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Marital Therapy and AD/HD: Useful information for clinicians*

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** I could write forever on the specific manifestations of AD/HD and how techniques often need to be adapted to work for these people but in the interests of brevity I decided to point people to some of the useful literature out there and add a few tips from my own experience working in this area.*

Introduction

In the late 1970s, Behavioural Therapy was in its heyday, and by the early 80s the research on couples' therapy was growing exponentially. Gottman's early work focussed on Behaviour Exchange (BE) strategies, which involved attempts to increase the ratio of positive to negative

behaviours exchanged by couples at home.

Jacobson's model was based on the fact that although BE created immediate improvements in marital satisfaction, it did not lead to lasting change as couples did not learn to solve their own problems without the therapist operating as conductor

(Jacobson & Margolin, 1979). They added Communication/ Problem Solving Training (CPT) to their therapy programme and found that BE and CPT together created the best immediate and long term results for couples. However, the therapy showed significant limitations, with a third being clear cut failures, and of those who did improve many did not maintain their improvement over a two year period (Jacobson & Addis, 1993).

When I started back into Family Court Counselling a few years ago, I found that, once again, I was encountering people who had been through this process before, and that the techniques they had been taught just were not working. Many things would appear to be useful for a while but they would just stop working. In their review of couples' therapy, Jacobson and Addis (1993) showed that this is a common finding across all forms of couples' therapy. Research examining which couples benefit from therapy shows that:

- the most distressed benefit the least;
- older couples are harder to treat;
- emotional disengagement indicates a poor prognosis;
- people with polarised gender roles are less likely to benefit.

Researchers then tried to find what would help those for whom therapy was not successful. Christensen and Jacobson (1996) developed Integrative Behavioral Couple Therapy (IBCT), which adds to traditional BCT by including strategies to help spouses accept aspects of their partners that were previously considered unacceptable and seemed difficult or impossible to change.
Jacobsen, Christensen, Prince, Cordova, and Eldridge (2000) were careful to point out that *"the purpose of acceptance work is not to promote resignation... it is designed to help couples solve their unsolvable problems as vehicles to establish greater closeness and intimacy"* (p. 2).

Gottman has continued his work throughout these years, and his seven principles for making marriage work (Gottman, 1999; Gottman & Silver, 1999) are sound tenets to base any marital therapy on. Some of his assessment techniques I have found useful but the exercises are not ones that, in my experience, NZ couples would be happy with.

In my own work, examination of the issues of couples returning for help often revealed that one of the couple had a very long history of AD/HD that was not diagnosed

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in youth because it was not really understood 30 to 50 years ago. There is currently a plethora of information on the net about AD/HD and marriage. However, although Barkley (2006) noted that a significant percentage of spouses of people with AD/HD reported severe marital dissatisfaction as measured by their Locke-Wallace Marital Inventory scores, there is practically no empirical research on the clinical aspects of AD/HD and marriage. Commonly the same old stuff that is part of "normal" marital therapy is being regurgitated and applied to AD/HD. One of the latest books on the subject, by Edward Hallowell (seen by the public as one of the gurus in this area) and colleagues, has 20 tips on marriage that are extremely useful tips but can be applied to any marriage and are really not at all specific to AD/HD (Hallowell, 2010).

Empirical research

The best information I could find came from Arthur Robin, a colleague of Russell Barkley's and co-author with him on many articles on behavioural management of AD/HD kids and teens. Robin and Payson (2002) developed a Marital Impact Checklist to assess the impact of common behaviours of AD/HD on a marriage. These items were derived from AD/HD rating scales, marital scales, and the authors' experiences of AD/HD couples. They then conducted a pilot study to determine: which AD/HD behaviours created the greatest negative impact upon their relationship (as perceived by the spouses); the degree of correspondence between the perceptions of the AD/HD and non AD/HD spouses; the internal consistency of their measure; and any gender differences. The results of this pilot study elicited three communication problem behaviours, five task completion/time management problem behaviours, and one self-regulation/affect behaviour that lead to the spouse feeling unloved, unimportant or ignored (see Table 1).

Table 1

Ten Top Problems in Marriages with AD/HD (Robin & Payson, 2002)

- A. Zones out in conversations- communication
- B. Doesn't respond when spoken to - communication
- C. Doesn't remember being told things - task completion
- D. Has trouble getting started on a task - attentional
- E. Under-estimates the time needed to complete a task - task completion
- F. Doesn't finish household projects - task completion
- G. Leaves a mess - organization
- H. Doesn't plan ahead - organization
- I. Says things without thinking - impulsivity
- J. Has trouble dealing with frustrations - impulsivity

How to work with couples:

Robin (2006) combined information from Bell (2002) and his own experience in working with AD/HD couples, and created specific ways that the ADHD person and their spouse can work together and separately to deal with each of the top ten problems identified by his earlier research. He gives two basic principles that are necessary for couples: they must adjust their attitudes and understand some basic principles for coping with AD/HD. The person with AD/HD must acknowledge the impact of the AD/HD upon their relationship, and stop denying and minimising and learn how to respond non-defensively to feedback about AD/HD behaviour. However, as Barkley (2006) pointed out, the person with AD/HD cannot be seen to be using it as an excuse, and must be making a sincere and legitimate effort to manage their difficulties. Robin's techniques for dealing with these problems are very helpful but I would add the following information that I have found useful in this area.

In order to achieve Robin's (2006) principles, I have found that education concerning the effects of AD/HD is crucial as couples draw negative conclusions about each other's motives, leading to frequent conflict. In an earlier article (Berry, 2006), I identified a number of ways in which the cognitive deficits of ADHD manifest in the daily behaviour of sufferers of this disorder, the misconceptions that can interfere with relationships, and ways in which therapists can work with individuals and couples to help them understand these effects. People with AD/HD have difficulties with their frontal lobe function, but the deficits in function are not consistent and vary from day to day and from one moment to the next, and will often depend upon the novelty of the situation/person being spoken to. This creates huge problems in relationships and, as with any sporadic problem, this makes it very difficult to determine what the person will be like on any particular day. The fact that a person can do something some days is usually interpreted as "they can't be bothered" when they do not manage it other days. When educating about executive functioning, it is important to determine how this is actually working for this individual with AD/HD, and identify the specific effect it is having upon this relationship. It is also important to note that the adults with AD/HD have had a lifetime of coping with their attention problems and have often developed very good techniques at disguising the problems they have not managed to correct. Although Robin identified "doesn't remember being told things" as a task completion problem, I have more often seen it as an attention problem and an extension of zoning out. Adults with AD/HD have learnt to "turn off" annoying stimuli by responding to them (e.g. saying, "Yeah, sure", or "Got that") when no information has been attended to and therefore cannot be remembered. Robin describes a number of ways couples can reduce distractions when discussing problems, but the first three problems identified by couples in his study cause difficulties on a continual basis – not when people are specifically trying to discuss an issue in their relationship, for example, when the couple are having breakfast and the spouse says, "Can you pick Rachael up from school today?" and the person with AD/HD responds in a way that makes it appear as though the message has gone in. When the couple later realise that Rachael has been left waiting at the school gate for an hour or more the "agreement" they made that the person with AD/HD would pay attention has not helped. A simple technique to deal with this is to ask the person to repeat what you have asked them to do to ensure they have the crucial information. This must happen in an ongoing way, which is why Robin's principle that the person with AD/HD must accept the impact of their difficulties, not minimise and not be defensive is crucial. However, as Robin points out, the spouse must be empathic and not make the AD/HD person feel like a child.

One of the attentional difficulties I have often seen in adults with AD/HD, which I have not seen referred to in the literature, can best be described as a "figure/ground" problem. This behaviour is common in teenagers who just step over things that are in the way (like the vacuum cleaner) and will swear that they did not notice it. This problem becomes an issue if you are trying to use standard memory prompts like notes; when the prompt is first placed somewhere it is novel and stands out from the background (and it is noticed). Once it has been seen a number of times it becomes part of the background and is just passed over. Auditory cues for memory are therefore much more effective – mobile phones are excellent.

In relation to starting and completing tasks, I would recommend the use of non-verbal techniques to prompt behaviours. As we have seen from the Acceptance and Commitment Therapy literature, extremely powerful emotional cues attach to different words. Because of this emotional loading of

language and the impulsive responses of people with AD/HD, arguments often result when the spouse is trying to prompt the behaviour agreed upon in counselling or their previous discussion of their issues. For example, simply popping an item down in front of the person with AD/HD that they were going to deal with and saying nothing is likely to get a better response than saying, "You were going to fix this."

Copies of the Marital Impact Checklist can be obtained directly from Dr Arthur Robin arobin@med.wayne.edu
A copy of my 2006 article can be obtained from me bb@deltapsych.co.nz

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