IF YOU ARE THE NON-ADHD PARTNER in an ADHD-affected relationship (one has it—the other doesn’t), you are likely to experience more than usual amounts of frustration and annoyance because of your ADHD partner’s behaviors. You are not alone. In fact, the relationship failure rate is twice as high for individuals with ADHD. The ADHD-affected relationship can be very challenging due to common ADHD symptoms such as persistent distractibility, inattention, forgetfulness, physical and mental restlessness, along with impulsive behavior and/or speech.

Over time the non-ADHD partner becomes increasingly discouraged and is usually the one who pulls the plug on the relationship. Although he or she may continue to express love for the ADHD partner, the dashed expectations and continued disappointment finally override the ability to stay in the relationship. “I love him/her, but I just can’t live with the ADHD behavior anymore. Nothing ever changes!” is the sad lament I often hear in my counseling practice.

Even for those who choose to stay in the relationship, a moment of reckoning comes with the realization that the partner’s ADHD, regardless of whether it is treated or untreated, is a 24-hour-a-day, lifespan disorder, and various accommodations will have to be made for the duration of the relationship. At that point, a sense of helplessness often sets in, along with an angry, defeated attitude. But rather than giving up or giving in, the non-ADHD partner can, with help, find a way to stay in the relationship with less distress by employing different ways of thinking and by practicing healthier responses.
What Gets In the Way

Let’s investigate what gets in the way of relational success, leading the non-ADHD partner to want to give up or give in, by examining several obstacles that commonly occur.

OBSTACLE ONE

**Overhelping and excessive caretaking**

*Overhelping* occurs when the non-ADHD partner is doing too many things without consideration of necessity. A person with ADHD often seeks out a partner whose natural skills include organization and attention to detail. If that’s you, it may feel “normal” for you to jump in and help out where there is a need because you are good at it. For example, if your partner has excessive difficulty getting up and out of the house in the morning, then you may tend to take charge and have everything super-structured so the process is smoother and less chaotic. That may work in the moment, but the problem with “overhelping” is that it can create an unhealthy dependency. You may begin to anticipate future situations and step in prematurely, interfering with the opportunity for your partner to practice important skills that are necessary for ADHD management. And surprisingly, your partner may come to resent you for it.

*Excessive caretaking* occurs when the non-ADHD partner is too absorbed, almost obsessively, in managing the ADHD partner’s life. As overhelping becomes the normal routine and the ADHD partner’s responsibilities continue to diminish, some emotional issues may begin to develop for the non-ADHD partner. This can include undue worry and anxiety about what your partner might do/not do, or say/not say when you aren’t around; constant “checking in with” or, worse, “checking up on” because you feel responsible for your partner’s actions; a need to micromanage every aspect of daily life; and experiencing a sense of panic unless you feel in control. Over time, these dynamics are exhausting to maintain and will most likely lead to chronic anxiety.
Learned helplessness

The non-ADHD partner, who is usually better and faster at handling the various details of everyday life, tends to take on too many jobs and tasks that ordinarily should be the responsibility of the partner with ADHD, who, over time, develops a conditioned belief, “I’m not capable of doing or accomplishing much of anything,” thus creating another dangerous level of unhealthy dependency.

What unfolds is an ugly tangle of emotions. The non-ADHD partner feels overburdened and loudly complains, “Why won’t you help out? Why don’t you do anything?” The ADHD partner is truly surprised and can’t figure out why the non-ADHD partner is so angry. Over the course of the relationship, the clear message has been that he/she can’t do tasks as well, or as fast, or as thoroughly as the non-ADHD partner, so why even try! Layers of resentment build for both partners.

The parent trap

Almost without exception, a toxic communication pattern develops in ADHD-affected relationships that I call the parent trap. Rooted in exasperation and annoyance, the non-ADHD partner consistently approaches the ADHD partner as a critical, punitive parent would a misbehaving child. The message often sounds like, “Why can’t you remember? I’ve told you a thousand times,” or “How could you do that again? Won’t you ever learn?” Defensiveness sets in and the ADHD partner will likely respond in a defiant, childlike manner with some form of a hands-on-hip stance and a “You’re not the boss of me!” comeback.

For both partners, this communication pattern includes verbal cues—raised voices, emphatic intonation, and strong patterns of speech. But it especially involves “back-door” messages that incorporate numerous non-verbal expressions—eye rolls, grimaces, frowns, deep sighs. Body language also comes into play with arms crossed across the chest, hands on hips, pointed fingers, and foot-tapping. Unless it is purposefully curbed, the parent/child pattern is likely to escalate, and all communication will drift in this direction.

Take a moment and scrutinize your interactions with your ADHD partner. Are you overhelping? Assuming too much responsibility? Are you creating a learned helplessness situation? Speaking in a parental manner? If so, you may be unknowingly participating in creating relational distress. With a better understanding of these obstacles, you can alter the downward spiral by taking steps to change the ways you interact with your partner.

Strengthening the ADHD-Affected Relationship

The following suggestions, if employed, offer specific coping strategies designed to strengthen your relationship.

Decide what’s real and unreal. The actuality is that a person with ADHD will require some helpful management in some areas of life. You will most likely be called upon to carry more of the day to day responsibilities because you are probably better than your partner at organizing, planning, and prioritizing. However, the danger is taking on too much. Be careful.

Lower your expectations. If you have a need, ask for it regardless of how many times you have made the same request. It doesn’t do you any good to keep holding on to something that is not likely to happen. Coming to terms with this will save you a lot of aggravation.

Examine roles and responsibilities. Let go of the “shoulds” and “oughts.” If you are better than your partner at doing something—even if it defies traditional roles—then do it!

Own it or don’t own it. Don’t complain if knowingly take on something that overburdens you. You have made the decision. If it’s too much, then find a way out or decline to participate the next time. Learn from your mistakes.

Don’t forget self-care. Remember to sit down, put your feet up, and have a cup of tea; book a spa day; go to the gym; watch an I Love Lucy rerun; or whatever you can do that is healthy and good. You deserve it.

Create and maintain healthy boundaries. One of the biggest complaints from my non-ADHD clients is their part-
ner’s lack of recognition for their personal boundaries. The distractibility of ADHD feels disrespectful, forgetfulness conveys “You’re not important”, and impulsivity in word and deed can be extremely hurtful. The journey to restoration in the relationship involves creating strong, healthy boundaries and learning how to defend them.

- **Take a Personal Inventory.** The first step in building and maintaining strong boundaries begins with taking a personal inventory of your role in the relationship. The following questions are designed to help you learn how to express your needs and feelings with more clarity and less emotion.
  - How do I like to be treated?
  - What will I allow, and not allow, to be said and done to me?
  - What are my priorities?
  - What is my bottom line?
  - When were the times in my life when I felt most content, productive, and effective?
  - What gets in the way of contentment, productivity, and effectiveness now?
  - How have I tried to change the things that get in the way?
  - Have those efforts worked?
  - If not, is there anything I could do differently?

These are not easy questions, so be patient with the process. It may take several sittings to complete your personal inventory. Don’t get discouraged, stay with it.

- **Create a Won’t Do/Will Do list.** After finishing your personal inventory, then you are ready to create a won’t do/will do list which will help replace dysfunctional ways of expressing desires and needs. Get a piece of paper and make three columns.
  - Label the first column “Problem” and list all the ongoing relational patterns that are problematic. For example: “My husband frequently forgets something important and then blames me.”
  - The next column, “What I Won’t Do Anymore,” might state, “Respond defensively and then lecture him about how he screwed up again.”
  - The third column, “What I Will Do in the Future” might include, “Listen calmly. Offer empathy. Let him experience the consequences of his actions. Disengage and leave the room if his behavior continues.” Continue this process for every problem you can identify.

### Action Plan

After you have taken a personal inventory of your boundaries and made some decisions as to what you won’t do anymore and what you will do in the future, you are ready to put your plan into action when a problem situation arises.

First, choose an appropriate time with few distractions. Perhaps suggest that you take a walk together or go out for coffee. Then communicate in a caring manner what is on your mind, such as, “I’ve been thinking about some things; is it okay to share them with you?” Assuming you are given the green light, talk about the problem and offer some solutions for the future. Remember to keep away from finger pointing and blaming. After your talk, follow up with a concise email or text message summarizing what was discussed (to lessen the possibility of ADHD forgetfulness).

Change takes time and you might encounter resistance as you begin to modify your approach. Don’t get discouraged in the process. Regardless of what has happened in the past, you can start now to make the necessary changes. Learning how to engage in a more constructive manner is critical to creating personal and relational health. A strong, consistent strategy that conveys kind, but firm resolve is the best method for change.

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