"A treasure trove of clinical facts, pearls of wisdom, and theories sure to enrich, inform, and energize the practice of anyone who works with couples. Highly recommended!"
Edward Hallowell, MD, co-author of *Married to Distraction*

THE DISTRACTED COUPLE

THE IMPACT OF ADHD ON ADULT RELATIONSHIPS

EDITED BY
LARRY MAUCIERI, PhD
AND JON CARLSON, PsyD, EdD
Foreword by Pat Love, EdD

Advance Praise for *The Distracted Couple*

A treasure trove of clinical facts, pearls of wisdom, and theories sure to enrich, inform, and energize the practice of anyone who works with couples. Still vastly under-diagnosed, ADHD in adults can ruin a marriage and the lives involved in it. The rare therapist who can diagnose the adult ADHD can save that marriage and with it the lives it touches. A unique book, written by a wide range of gifted clinicians, *The Distracted Couple* is a gem, indispensable for all who work in the field. Highly recommended!

—Edward Hallowell, MD, co-author of *Married to Distraction*

Larry Maucieri and Jon Carlson have provided a vitally needed resource dealing with a crucial topic—a comprehensive guide to ADHD in couples. Chapters cogently describe such crucial topics as how to recognize ADHD, the role of executive functioning, ADHD in couples from diverse cultures, and ADHD in women, as well as how to work with ADHD in couple therapy. This book should be essential reading both for couple therapists and for those who work with those with attention deficit disorders.

—Jay Lebow, Ph.D., LMFT, ABPP, Clinical Professor, The Family Institute at Northwestern and Northwestern University

This book explores the fascinating crossroads between ADHD and romantic relationships. Whether you work with couples or are just curious about how ADHD symptoms play out in relationships, you'll find Maucieri and Carlson's edited volume both intellectually stimulating and highly practical. Most importantly, reading this book will give you greater empathic understanding of the struggles that ADHD symptoms can cause in couple relationships.

—John Sommers-Flanagan, Ph.D. Professor of Counselor Education, University of Montana, author of *Clinical Interviewing* and *How to Listen so Parents Will Talk and Talk so Parents Will Listen*

A refreshing and empathic look into how ADHD manifests itself into relationships. The editors take the "disorder" out of the distraction by providing messages of hope, as well as focusing on how couples can adapt and strengthen their relationships amidst overwhelming distractions. An invaluable resource for both clinicians and couples!

—Jill Duba Sauerheber, PhD, Associate Professor, Western Kentucky University; President-Elect, NASAP; author of *The Role of Religion in Marriage and Family Therapy*

The Distracted Couple is much more than a commentary on ADHD and couples. It is more a journey into our own potential signs of imperfection referred to as ADHD. This is not just a book on ADHD but is in so many ways cutting edge research on the topic and treatment strategies that could and can be used in a number of different settings including therapy, parenting, coaching, teaching, and for the reader's personal growth. Congratulations to Drs. Maucieri and Carlson for carefully integrating science with application.

—Roy Kern EdD, Scientific Professor, Dept. of Theoretical Psychology, Vytatus Magnus University, Lithuania, Professor Emeritus, Dept. of Counseling and Psychological Services, Georgia State University, and Co-Editor of *The Journal of Individual Psychology*

Drs. Maucieri and Carlson have edited a volume that expands the understanding of ADHD. While other books have begun to discuss the relational issues confronting couples, this book covers every angle. *The Distracted Couple* starts with the *DSM-5*, and quickly moves into how adult ADHD is exhibited in treatment. Rather than concentrate only on the majority population, this volume clarifies the disorder with African-American couples and same sex couples. The specific issues that arise for women with ADHD are also beautifully connected to relational issues. Finally, this book rounds out its couple's focus by directly discussing the effect of ADHD on financial management. Clearly, this book serves as a necessary reference for a comprehensive understanding of ADHD and its effect on the relationships.

—Scott Browning, PhD, Professor, Chestnut Hill College, Philadelphia, author of *Stepfamily Therapy*

As ADHD becomes increasingly common in adults and couples, clinicians of all stripes will need to increase their understanding of this condition to better treat or more appropriately refer for treatment. This is the "go to" book that I'll highly recommend to my students and colleagues.

—Len Sperry, MD, PhD, Clinical Professor of Psychiatry, Medical College of Wisconsin, author of *Handbook of Diagnosis & Treatment of DSM-5 Personality Disorders*

A first-class treasury of articles for everyone interested in ADHD and couples counseling.

—William Knaus, EdD, author of the *Cognitive-Behavioral Handbook for Depression*; *The Cognitive-Behavioral Handbook for Anxiety*; and *Do It Now*.

Drs. Maucieri and Carlson provide much-needed guidance for professionals who work with ADHD individuals and couples. They have recruited an impressive group of experts, with an emphasis on effective intervention with couples, the unique focus of this book. They present sophisticated views on diagnosis and brain functioning, including current controversies, in a straightforward style that can be understood even without training in neuropsychology. The book is also unique in discussing populations impacted by ADHD but underserved, including African American couples, same sex couples, and women with ADHD. Hopefully this volume will enable clinicians to help combat the blame and self-blame that permeates the lives of those with ADHD, enabling couples to work together to cope with the many challenges and frustrations involved, and dispelling the myths about adult ADHD that have left the majority of individuals undiagnosed.

—Thomas Todd, PhD, Chicago Center for Family Health, AAMFT Approved Supervisor

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Part I

Effects of ADHD on Couples

Chapter One

ADD, ADHD, & Adults: Sorting It All Out

Larry Maucieri, PhD

ADD, ADHD and Adults: Sorting it All Out

The evolving science and practice exploring attention deficit hyperactivity disorder (ADHD) have yielded a number of interesting and exciting findings that directly impact our understanding and knowledge of the disorder. In recent decades, the notion of ADHD as strictly a disorder of childhood has been challenged, such that it is now also reliably identified and treated in adults (Safren, Perlman, Sprich, & Otto, 2005). The focus of this book is on the impact of adult lifespan ADHD on interpersonal relationships, specifically marriages and romantic partnerships. Before addressing the patterns, challenges, and range of interventions for couples impacted by adult ADHD, however, it is helpful to summarize the most recent literature involving adult ADHD. This summary of the current science and practice is intended to provide readers with a brief but solid foundation on which to understand the phenomenon of adult ADHD. It should provide the reader with a helpful context within which the interventions that follow may be practiced and understood. As we in mental health care transition from using the *DSM-IV-TR* to *DSM-5,* part of this chapter will focus on the evolution of ADHD as a diagnostic entity in these diagnostic manuals.

To provide readers with a solid background, recent work involving a number of aspects of ADHD is presented here. This includes the evolving diagnosis and conceptualization of ADHD; the

DSM-IV-TR and expected *DSM-5* criteria for the disorder (American Psychiatric Association, 2000; 2013); the prevalence of adult ADHD; the biological bases of the disorder; issues and concerns that frequently occur with adult ADHD; and contemporary treatment approaches for the disorder. We mention some of the earliest theories involving what has come to be known as ADHD, before focusing for the remainder of the chapter on the most recent work and concepts related to the disorder.

The Evolving Diagnosis of ADHD

While not always recognized by its current name, the syndrome that is attention deficit hyperactivity disorder (ADHD) has been written about, debated, and discussed for at least 100 years. Consistent with the science of the times, in the early 1900s it was characterized as resulting from "a lack of moral control and the failure of the individual to conform to the environmental expectations for behavior" (Wadsworth & Harper, 2007, p. 101). The disorder was later conceptualized as other diagnostic entities such as *hyperkinesis disorder* of childhood and *minimal brain dysfunction* before it gradually evolved into the syndrome recognized today as ADHD (Wadsworth & Harper, 2007).

Similar to the medical and biological bases empirically discovered for other psychiatric disorders (e.g., schizophrenia, bipolar disorder), in recent decades, ADHD has also been conceptualized as having a significant neurobiological component. Some of the most recent work in this area is detailed below. As Waite and Brooks (2013) note in this text, however, ADHD is not a purely biological disorder and socio-cultural factors are quite germane in the development and symptom manifestation of ADHD in children, adolescents, and adults. We begin with a cutting-edge theory from eminent ADHD expert Russell Barkley who posits a concept relating to and possibly explaining some of the characteristics of ADHD.

Sluggish Cognitive Tempo

Independent of the *DSM*-related criteria developed for ADHD which are explored below (APA, 2000), a number of other recent

theories and concepts related to the disorder have emerged in the last few years, and it may be beneficial for clinicians and providers to have some knowledge of them. Barkley (2012), for instance, recently described a correlate of ADHD called *sluggish cognitive tempo* (SCT). Individuals with SCT are described as exhibiting reduced activity, a tendency to daydream, confusion, and lethargy. These symptoms might occur not only in the context of ADHD, but in other well-established disorders (e.g., depression). Barkley (2012) argues, though, that among those who meet criteria for ADHD, a subset of them distinctly exhibit SCT. It should be noted that within his model SCT may also occur in individuals who do *not* meet the diagnostic criteria of ADHD, such that SCT and ADHD may be related, but they are separable entities. Barkley (2012) suggests that the concept of SCT is distinct from ADHD as supported by factor analyses of parent and teacher ratings of children, and that SCT is associated with executive impairments and psychosocial deficits in adult participants beyond what could be explained by ADHD alone.

While this investigation might imply some overlap between SCT and (in *DSM-IV-TR* conceptualization consistent with the time of his publication) the *predominantly inattentive type* of ADHD, the *combined type* of ADHD, and to a lesser extent the *hyperactive-impulsive type* of ADHD, Barkley (2012) does not suggest that SCT is redundant with and fully captured by the inattentive aspects of ADHD. Rather, he argues that there is a high degree of *overlap* between SCT and ADHD. In this regard, some diagnoses that have been made as ADHD *predominately inattentive type* might actually reflect a case of high SCT along with other elements of ADHD present, rather than an actual case of ADHD itself. Finally, Barkley (2012) stated that SCT might be considered a distinct diagnosis in the forthcoming *DSM-5*, although this was not the case in the final formulation of the *DSM-5* (APA, 2013). Still, the introduction of SCT within the conceptualization of ADHD may indicate a transition toward a more spectrum-oriented conceptualization of ADHD.

Revisiting Criteria for ADHD: Recent Developments

Before considering the evolving *DSM* criteria for ADHD below, it is interesting to note some of the recent work on what ADHD

entails, and how well this has or has not been captured within the *DSM* criteria that are so often used to define ADHD. Barkley (2012), for instance, reports that some authors wonder if the *DSM-IV-TR* types of ADHD (defined below) might represent not so much distinct subtypes of the disorder as variable levels of severity on an ADHD spectrum.

A fair number of critics note that the *DSM-IV* and *DSM-IV-TR* criteria for ADHD are heavily skewed toward the experiences and behaviors of children (Weisler & Goodman, 2008). This might naturally reflect that the disorder was long considered an exclusive syndrome of childhood and adolescence. However, there is increased awareness that for many individuals, at least some of the symptoms of ADHD endure into adulthood. Some of these symptoms may even evolve in presentation. For example, one study suggested that a validated computerized measure of sustained attention often used to help diagnose ADHD may be optimally administered for this purpose with children in morning hours, but would be valid during both morning and afternoon times for young adults (Hunt, Bienstock, & Qiang, 2012). An important area of interest for clinicians is the mounting evidence in support of ADHD symptoms persisting into adulthood and the need to better understand its presentation so that it may be effectively remediated.

Executive Impairments and ADHD

As the name suggests, attentional deficits are a core feature of ADHD. However, recent empirical work has also strongly implicated executive impairments as well. For instance, a recent study by Boonstra, Kooij, Oosterlaan, Sergeant, and Buitelaar (2010) comparing adults with ADHD matched with controls on age and gender found that the executive functions of inhibition and set shifting were particular areas of deficit for adults with ADHD. As of yet, these difficulties have not been well codified in the *DSM* criteria or conceptualization of ADHD, but it had been hoped that the criteria in the *DSM-5* may do so. In reality, the *DSM-5* did not drastically alter the criteria from the *DSM-IV-TR*, such that an executive impairment became a core diagnostic feature of the disorder (APA 2000, 2013). This change would have been helpful and important as clinicians working with ADHD need to be fully aware of all related issues and problems that reliably occur as part of the disorder. A

detailed exploration of executive impairments in adult ADHD is nonetheless provided within this text by Tuckman (2013).

Executive impairment as a central feature of ADHD is supported by other recent work. Fedele, Hartung, Canu, and Wilkowski (2010) concluded in their work that two core factors of ADHD involve cognitive flexibility and disinhibition. While these features are well-established in the clinical and research literature on ADHD, they were not clearly reflected in the core criteria of the *DSM-IV-TR* for ADHD.

Tuckman (2013) argues that executive impairments are a hallmark of ADHD that persist from childhood into adulthood. In support of this idea, Miller, Ho, and Hinshaw (2012) found that executive dysfunction continued into young adulthood among females who had been diagnosed with ADHD in childhood, even in those individuals whose other ADHD symptoms remitted. Clearly, then, a greater awareness of executive impairment as part of adult ADHD is needed.

As we have already seen, while the *DSM* criteria are not perfect in their characterization of the ADHD experience, they are used pervasively and are quite influential in the clinical understanding of this disorder. A review of the established *DSM-IV-TR* criteria for ADHD is helpful in this regard, with a particular emphasis on how these criteria have evolved in the *DSM-5,* and how closely aligned these documents are to some of the more current developments in ADHD research and clinical work.

ADHD: DSM Conceptualizations

An exploration of the ADHD symptom criteria in recent decades and the recent changes in the criteria are highly useful. These standards in mental health care are presented and deconstructed for a deeper understanding of their strengths and limitations. We focus here on the *DSM* criteria as these are the most widely used in the USA. While these criteria apply to all individuals who might meet a diagnosis of ADHD, the literature demonstrates that these criteria are not an equally good fit for all ethnic and gender groups (Waite & Brooks, 2013). From a broader sociocultural perspective, ADHD conceptualization, diagnosis, and treatment plans may be specifically suited for Caucasian males, resulting in suboptimal recognition and treatment of the disorder in women and individuals from diverse backgrounds (Waite & Ivey, 2009).

An Assessment of ADHD in the DSM-IV-TR

Although the *DSM* criteria changed slightly in May of 2013, it is worthwhile to briefly review the *DSM-IV-TR* criteria for ADHD that had been used since 2000. Doing so will allow a better understanding of how the disorder has been understood and conceptualized in recent years, and how it might differ from the extant contemporary literature involving ADHD. Furthermore, this knowledge provides a solid foundation for understanding and critiquing the new *DSM-5* criteria for this disorder released in May 2013.

The *DSM-IV-TR* configuration of ADHD involved two broad dimensions of the syndrome: *inattention* and *hyperactivity-impulsivity* (APA, 2000). Note that in the latter grouping both hyperactivity and impulsivity were represented in one set of symptoms, rather than as separate areas of concern. To formally meet this diagnosis per *DSM-IV-TR* specifications, one would have needed to manifest a minimum of six of the criterion symptoms in one or both of these broad categories. This would have then yielded three possible types of ADHD by *DSM-IV-TR* criteria: 1) the *predominately inattentive* type, 2) the *predominately hyperactive-impulsive* type, or 3) the *combined* type (APA, 2000; Safren et al., 2005). The combined type of ADHD meant that criteria had been met for not only inattention, but also for the hyperactive and impulsive cluster of symptoms.

Contrary to popular belief, the *DSM-IV-TR* and *DSM-5* criteria do not include what has been referred to as "ADD," or "attention deficit disorder." That concept had been included in prior versions of the *DSM* and is meant to describe a variant of the disorder in which there are disproportionate issues with attention in the presence of less severe problems involving hyperactivity and impulsivity. The former concept of ADD would most closely equate to the *DSM-IV-TR* diagnosis of the predominately inattentive type of ADHD and the *DSM-5* diagnosis of ADHD, predominantly inattentive presentation.

In addition to the symptom profiles described above, these diagnostic signs of ADHD must have been present in at least two different settings, have caused a significant impairment, and at least some of them must have occurred by age 7 in the *DSM-IV-TR* (APA, 2000; Coghill & Seth, 2011). The justification for these stipulations were to assist clinicians in ruling out situation-related stress reactions, instances of idiosyncratic characteristics that are not causing problems or impairments for the individual or others around him/

her, and to better rule out other causes for the symptoms which might be related for instance to mood or acquired causes (e.g., traumatic brain injury), rather than being of developmental origin, as ADHD was presumed to be (APA, 2000).

Criticism of the DSM-IV-TR

Criticism of the symptom criteria for ADHD in the *DSM-IV-TR* had been mixed and directed toward a number of different concerns. First, some experts questioned if the three types of ADHD accurately reflected the disorder itself. Barkley (2012), for instance, reported that some authors suggested that the hyperactive-impulsive type of ADHD might have actually represented a milder or prodromal stage of the combined type of ADHD, rather than a separate type of the disorder.

Second, symptom frequency was somewhat subjective in these criteria, in that they consistently used the term "often" to denote frequency, but provided no behavioral anchors for what this meant (APA, 2000). For instance, a hyperactive-impulsive criterion for ADHD, "Often talks excessively," relied almost exclusively on the interpretation of the reporter for how frequently the behavior occurs and if it should be considered "often" or not. This was an issue to some extent for all 18 of the *DSM-IV-TR* criteria of ADHD.

Third, others have noted that the *DSM-IV-TR* criteria overwhelmingly reflected the origins of the disorder conceptually as having been limited to childhood, and thereby under-representing symptoms of ADHD that might endure and continue to be problematic into adulthood (Coghill & Seth, 2011). Possible examples of ADHD criteria that illustrate this concern might include items such as, "Often fidgets with hands or feet or squirms in seat," and, "Often has difficulty sustaining attention in tasks or play activities" (APA, 2000; Safren et al., 2005).

At a more macroscopic level, some authors opined that the *DSM-IV-TR* criteria for ADHD were too restrictive for adults, such that only five of the nine criteria (rather than six, as was the case for the *DSM-IV-TR*) for both the hyperactive-impulsive and inattentive aspects should be used as cutoffs to identify ADHD in adults. This argument is nested in the theory that fewer symptoms in adulthood may lead to more observable deficits (Boonstra et al., 2010). By strict application of the *DSM-IV-TR* criteria, an adult having only five

symptoms in one or both categories could not have been diagnosed with ADHD, but still might have qualified for a variant diagnosis relating to the disorder, such as perhaps a diagnosis of ADHD, *not otherwise specified* (APA, 2000).

Overdiagnosis by Mental Health Care Providers

Conversely, Bruchmüller, Margraf, and Schneider (2012) suggest that ADHD might be over-diagnosed because, despite the strengths and limitations of the *DSM-IV-TR* and *ICD-10* criteria for the disorder, mental health care providers may rarely follow the criteria as they were intended to be used. Rather, a more impressionistic or partial application of these symptom criteria may be used in making a diagnosis, leading to lower inter-rater levels of agreement. Using vignettes of children meeting full or partial criteria for ADHD, as well as other diagnoses (e.g., Generalized Anxiety Disorder), this group demonstrated that on average, 16.7 percent of participant therapists in Germany made diagnoses of ADHD when there were not full criteria met for that diagnosis. Interestingly, they were even more likely to make a diagnosis of ADHD in situations where full criteria were not met when the client was identified as being a male child. In this particular study, the gender of the therapist was a significant factor in the disparity of ADHD diagnoses, such that male therapists were more likely to make a diagnosis of ADHD across vignettes than female therapists were (Bruchmüller et al., 2012).

While incorrect diagnoses are themselves problematic, Bruchmüller et al. (2012) further noted that these lead to potentially inaccurate or unwarranted interventions. Recommendations and treatment plans involving medication, for instance, were more likely to be mentioned for the children in the vignette who did not meet full criteria for ADHD but who were judged to have had ADHD by the therapists involved in the study (Bruchmüller et al., 2012).

As mentioned previously, the *DSM-IV-TR* criteria for diagnosing ADHD required not only that six of nine symptoms in one or both categories are met, but also that the symptoms occurred across multiple settings, and that at least some of them must have first manifested in childhood. The latter stipulation was an attempt to rule out the possibility of ADHD first occurring in adolescence or adulthood. *DSM-IV-TR* criteria proscribed a cutoff age of six or

seven years for at least some of the symptoms being noticed and present in the individual (APA, 2000). Not all six symptoms in a category needed to be present by age six or seven (APA, 2000). While this might have represented a laudable effort to use an age cut-off to help establish ADHD as a primarily neurodevelopmental disorder, issues involving unreliable memory, biased symptom endorsement, and even demand characteristics may have all undermined this method as a reliable and valid indicator of ADHD as a nascent issue in early development (Barkley, Knouse, & Murphy, 2011).

In fact, establishing both early and recent symptoms and histories in the formal diagnosis of ADHD can be quite challenging and rather subjective. The use of collateral information from significant others, parents, and teachers has become a common practice in an attempt to minimize some of these concerns. In their evaluation of a collateral method to attempt to minimize rater bias and inaccuracy, Barkley et al. (2011) reported moderate to strong positive levels of symptom endorsement agreement (range between 0.59-0.80) in recent adult functioning and retrospective child functioning between participants and collateral sources on symptoms of ADHD.

In addition to collateral content to specify symptoms endorsed in the assessment of possible ADHD, other clinicians rely on available external documents (e.g., report cards from childhood, prior evaluation reports, home visit records) to provide external supportive evidence particularly in childhood to help establish the severity and timing of possible ADHD symptoms. While a review of the *DSM-IV-TR* criteria is useful and helpful for readers, perhaps of greater interest is an examination of the newly-released *DSM-5* criteria that will be in use in the present and future.

ADHD in the DSM-5

Like many changes made in consecutive versions of the *DSM*, the criteria for ADHD reflect an attempt to address some of the concerns and criticisms raised by the previous version of the manual's criteria. Additionally, the changes often attempt to mirror, at least to some extent, the newer information and current science on the disorder itself from the scholarly literature. The development for this particular version of the *DSM* (the *DSM-5*) has been met with numerous questions regarding reliability of diagnoses and the empirical foundations for some of the changes being proposed (Coghill

Although the diagnosis and treatment of ADHD have historically focused on children, more recently, clinicians and researchers have explored the impact of ADHD on adults. Even so, few have focused on the effects of adult ADHD on relationships and marriages. This timely volume clearly identifies the issues and concerns of adult ADHD that impact marriages and relationships, and provides a number of interventions, strategies, and treatments to effectively address these challenges. Section I covers an overview of evolving diagnoses and how ADHD impacts marital dysfunction. Section II focuses on diverse and less recognized populations, such as African-American couples, Women with ADHD, and Same-Sex couples. Section III, emphasizes treatment protocols and solutions to problems in couples.

"The rare therapist who can diagnose adult ADHD can save that marriage and with it the lives it touches. This unique book, written by a wide range of gifted clinicians, is a gem, indispensable for all those who work with those with attention deficit disorders."

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