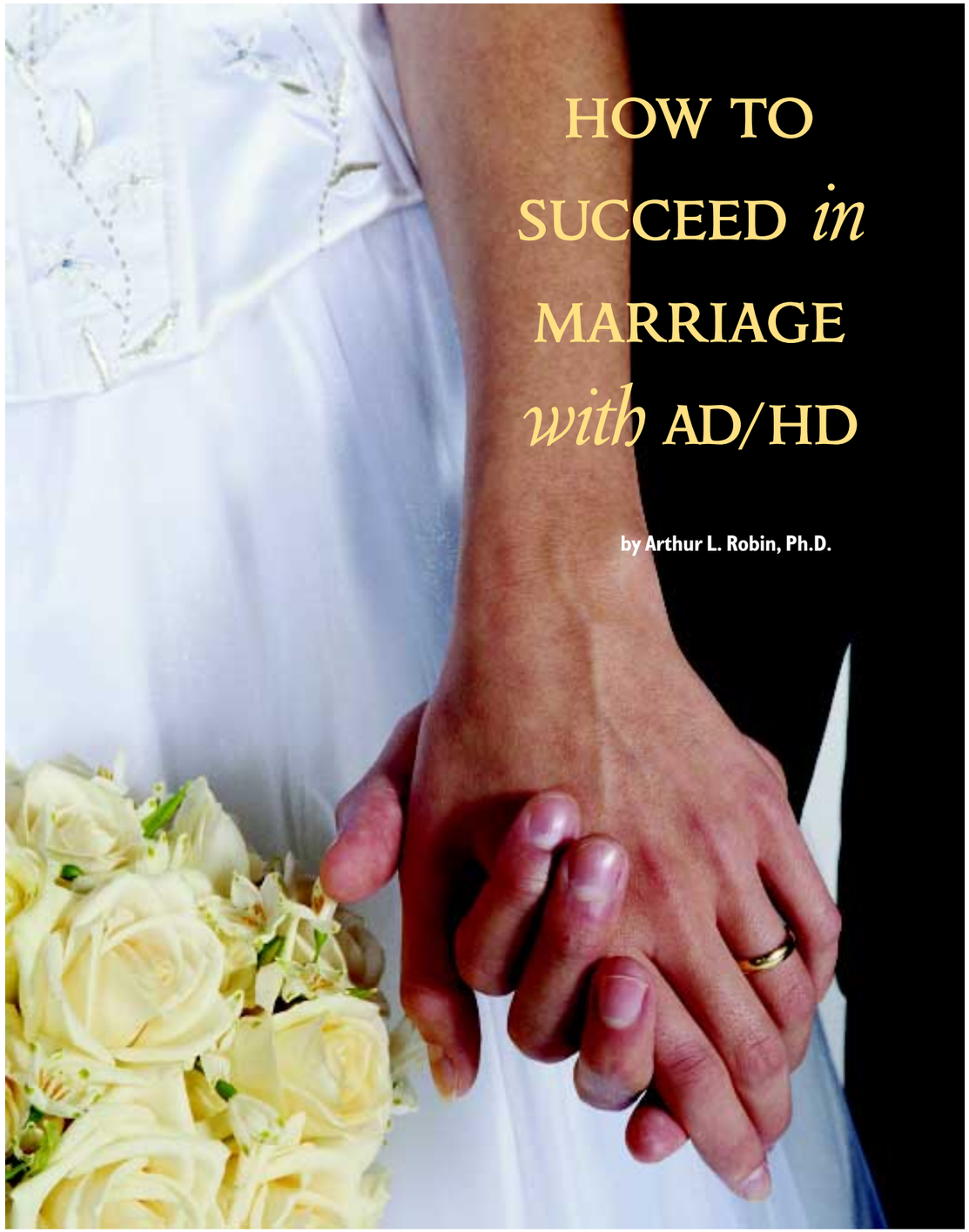


# HOW TO SUCCEED *in* MARRIAGE *with* AD/HD

by Arthur L. Robin, Ph.D.

STEPHANIE and Fred were having dinner with friends. Fred endlessly talked about his hunting trip despite obvious cues that the audience had heard enough. Only when Stephanie kicked Fred under the table did he stop talking.

Ellen is overwhelmed trying to care for her house, children and husband. She intended to clean the house today, but had nothing accomplished when Bill returned home from work. Bill is equally disorganized—paying the bills late, forgetting to pick up the groceries, two years behind on his income taxes and late for meetings at work. Together, they barely manage to survive.

Linda described her school conference with their son's teacher to Tom in detail. Afterwards, Tom could not remember any of the details and asked Linda to repeat them. Linda angrily accused Tom of not caring about her and the kids.

On the way home from work, Mike saw a sign in a computer store about a sale and stopped in to buy new software, forgetting to pick up the dry cleaning. When Brenda asked Mike whether he had picked up the dry cleaning, he yelled, "You're a worse nag than my mother; I should never have married you!" Brenda was very hurt, especially when she found out about the $300 in software Mike bought.

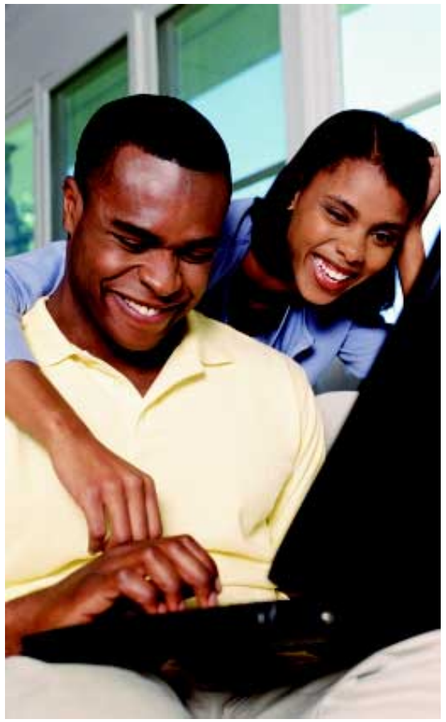
Fred, Ellen, Bill, Tom and Mike have attention-deficit/hyperactivity disorder (AD/HD), which is damaging their marriages. However, to fully appreciate the impact of AD/HD on these relationships, we need to go beyond the classic symptoms of inattention, impulsivity and hyperactivity. Experts are now reconceptualizing classic AD/HD symptoms as deficits in executive functions of the brain.[1,2]

An executive function is a higher-order cognitive management function of the brain that prioritizes, integrates and regulates other cognitive functions, facilitating self-regulation. This function works like the conductor of an orchestra who organizes the musicians, tells them when to start and stop playing and conveys an interpretation of the music to the audience through integrating the players' performances. If the conductor does a poor job, the music does not sound harmonious. In AD/HD the executive functions sometimes do a poor job of regulating our thoughts, emotions and actions; as a result, we do not always interact appropriately with our loved-ones.

Let's examine our four couples' predicaments using Tom Brown's[2] model of executive functions, which helps describe different executive functions that the brain is called to do. When Fred missed the cues to stop talking about his hunting trip, he was displaying a deficit in the executive function, "Focusing, sustaining and shifting attention to tasks." He hyper-focused on his own speech and did not shift attention to his audience sufficiently to notice their cues until his wife made the cue stronger by kicking him under the table.

**Editor's Note:**
**The Spanish translation of this article begins on page 34.**

## How can couples improve their marriages when AD/HD is a factor?



Couples can make their "To Do Lists" together each evening and plan how the spouse with AD/HD will use devices, planners, phone calls or e-mail reminders from the spouse to remain on task.

Both Ellen and Bill display deficits in "organizing, prioritizing and activating themselves" to get tasks accomplished. For the couple where both spouses have AD/HD, life is a basic survival game. Over-reacting, Mike displayed a serious deficit in "managing frustration and modulating emotions" when he yelled at his wife, along with a deficit in "monitoring and self-regulating action" when he impulsively bought the software. Tom's failure to remember Linda's description of the school conference is a classic illustration of "difficulty utilizing working memory and accessing recall."

In all of these cases, poor operation of an executive function sets the stage for either a deficit in an appropriate behavior (cleaning the house, listening to a spouse) or an excess in an inappropriate behavior (yelling criticisms, too much talking). The resulting behavioral deficit or excess damages the relationship when the spouse without AD/HD inevitably interprets a neurobiologically driven behavior to be a malicious, non-caring, purposeful act. Using an executive functioning framework gives us a rich source of material to better understand the relationship foibles of our couples where AD/HD is present in one or both of the individuals.

## Interventions

How can couples improve their marriages when AD/HD is a factor? In the absence of evidence-based interventions for couples with AD/HD, the suggestions given here are based upon best clinical practice.[3,4,5] The couple should: (1) develop coping cognitions; (2) improve communication; (3) maximize medication; (4) creatively use organizational/structuring tools; and (5) cultivate romance. Many couples will need the help of a marital therapist experienced with AD/HD to implement these suggestions.

**Develop Coping Cognitions.** The couple needs to accept that the spouse with AD/HD will inevitably make blunders due to inefficient executive functioning. Such neurobiological-based "AD/HD moments" are reasons to laugh and then repair the damage, not to make them catastrophes and assess blame. The spouse without AD/HD needs to hold his/her partner accountable for rectifying the "AD/HD moment," but refrain from criticism and blame. The spouse with AD/HD must take full responsibility for his/her inappropriate actions and show through future actions, not simply promises, rectification of the situation.

**Improve Communication.** In romantic relationships we judge the extent to which our partner values or loves us by the manner in which our partner listens and communicates. "Zoning out" or not listening is one of the top complaints of individuals with partners who have AD/HD about their spouse.[6,7] To structure the communication process, I recommend the use of the "dialogue," a structured 15–20 minute interaction during which the couple agree to discuss one topic and follow several pre-set guidelines. The spouses take turns being the speaker (sender) or the listener (receiver). The sender expresses his/her feelings or thoughts about the topic in a series of concise, non-accusatory statements. After each statement, the receiver mirrors back the sender's statement by paraphrasing the message that was heard. The receiver does not add any of his/her own thoughts or feelings to the message; the message is simply reflected back to the sender. Over time, the partners learn how to validate each other's communications by not only paraphrasing the content but also understanding the tone of the message. During the dialogue, each partner takes at least one turn being the sender.



How to Succeed in Marriage with AD/HD

**Maximize Medication.** The couple needs to work as a team to maximize the beneficial effects of any prescribed AD/HD medication on their interactions. Medication needs to be active in the body of the partner with AD/HD at a clinically effective dose during important interaction times. The couple should establish realistic target behaviors that they expect medication to change, such as: listening attentively and avoiding from interrupting during a conversation, completing a household chore without distraction, avoiding impulsive buying, consistently disciplining the children or discharging anger in an appropriate manner. Then the couple should monitor and record in writing the occurrence of these behaviors, using this data to provide the prescribing physician with feedback that can be used to fine-tune the medication dosage.

**Creatively Use Organizational/Structuring Tools.** Forgetfulness and poor follow through are other major complaints of individuals whose partners have AD/HD.[6,7] To cope with these concerns, the couple must embrace and use a variety of organizational, memory management and time management tools. I advise couples to make

## This all sounds great, but my spouse won't cooperate!

I HEAR THIS LAMENT OFTEN during talks, workshops and CHADD Internet chats. Unfortunately, some individuals with AD/HD deny their problems and angrily resist their partner's attempts to improve the marriage. Although the factors that fuel such resistance are not yet well understood, clinically we find that such resistant spouses with AD/HD have coexisting psychiatric conditions that may interfere with improving the couples' relationship. If your spouse falls in this category, try the following:

1. Invite your spouse to participate in marital therapy with a therapist skilled in couples work for individuals with AD/HD.
2. Provide information in a non-threatening way. Give your spouse one of the books listed in the references. Take your spouse to a local adult AD/HD support group meeting. Surf the Internet and read an AD/HD Web site (**www.chadd.org, www.help4ADHD.org, www.add.org**) together.
3. Offer to help with specific problems such as paying the bills, accomplishing tasks, organizing things, etc.
4. Offer to help your spouse find an AD/HD coach to help with life management tasks.

If none of these suggestions work, you may need to evaluate whether the benefits of remaining in the marriage outweigh the disadvantages. ■

their "To Do Lists" together each evening and plan how the spouse with AD/HD will use alarms, alarm watches, pagers, personal digital assistants (PDAs), planners, phone calls or e-mail reminders from the spouse, etc., to remain on task and complete the items on the list.

Every Friday a couple might discuss household/parenting tasks for the weekend and divide up the responsibility for these tasks. It is helpful for the person with AD/HD to break down tasks into small units and build in frequent prompts and positive reinforcement from the spouse for completing each unit of the task. The couple should re-divide tasks to play to each spouse's strengths; for example, the spouse without AD/HD might pay the bills while the partner with the disorder rakes the leaves and sweeps out the garage. A prominently displayed white board with a calendar and a section for each family member's "To Do Lists" is also helpful.

**Cultivate Romance.** When the honeymoon is over and the realization of AD/HD-related deficits sinks in, the passion may fade from the marriage. When this situation arises, couples need to become comfortable taking active steps to cultivate romance and sexuality in their relationships. Halverstadt[4] and Bell[3] suggest many ways to cultivate romance. Making "dates" to go out or having a candlelight dinner at home without the kids is an easy starting point. Leaving love notes, sending flowers and candy, giving massages and breakfast in bed and taking sensuous showers together are a few additional examples. The spouse with AD/HD may at first need to program alarms, beepers and other memory management devices to remind him/her to engage in specific tasks to cultivate romance. Eventually, the pleasure of the tasks should maintain their occurrence.

### "Twice Exceptional" AD/HD Couples

All of my suggestions can also apply to couples where both partners have AD/HD. It will, however, be exponentially more difficult to implement these suggestions. Such couples need to separate the essential from the unessential in their lives. By focusing on the essentials, they can keep their expectations for getting things accomplished more realistic. They must engage in daily planning sessions, break tasks into small chunks, use electronic reminder devices to mark time and keep them on task, and enlist the help of a marital therapist and/or an AD/HD coach. When finances permit, hiring people to do home management tasks is helpful.



### Conclusion

Couples with one or two partners with AD/HD can have fulfilling and rewarding marriages, but it takes continual hard work. Taking a disability perspective of AD/HD as a neurobiologically driven deficit in executive functioning helps a couple refrain from blaming. Then, they must work together to use tools such as medication, dialogue and organizational/time management strategies to compensate for the inefficient operation of the executive functions of the partner with AD/HD. ■

Arthur L. Robin, Ph.D., is a professor of psychiatry and behavioral neurosciences and pediatrics at Wayne State University School of Medicine in Detroit, Mich., and a practicing psychologist in Bloomfield Hills, Mich. He has been treating and writing about AD/HD in adolescents and adults for several decades. Dr. Robin is a former member of CHADD's board of directors. In 2002, he was inducted into the CHADD Hall of Fame.

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## How couples can improve their marriage when AD/HD is a factor:

- ☐ **Develop coping cognitions**
  **The couple needs to accept that blunders will happen and refrain from criticism and blame. The spouse with AD/HD must take responsibility for his/her actions and through future actions, rectify the situation.**
- ☐ **Improve communication**
  **The couple should have brief dialogues during which partners take turns expressing their feelings and listening to their partner's feelings about one issue at a time.**
- ☐ **Maximize medication**
  **The couple needs to work as a team to maximize the beneficial effects of any prescribed AD/HD medication on their interactions.**
- ☐ **Creatively use organizational/structuring tools**
  **The couple can use a variety of organizational, memory management and time management tools.**
- ☐ **Cultivate romance**
  **The couple needs to take active steps to cultivate romance and sexuality in their relationships.**