents in their daily functioning.

Future studies can examine the contribution of an intervention based on strengthening the self-management abilities of students with ADHD as a crucial element in strengthening their self-esteem. These studies can support the claim that a constant experience of academic success that occupies most of the day of an adolescent with ADHD contributes to strengthening their self-esteem.

In addition, more studies are needed to substantiate the claim that good relationships between the adolescent with ADHD and their parents contribute to their academic success. The assumption that needs to be substantiated is that a good relationship between the parents and the adolescent with ADHD not only reduces additional stress in their life but also helps to strengthen the cooperation between the adolescent, the parents, and the educational team. When the relationship between the adolescent and their parents is good, the adolescent is ready to receive help from their parents, positively view their involvement in their studies, and achieve better academic outcomes.

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Declarations

Author Contributions. T.M: Introduction, literature review, procedure, data analysis, discussion, conclusions, translation. E. M.M.: literature review, methodology, abstract, data analysis, results, discussion, conclusions, suggestions, review, and writing. All authors have read and approved the published version of the article.

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