

**PSYCHOEDUCATION AND EXPERIENTIAL-LEARNING SUPPORT SERVICE  
(PELSS) INTERVENTION FOR COUPLES IMPACTED BY ADHD**

**By**

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**A Capstone Project**

Submitted in Partial Fulfillment of the

Requirement for the Degree of

Doctor of Education in Cognitive Diversity in Education in the

Department of Education at

Bridges Graduate School of Cognitive Diversity in Education

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May 17, 2022

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### **Abstract**

Interventions for adults with Attention Deficit Hyperactivity Disorder (ADHD) have been slow in development, particularly in comparison to interventions for children. Although there has been a growing trend in therapy, coaching, and utilization of peer support groups for adults who have ADHD and ADHD + Twice Exceptionality (2e) [ADHD + 2e], there is not a one size fits all method that works for adults. Further, the literature is lacking in strength-based approaches to meet the needs of adults with ADHD and ADHD +2e. One area in particular where support has been scarce is with the implications of ADHD on relationships particularly romantic partnerships, where the impacts are on both the partner with ADHD and the non-ADHD partner. The purpose of this capstone project is to design a framework that can be applied to couples impacted by ADHD through the development of a strength-based intervention using Psychoeducation and Experiential-Learning delivered through Support Services (PELSS). For the purpose of this capstone project, a partnership was created with the community partner, Neon Brain to develop and execute this plan. Using the combination of PELSS to provide interventions can develop lifelong skills which can be applied across all situations and environments. The design of the methodology in this capstone project will teach skills to develop healthy partnerships in real-time through psychoeducation and experiential learning. The ultimate goal is to help partners identify the strengths and challenges of each partner and the partnership as a whole. Careful consideration was given to interesting engaging learning experiences while

providing different methods to meet varying learning styles and needs. This capstone project is designed to promote positive experiences for couples impacted by ADHD and ADHD + 2e, yielding more successful outcomes in skill development, developing new healthy habits, and facilitating more sustainable outcomes for these couples.

*Keywords:* ADHD, 2e, strength-based, psychoeducation, experiential-learning, couples impacted by ADHD



***Bridges Graduate School of  
Cognitive Diversity in Education***

**APPROVAL PAGE**

Doctor of Education Capstone Project

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## ACKNOWLEDGEMENTS

As a result of the support and influence of so many people, the completion of this Capstone project was possible. All of my family, friends, colleagues, cohort members, professors, and mentors who have been there for me throughout this dissertation journey, have a special contribution to the culmination of my long-time dream to earn my doctoral degree. On May 17, 1990, I graduated as an MSW. Thirty-two years later, on May 17, 2022, I successfully defended my capstone project and my long-term dream came true. Thank you to all who helped make that possible.

First, I sincerely want to thank my children for their enduring support and patience throughout this process. I would like to also deeply thank my husband, who encouraged me to pursue my dreams. Additionally, I would like to thank my support system at Bridges Graduate School for Cognitive Diversity. Without the generosity and the understanding of diverse learning needs, accommodations, and a cohort of peers with similar interests and understanding, this pursuit would have been much more difficult. To my primary advisor, my deepest gratitude for your continued guidance, support, incessant interest, and care in this endeavor.

My time spent in this rigorous Ed.D. Program has allowed me to grow both professionally and personally. The knowledge and innovation gleaned from every part of this process will be carried over into my future pursuits. I am forever grateful to have had the opportunity to pursue this degree alongside such a dedicated and inspiring cohort of people, who through the ups and downs of not only this process, yet life in general, came together to support one another. It was a pleasure to work with such a passionate group, especially Dr. Jodi Mishkin-Michaelson, Dr. Susan Baum, and Dr. Sara Renzulli, who served on my committee and the founders of Neon Brain (my community partners).

A very special thanks goes to the professors who patiently worked with me after a car accident which resulted in injuries. Despite those injuries and my neurodiverse learning needs, all professors compassionately and kindly worked with me throughout the remainder of the doctoral program. The ability to work with students to accommodate diverse learning needs demonstrates how Bridges Graduate School for Cognitive Diversity's mission meets the rubber on the road so to speak. Further, without the understanding, dedication, and knowledge of my primary advisor Dr. Jodi Mishkin-Michaelson, I could not have accomplished this goal. The time, interest, and support that Dr. Mishkin-Michaelson dedicated to me truly inspired me to make her proud of this final product.

Most importantly, to say that all of this could not have been possible without my community partner Neon Brain would be a complete understatement. Even with a three-hour time difference, Melissa Reskoff, a cofounder of Neon Brain devoted many hours to collaborating on this capstone project. Our countless hours spent on Zoom sessions and through e-mail and text communication were instrumental to my professional growth and the development of this capstone project. My gratitude to Melissa and Neon Brain extends far beyond that of a business relationship and I hope to stay connected with them.

It is without a doubt, that my professional practice has been enriched and grown due to my collaboration with all of those acknowledged above. Moreover, a dream that came about over thirty-two years ago, came to fruition. I am grateful beyond words.

## DEDICATION

To my children and husband. Without you, this pursuit never would have been possible. You have been my first-hand teachers about ADHD and have taught me the importance of having strength-based interventions and supports to build skills and sustain them. Further, as a family, we have been on the front lines of ADHD navigation, and we have learned through trial and error the importance of empirically-based evidence to support the specific needs and challenges that ADHD impacted individuals, couples, and families have. Moreover, what has become crystal clear through the years is the importance of supporting strengths and enriching talents individually and collectively within our family and how this applies far beyond just our family. The tenacity we have demonstrated as a family through the rollercoasters of life helped me to persevere through this capstone project and develop an intervention that would help other ADHD impacted families find their sweet spots and use them to grow and heal. May you share in this triumph, as I would not have accomplished it without you. I hope to always make you as proud of me as I am of you.

To all of the ADHD impacted couples and families globally. My hope is that this capstone project will be a source of hope and light, May it be a springboard to a shift in paradigms where everyone's strengths shine. Where gratitude for each other's gifts becomes a daily practice and love leads the way.

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## Chapter One: Introduction

Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Hyperactivity Disorder plus Twice-Exceptionality (2e) [ADHD + 2e] impacts more adults than we know. In recent years, adult ADHD diagnosis rates have risen 123.3 percent (ADDitude, 2022, para. 19), however many scientists believe that less than “20% of adults with ADHD are currently diagnosed.” (ADDitude, 2022, para. 19). Past research has shown that “11 million adults within the USA and over 200 million globally possess clinical levels of ADHD” (Barkley et al., 2010; de Graaf et al., 2008; Polanczyk et al., 2007 as cited in Coetzer, 2015). One reason for this is that many adults have comorbid disorders which have similar characteristics to ADHD. Without a diagnosis, many adults with ADHD go untreated which impacts their quality of life and potential relationships. This means they are not benefiting from interventions, supports, and resources that could potentially have a positive impact by incorporating strength-based strategies to adopt new healthier habits and behaviors. This leaves the partnership between couples impacted by ADHD where one or more partners has ADHD often in crisis and could potentially destroy the partnership. This capstone project was designed to address the issue of couples impacted by ADHD or ADHD + 2e through the design of an intervention based on psychoeducation that incorporates experiential learning and the development of strength-based strategies through support services delivered with the community partner Neon Brain.

Many adults with ADHD are not diagnosed until later in life. Acknowledgment and diagnosis of Adult ADHD and its impacts are often lacking in many components of cultural and societal infrastructures, including romantic partnerships. Thus limited resources such as ADHD medication prescribed, empirically-based therapies for ADHD such as Cognitive Behavioral Therapy (CBT), peer support groups, coaching, and mindfulness-based interventions are more

difficult to access. "The availability of these treatments is limited in many countries [21], due to limitations in mental health services, including awareness of the persistence of ADHD into adulthood and provision of sufficient services for these individuals" (Adamou, 2016, p. 1). While there are interventions such as therapy and coaching and resources such as peer support groups available, there is a lack of interventions that provide a strength-based approach within a facilitated, collaborative, experiential-based peer cooperative setting. Within the educational system, experiential learning is used to tap students' multiple intelligences, highlight their strengths and talents, and narrow in on their interests, in order to facilitate innate creativity, teach, develop and or work on improving skills, and foster positive self-efficacy and independence with success. With this in mind, applying this framework to couples impacted by ADHD offers a novel strength-based model to those who are seeking positive interventions with sustainable outcomes and ongoing support. The model designed for this capstone project addresses the impact ADHD has on couples relationships and provides a new solution that incorporates dual differentiation. This type of support navigates challenges while simultaneously teaching and synthesizing strength-based skills, applying them to everyday life, and sustaining independence with these skills and strategies across all environments.

Creating a way to help couples impacted by ADHD is important to me because there is a great need for interventions, support, and resources for this part of the ADHD community. I have first-hand knowledge of this as I am in an ADHD impacted couples relationship. Additionally, I am a parent with children who have ADHD. I became more aware of the intense need for interventions and support for this community in 2016 when I helped Attention Deficit Disorder Association (ADDA) start a peer support group for Non-ADHD partners. That group grew to over 30 or more participants a week and is still in existence today. Within a short amount of time,

it became evident that the Non-ADHD partner who is part of the ADHD community needed validation, education, and support. Further, it was obvious to all of the participants and the facilitators of that group that couples impacted by ADHD needed options for intervention that demonstrated progress in the relationship. Moreover, that intervention would need a way to maintain any progress gained and sustain the skills gained to navigate the impacts of ADHD to maintain a healthier more harmonious relationship. Furthermore, my doctoral internship at ADDA provided me with more information that supported the need for interventions for couples impacted by ADHD. Each week concerns, issues, questions, and discussions arose regarding the impacts of ADHD on not only adults with ADHD, yet on couples as well. This not only piqued my interest but also inspired me to want to do more for couples impacted by ADHD. That opportunity came along when my supervisor from ADDA co-founded Neon Brain, an organization that supports adults with ADHD. Neon Brain was also aware of the need for intervention and support that built and sustained skill development and progress for couples impacted by ADHD. Additionally, Neon Brain also knew that these interventions needed to focus on ADHD as the third entity in the relationship of the couple and with a strength-based approach. Neon Brain developed and executed a Needs Assessment then approached me with the data and asked for my help in designing an intervention. Thus Neon Brain became my community partner and I facilitated the development of a strength-based intervention program for couples impacted by ADHD. As a result, this capstone project was born. ADHD is a form of cognitive diversity that I have lived with and worked with. I have personally seen and experienced as a spouse and a parent, the challenges and pains, as well as the incredible creativity, innovation, expansive ideas, and rich inner worlds that this population has. As a result, I was determined to make a difference in this world. When the opportunity to work with Neon

Brain for this capstone project came about, my passion for making a difference in the lives of others with cognitive diversity took the lead along with my personal experiences and interest. During the fall 2021 and spring 2022 semesters.

For this Capstone project, I consulted and developed a Psychoeducational Experiential-Learning Support Service (PELSS) intervention to be deployed as a model for couples where one partner or both partners have ADHD and/or ADHD + 2e. This PELSS curriculum was developed in conjunction with Neon Brain, an organization in its infancy and aimed at providing new and novel interventions for couples impacted by ADHD. This intervention was designed to provide support to the global ADHD community online by utilizing the best practices for social work program development. It includes interviews and assessments to identify needs, strengths, interests, and issues of concern within this community. Based on the data collected by Neon Brain, goals and objectives were formulated and an action plan was created to develop this PELSS intervention. The intervention includes the creation of an intake process, ten weeks of intervention curriculum inclusive of an orientation, pre and post-assessments, scope and sequence of content, in conjunction with an intake meeting (one and a half hours), watch party (two and a half hours), weekly couples peer support group (one hour), and two individual couple check-in meetings (one hour each). In addition, Neon Brain will offer other supportive intervention services, including additional maintenance support that will be offered to participants who complete this ten-week PELSS intervention.

### **Purpose of the Project and Guiding Questions**

#### **Purpose of Project**

The purpose of this capstone project is to design a framework that can be applied to multiple groups in developing interventions that address strength-based psychoeducational

experiential learning (PELSS) approaches through support services for adult participants. Using this method to provide interventions can develop skills that can be applied across all situations and environments and sustained throughout life functions, particularly those that impact partnership skills within a romantic partnership. This capstone project is designed to promote positive experiences for couples impacted by ADHD. Further, to yield more successful outcomes in skill development, develop new healthy habits, and facilitate more sustainable outcomes. The questions that guided the development of the intervention came from the responses to the Needs Assessment that Neon Brain conducted. They shared with me the data that they collected and the questions that they had.

### **Guiding Questions**

1. What strength-based interventions have been developed for couples impacted by ADHD?
2. What are the needs of couples impacted by ADHD?
3. What are the interests of couples impacted by ADHD?
4. What are the strengths of the individuals and the strengths of the partnership in couples impacted by ADHD?
5. What are the components of a successful strength-based intervention to support couples impacted by ADHD?

Answering these questions became the rationale for my capstone project.

## **Rationale for Selecting the Topic**

This capstone project is designed to address the needs of couples impacted by ADHD. The literature, resources, support, and treatment options for couples impacted by ADHD are limited. While there is a body of research that has been done on adults proving that adults with ADHD have relationship issues, Wymbs, et al. (2021) found that "...relatively little research has focused on identifying specific factors that may strengthen or explain their relational difficulties, which would have obvious relationship distress prevention and intervention implications" (Wymbs, et al., 2021, p. 664). Ersoy and Ersoy also talk about the limited studies on couples impacted by ADHD. They shared that "the negative effects of ADHD on relationships have attracted the attention of clinicians (Fowler & Fowler, 1995; Haverstadt, 1998), the number and scope of the studies on this matter are far from being adequate" (Ersoy & Ersoy, 2015, p. 40). Ersoy and Ersoy also mention that, "Although psychoeducational family programs targeting children and adolescents with ADHD have been conducted (Montoya, Colom, & Ferrin, 2011), research about psychosocial interventions designed for adults with ADHD, involving significant others, is scarce (Ersoy & Ersoy, 2015, p. 48). In her dissertation on ADHD and romantic partners, Katherine Knies pointed out that "...no prior research has examined the interaction between individual characteristics and partner ADHD symptoms in predicting relationship quality" (Knies, 2018, p. 2). The lack of research and intervention/programs aimed at addressing couples impacted by ADHD and the desire from these couples for help proves that more research and interventions need to be designed, created, and are welcome.

Many couples impacted by ADHD benefit from intervention to navigate and improve their relationships. The intention of this capstone project is to develop a strength-based intervention based on principles of psychoeducation by providing experiential learning

opportunities geared towards repairing tears and gaps in a couple's relationship by building sustainable skills and offering ongoing maintenance. A strength-based approach capitalizes on the individual's strengths to build skills and reframe thinking to healthier and more sustainable outcomes. Psychoeducation is used to teach about a disorder and or illness to the individuals who have them and their families. For the purpose of this capstone, project psychoeducation is used to teach participants about ADHD and its impacts on couples relationships. Experiential learning is learning by doing in real-time. Experiential learning is used in this capstone project to engage participants in the learning, scaffold, and in building of new healthier skills that can be sustainable and applied to multiple facets of their life. Together this theoretical framework became the basis for this capstone project, which has been designed for couples to be educated about ADHD and its impacts, build and sustain strength-based strategies, and learn by doing in real-time through carefully developed interventions. These interventions consist of modules that have been informed by a Needs Assessment survey sent out to a community of couples impacted by ADHD.

**Question One: What strength-based interventions have been developed for couples impacted by ADHD?**

The first question Neon Brain asked was "What strength-based interventions have been developed for couples impacted by ADHD?" To answer this question I need to conduct some research and then report back to them. The research indicated that a couple impacted by ADHD refers to two people in a relationship whether married or not, where one or both partners have a diagnosis of ADHD. A review of the literature supports that in the last decade there has been an increase in awareness of issues facing couples where one or both partners have been diagnosed with ADHD and supports the need for intervention and resources. Current supports include

published books, articles, and programming from organizations specializing in ADHD. Accomplished authors who wrote about ADHD and couples include Gina Pera, Dr. Arthur Robin, Melissa Orlov, and Dr. Ari Tuckman. Therapists such as Larry Leitch, LCSW, and Dr. Arthur Robbins specialize in the treatment of ADHD impacted couples. Larry Leitch, LCSW has a YouTube Channel with close to one thousand subscribers that discusses how hidden ADHD in adults impacts relationships. Dr. Arthur Robins and Gina Pera co-wrote the book “Adult ADHD-Focused Couple Therapy Clinical Interventions.” This is a groundbreaking book written in 2016 which brings attention to the need for different therapeutic approaches for couples impacted by ADHD for successful outcomes. The book provides various evidence-based interventions to help couples impacted by ADHD manage and cope with the challenges. The book outlines treatment plans and a conceptual framework with explanations of what might be expected and how to navigate through therapy sessions. Gina Pera and Dr. Arthur Robin uncovered a new paradigm of therapeutic intervention within the context of couples therapy involving the therapist and the couple to address the challenges ADHD brings to a couple’s relationship. This capstone project takes therapeutic intervention to the next level within a peer group context. Within that group context, couples have already identified ADHD as a factor impacting their relationship. Within this new paradigm, the couple's strengths, as well as their challenges, will be identified. Then using a foundational strength-based approach meshed with psychoeducation, and experiential learning, the couples will be developing new sustainable skills to help bridge the gap between their challenges and strengths and develop new and lasting skills.

When conducting an internet search for interventions/programs and resources available for couples impacted by ADHD four were found. Examples of these included programs developed by internationally recognized ADHD coach and author Joyce Kubik and ADHD coach

Robin Nordmeyer who have conducted workshops and research on adults impacted by ADHD. Their most recent workshops included an 8-week workshop titled “Marriage Uncomplicated: Bringing Back the Joy in Relationships with ADHD” which was held May 12, 2021, through June 30, 2021. This workshop was intended for couples where one partner had ADHD and the other did not. ADHD coach Linda Roggli offered the first online ADHD Couples Palooza in December of 2021. Roggli’s ADHD Couples Palooza offered webinars on the impacts of ADHD on couples’ relationships. This three-day series focused on the challenges that couples impacted by ADHD face and offered tips and tools on how to navigate them in collaboration with each other. Melissa Olov of “Marriage and ADHD” has a program that offers both a live workshop which is eight weeks long and a self-study seminar option called “Couples' Seminar with Melissa Orlov - The ADHD Effect In-Depth.” This program also aims to assist couples in navigating the impacts of ADHD on a marriage in order to improve their relationship. Gina Pera and Author Robin developed an online self-study course for couples impacted by ADHD called “Solving the ADHD Puzzle.” They offer two training categories, one for consumers and one for professionals. This course is based on their book *Adult ADHD-Focused Couple Therapy: Clinical Interventions* (Routledge, 2016) which is the first empirically informed guide for helping ADHD-challenged couples. “Solving the ADHD Puzzle” focuses on how to help couples to navigate the impacts of ADHD using psychoeducation to learn about ADHD and its impacts on the individual and couple, understanding mindsets, dysfunctional dynamics, and communication issues, medication management, diet and nutrition, and practical supports such as agreements and plans, chore sharing, and tools for organization. The course is designed to assist ADHD impacted couples to expand their skills and improve their experiences by interconnecting psychoeducation, understanding the emotional aspects that tie into the effects of ADHD, and cognitive reframing. New and continued

interventions/programming offered by professionals is important in the ADHD arena to meet unmet needs.

### ***Information Gleaned from the Needs Assessment***

The Needs Assessment consisted of 41 questions ranging from multiple choice to fill in the blank. The Needs Brain asked questions that Neon Brain wanted to know the answers to in order to make decisions to drive the intervention tools, design, and creation. Part one of the Needs Assessment was designed to glean demographics from the individuals who filled it out. Part two of the Needs Assessment was geared toward inquiry regarding experience with ADHD. Part three of the Needs Assessment addressed what participants are looking for. Here is a link to the Needs Assessment

<https://docs.google.com/forms/d/e/1FAIpQLSdA20wp4NtabSzGPUrLfvWjwkuVk7x8tK4nsqzqpvuqCTe6ng/viewform>

To answer questions two and three, I referred to the Needs Assessment responses provided to me from Neon Brain. The Needs Assessment was sent out to 40 people and filled out by 19 individuals who are part of a couple where one partner has ADHD and the other partner does not. Out of the 19 participants, 17 of the individuals who filled out the survey live in the United States and two reside outside of the United States. Out of the 19 participants eight of the participants lived in California, two in Massachusetts or New Jersey, and one in either Georgia, Louisiana, Michigan, Pennsylvania, or Washington. Out of the 19 participants, 13 of the participants live in a suburban neighborhood, five live in an urban neighborhood, and one lives in a rural area. Out of the 19 participants nine participants live in the pacific time zone, eight lived in the eastern time zone and two were unsure of which time zone they resided in.

The demographics of the group consisted of two participants who took the survey were a couple (married to each other). Out of the 19 participants of the survey 14 identified as female, four identified as male, and one identified as Non-binary. Out of the 19 participants of the survey, 17 were married or living together, one was separated or living apart, and one noted they were more like roommates at this point. The individuals who took the survey ranged in years married from two to 43 years. Out of the 19 participants who took the survey nine have children who are currently living with them, four have adult children who do not live with them, two had no children, one was a caretaker for an elderly or disabled adult, and one had two new kittens. Out of the 19 participants, six have children who have been diagnosed with ADHD, six have children who have not been diagnosed with ADHD, this question was not applicable for six participants and one participant had two stepchildren diagnosed with ADHD.

The participants who took the survey or their partners ranged in years of being diagnosed from zero to 31 years. These individuals were diagnosed between 1990 and 2021. The education level of the participants consisted of eight participants who had received a graduate degree (i.e. master's or doctorate degree), eight participants who completed a four-year college program, two participants who attended some college but did not receive a degree, and one participant who received either an associates degree or completed a certificate program.

Three questions on the survey helped to prove that intervention is wanted and needed by couples who are impacted by ADHD. These questions included: "What ADHD interventions have you or your partner tried?" "Have you tried to find a community of couples that have similar challenges in their relationship?," and "What type of support are you looking for?"

## Question Two: What are the needs of couples impacted by ADHD?

In order to answer this question, I looked at the responses to several questions asked on the Needs Assessment. When asked the question, “What ADHD interventions have you or your partner tried?” Participants were able to choose from a list of options including others. Participants were able to select multiple answers. Out of the 19 participants, 14 have tried ADHD coaching, individual therapy, and prescription medication; ten have tried peer support groups, eight have tried accountability groups; five have tried co-working or body double for productivity; four have tried a professional organizer; one tried an administrative assistant or virtual assistant; and three have tried other options including couples therapy, aroma freedom techniques, and doing relationship work by themselves.

**Table 1**

*What ADHD interventions have you or your partner tried?*

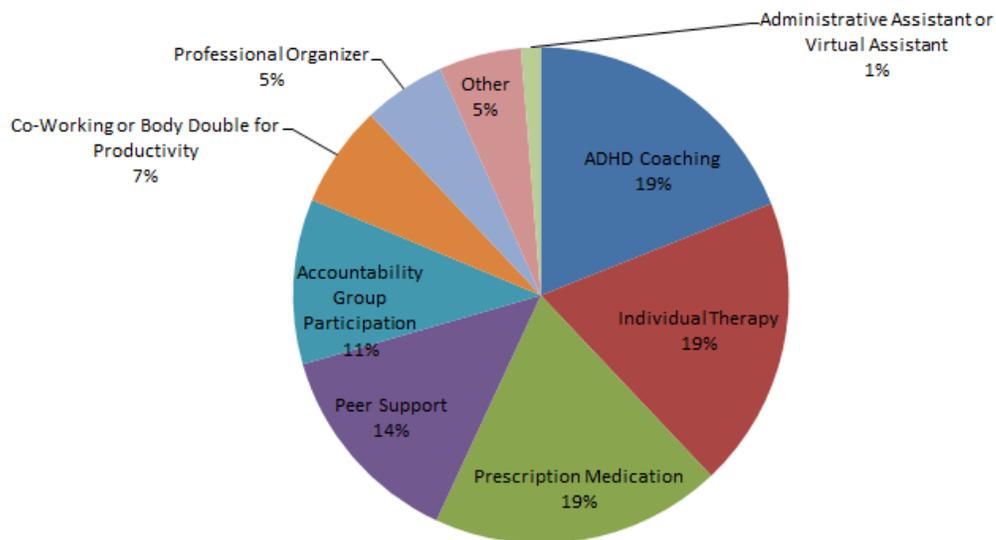
Interventions	Number of Participants who use Intervention	Percentage of Participants who use Intervention
ADHD Coaching	14	74%
Individual Therapy	14	74%
Prescription Medication	14	74%
Peer Support	10	53%
Accountability Group Participation	8	42%
Co-Working or Body Double for Productivity	5	26%
Professional Organizer	4	21%
Other	4	21%
Administrative Assistant or Virtual Assistant	1	5%

Note: This table asks the question, “What ADHD interventions have you or your partner tried?” And answer the questions “What are the needs of couples impacted by ADHD?”

**Figure 1**

*Title: What ADHD interventions have you or your partner tried?*

### Percentage of Survey Participants who Use Specific interventions



Note: This figure answers the question What ADHD interventions have you or your partner tried?

The next question I looked at was the question that asked about participants' desire for support. When given a rating scale from one to five where one is not seeking, two is somewhat seeking, three is neither, four is somewhat want, and five is really want and presented with the phrase “I want support that nurtures our relationship and helps us thrive but I don't know what we need to get there”, the responses included one (5%) of participants answered not seeking or somewhat seeking, 2 (11%) answered neither, seven (37%) answered somewhat want, and eight (42%) answered really want.

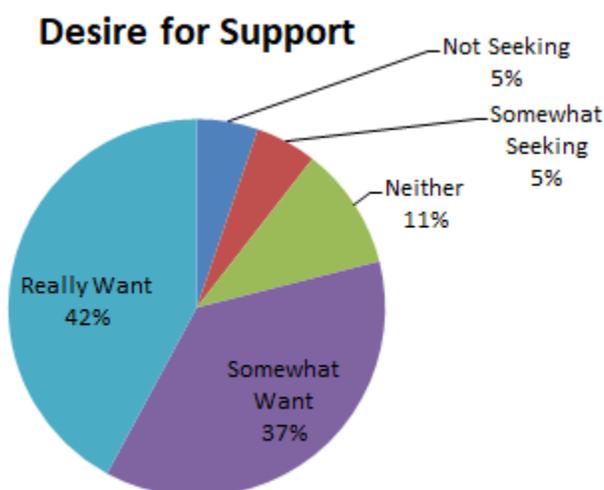
**Table 2***Desire for Support*

Desire For Support		
	Seeking Support	Percentage Seeking Support
Not Seeking	1	5%
Somewhat Seeking	1	5%
Neither	2	11%
Somewhat Want	7	37%
Really Want	8	42%

Note: This table asks the question, “Would you like support?” And answer the questions “What are the needs of couples impacted by ADHD?”

**Figure 2**

*Title: Would Like Support*



The next question I looked at was the question that asked participants if they tried to find a community of couples that have similar challenges in their relationship. The question asked was “Have you tried to find a community that have similar challenges in their relationship?” The question asked had four responses yes, no, could not find, and no response. Peer support groups

are a common intervention for the ADHD community. Six (32%) of participants were actively looking for a community of peers and three (16%) could not find a community of peers.

**Table 3**

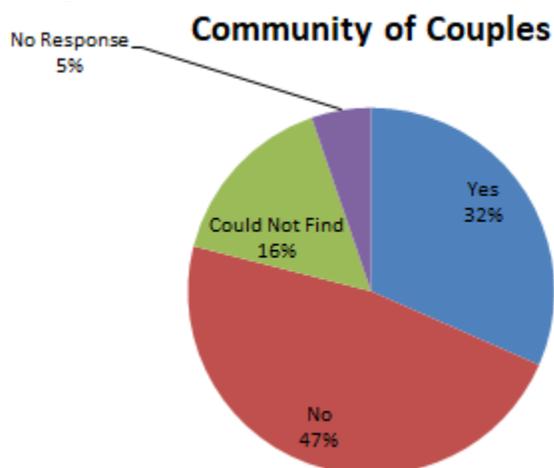
*Community of Couples*

Community of Couples	Number of participants seeking a community	Percentage of participants seeking a community
Yes	6	32%
No	9	47%
Could Not Find	3	16%
No Response	1	5%

Note: This table asks the question, “Have you tried to find a community that have similar challenges in their relationship?” And answer the questions “What are the needs of couples impacted by ADHD?”

**Figure 7**

*Title: Community of Couples*



The next question I looked at was the question that asked participants if they had a desire to learn. The statement posed to participants was “Want to learn strength-based strategies to better manage the effects of ADHD on my family life?” The responses included not seeking,

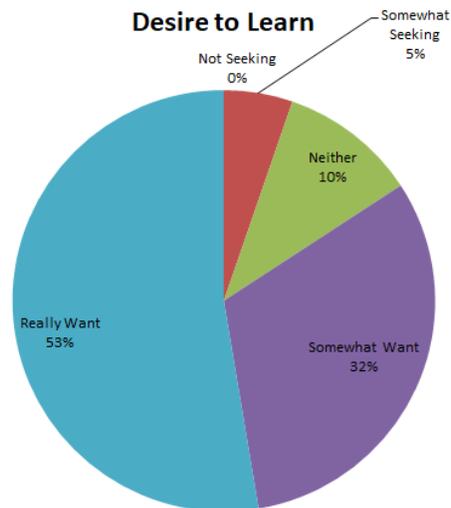
somewhat seeking, neither, somewhat want, and really want. Many couples impacted by ADHD are looking for new and innovative interventions. After learning about a strength-based approach, all participants had a desire to some degree about participating in a strength-based approach to intervention. Ten (53%) of the participants said that they really want to try a strength-based approach to intervention, six (32%) of the participants said that they would like to try a strength-based approach to intervention, ten (10%) of the participants neither wanted nor did not want to try a strength-based approach to intervention, and five (5%) of the participants were somewhat seeking a strength-based approach to intervention.

**Table 4**

*Desire to Learn*

Desire To Learn	Number of participants who have a desire to learn strength-based strategies	Percentage of Participants Desire to learn strength-based strategies
Not Seeking	0	0%
Somewhat Seeking	1	5%
Neither	2	11%
Somewhat Want	6	32%
Really Want	10	53%

Note: This table asks the question “Do you want to learn strength-based strategies to better manage the effects of ADHD on my family life??” And answer the questions “What are the needs of couples impacted by ADHD?”

**Figure 3***Title: Desire to Learn*

**Question Three: What are the interests of couples impacted by ADHD?**

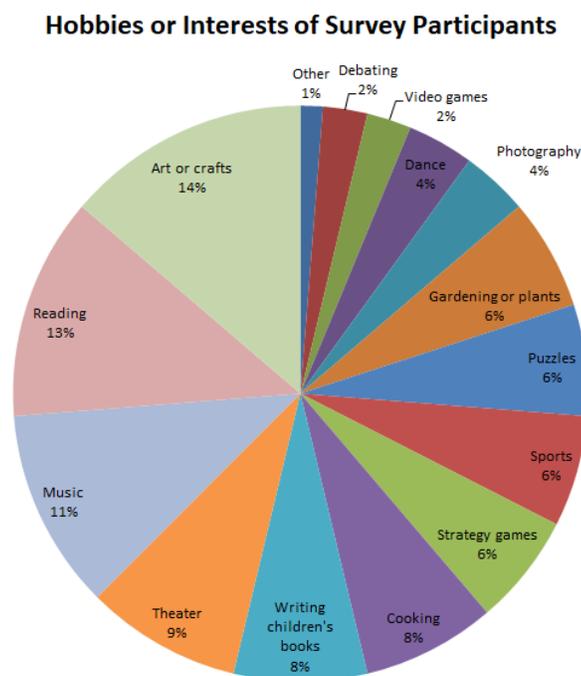
**Question Four: What are the strengths of the individuals and the strengths of the partnership in couples impacted by ADHD?**

To answer question four, I referred to the Needs Assessment responses provided to me from Neon Brain. Regarding participants' interests, the survey asked the question "Do you have hobbies or interests?" The response included 18 checkoff answers and an option to add your own response. Out of the 19 participants, 14% of participants enjoy arts or crafts, 13% of participants enjoy reading, 11% of participants enjoy music, 9% of participants enjoy theater, 8% of participants enjoy writing children's books, 8% of participants enjoy cooking, 6% of participants enjoy strategy games, 6% of participants enjoy sports, 6% of participants enjoy puzzles, 6% of participants enjoy gardening or plants, 4% of participants enjoy photography, 4% of participants enjoy dance, 2% of participants enjoy video games, 2% of participants enjoy debating, and 1% of participants enjoy other activities.

In addition, a checklist of strengths was created as part of the intake process for partners to fill out for themselves and their partners. These rating scales are intended to be compared to five choices that both partners checked off and will be added to a weekly strength rating scale that is checked off by each partner based on their partner's use of their strengths after each module. The rating scale is from one to five. One being not meeting the target, awkward, struggling; two not meeting the target, effort made; three hit the target met the need, still refining practice; four closer to a bullseye, sufficient; and five bullseye, seamlessly employed.

**Figure 8**

*Hobbies or Interests of Survey Participants*



*Table 5**Hobbies*

Hobbies	Hobbies / Interests	Percentages of Hobbies / Interests
Architecture / structural interior design	1	1%
Baking	1	1%
Bicycling	1	1%
Cartoons	1	1%
Computer programming or hacking	1	1%
Designing & printing	1	1%
Hardware repairs	1	1%
Hiking	1	1%
Illustration	1	1%
Making things	1	1%
Storytelling	1	1%
Surf	1	1%
Trouble shooting technical devices	1	1%
Watching anime	1	1%
Working out	1	1%
Other	1	1%
Debating	2	2%
Video games	2	2%
Dance	3	3%
Photography	3	3%
Gardening or plants	5	5%
Puzzles	5	5%
Sports	5	5%
Strategy games	5	5%
Cooking	6	6%
Writing children's books	6	6%
Theater	7	7%
Music	9	9%
Reading	10	10%
Art or crafts	11	11%

Note. This graph shares the interests of participants who took the survey. The category other represents the following interests: architecture / structural interior design, baking, bicycling, cartoons, computer programming or hacking, designing & printing, hardware repairs, hiking, illustration, making things, storytelling, surfing, troubleshooting technical devices, watching anime, working out, yoga.

**Figure 4**

Sample of Identifying Your Strengths Worksheet

<b>Partner 1: Identify Your Strengths</b>	
<b>Directions:</b> Check off the strengths that you possess below and circle the strengths your partner possesses.	
Achiever	Gratitude
Action-Oriented	Harmony
Activator	Helping others
Adaptability	Honorable
Adventurous	Ideation
Analytical	Include
Artistic	Individualization
Athletic	Inspiring
Authentic	Intelligent
Belief	Leadership
Bravery	Learner
Caring	Maximizer
Charming	Motivated
Clever	Open-minded
Communication	Optimistic
Compassionate	Organized
Competition	Outgoing
Confident	Patient
Connectedness	People Skills
Consistency	Positivity
Courageous	Precise
Creative	Responsible
Curious	Self-controlled
Determined	Social/people skills
Disciplined	Speaking
Emotional intelligent	Spontaneous
Empathetic	Strategic thinking
Energetic	Team-oriented
Entertaining	Thoughtful
Fast	Visionary
Fairness	Warm
Flexible	Willpower
Focused	Wisdom
Forgiveness	Other _____
Hardworking	

**Figure 5**

Sample of Weekly Strength Rating Scale Worksheet

## Weekly Strength Rating Scale

**Directions:** After completing the Identifying Strengths worksheet. Choose five strengths that both partners checked off for partners # 1 & 2. Write them below. Copy them to each week's "Weekly Strength Rating Scale" At the end of each module, participants will rate their partner's use of the five strengths in relation to that day's module.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not meeting the target, awkward, struggling	Effort made, Not meeting target	Hit the target, met the need, still refining practice	Closer to a bullseye, sufficient	Bullseye, seamlessly employed

Date:						
Module 1 Week 1: Partner # 1 Strengths	1	2	3	4	5	N/A
1.						
2.						
3.						
4.						
5.						

Date:						
Module 1 Week 1: Partner # 2 Strengths	1	2	3	4	5	N/A
1.						
2.						
3.						
4.						
5.						

### **Question Five: What are the components of a successful strength-based intervention to support couples impacted by ADHD?**

Question five “What are the components of a successful strength-based intervention to support couples impacted by ADHD?” became my research question. “What does a strength-based approach using psychoeducation and experiential learning support services (PELSS) to address the needs of couples impacted by ADHD look like?” This is the question that my capstone project answered and is demonstrated in the information that follows.

#### **Background Information - Statistics on ADHD and Couples**

As cited on CHADD’s Website (<https://chadd.org/>), “Approximately 10 million adults have attention-deficit/hyperactivity disorder (ADHD)” (CHADD, 2021, para.1). In their study comparing 33 married adults with ADHD and their spouses to 26 non-ADHD couples, Eakin et al., (2021) found that “little is known about the family relationships of adults with Attention-Deficit/Hyperactivity Disorder (ADHD).” When looking at couples “clinicians report that marital problems are one of the most common complaints of adults with ADHD seeking treatment (Dixon, 1995, Weiss et al., 1999. as cited in Eakin et al., 2004, p. 1).

Many ADHD impacted couples struggle with the effects of ADHD in their relationship. ADHD can be like the third partner in the marriage, as it has an influence on both partners. ADHD symptoms tend to infiltrate the partnership despite ADHD treatment for the person who has ADHD. Both partners are often left feeling frustrated, misunderstood, and unloved. Many couples impacted by ADHD remain committed to their relationship. These couples have a higher likelihood of working together on improving their relationship when the ADHD is treated. Treatment can be in the form of medication, therapy, ADHD coaching, mindfulness, and other

interventions designed to manage ADHD symptoms. Linda Roggli (2001), reported on a survey done with 700 couples in relationships impacted by ADHD in an article featured in ADDitude Magazine titled “Married with ADHD: How Real Couples Make it Work.” While both couples reported differently, what was apparent in the data was that both of their perceptions were that the non-ADHD partner often took on more of the household and family responsibilities, and both were committed to working out the difficulties in their relationship (Roggli, 2021). Additional statistics from the “survey revealed that intercourse can be a major point of contention for couples affected by ADHD.” (ADDitude, 2021). Of the 700 survey participants, “Forty-two percent of partners with ADHD reported that the disorder’s symptoms affected their sex lives “a lot.” (ADDitude, 2021). Fifty-one percent of the non-ADHD partners’ reported, “that ADHD put a significant damper on intimacy with their significant other” (ADDitude, 2021). The article goes on to discuss the frustrations shared by both partners in an ADHD impacted relationship and expressed how both partners share feelings of being misunderstood and unloved despite being committed to their relationship and their efforts (Additude, 2021). This can be stressful on each partner and put a strain on the relationship and potentially end up in divorce. The survey shared that

“... 38 percent of respondents with ADHD said their marriage had teetered close to divorce in the past. An additional 22 percent said divorce had “crossed my mind;” just 31 percent of respondents with ADHD said they had never given a thought to divorce.” (ADDitude, 2021)

Other articles also reported that “ADHD adults have been found to have a higher incidence of separation and divorce than normal controls” (Biederman et al., 1993; Biederman, & Spencer, 1997; Murphy & Barkley, 1996; Roy-Biederman et al., 1994 as cited in Eakin et al.,

2004, p. 1). “Additional studies suggest that the divorce rate among couples touched by ADHD is as much as twice that of the general population” (ADDitude, 2021). In addition, it has been reported that adults with ADHD tend to have an increased number of multiple marriages (Eakin et al., 2004, p. 1).

In their study, Eakin, et al., (2004) investigated the impacts of impaired ADHD function within the family context inclusive of the marital relationship. Researchers found that “ADHD symptomatology negatively impacts on the family by its association with disorganization, difficulty modulating emotions, low frustration tolerance, and communication difficulties” (Dixon, 1995; Weiss et al., 1999 as cited in Eakin et al., 2004, p. 2). Eakin, et. al., (2004) point out that “no investigations, however, document the resulting family dysfunction” (Eakin, et. al, 2004, p. 2). Eakin et. al (2004), concludes that “Clinically, the level of functioning of spouses has been identified as an important moderator variable in the functioning of families of adults with ADHD.” (Dixon, 1995, as cited in Eakin, 2004, et al., p. 2).

Thus it is important to recognize when developing a therapeutic model and intervention design for couples impacted by ADHD, that there is little research on both the impacts and the interventions for this population. Secondly, the functioning level of the ADHD partner is critical to assess, inclusive of both challenges and strengths. Thirdly, it is equally of value to assess how the impacts of the ADHD partner have on the functioning of their partner. With that, to be cautious of and be sure to discern overcompensation for their partner from their own true areas of strengths and or challenges. Eakin, et al., (2004), indicates that “families of ADHD adults often depend upon the non-ADHD spouse who becomes responsible for planning, organizing, setting limits, making financial decisions, and maintaining family harmony” (Dixon, 1995; Weiss et al., 1999, as cited in Eakin, 2004, et al., p. 2). Although spousal support may work to the advantage

of the ADHD adult, their non-ADHD spouses often report feeling resentful and overwhelmed due to the unequal distribution of responsibilities in their families and the lack of emotional support available to them (Weiss et al., 1999).” (Eakin, et.al, 2004). Additional assessment of family functioning resulting from the dynamics of the ADHD impacted couples can also provide useful information in the development and interventions designed and implemented for couples impacted by ADHD.

### **Existing Conceptual Frameworks for People Impacted by ADHD**

Conceptual Frameworks “includes one or more formal theories (in part or whole) as well as other concepts and empirical findings from the literature. It is used to show relationships among these ideas and how they relate to the research study” (*Theories and frameworks: Introduction*, 2021, para. 3). Existing conceptual frameworks for ADHD treatments for individuals and couples impacted by ADHD typically are used in isolation and not in conjunction with each other. They tend to fall under an overall umbrella of treatment to manage ADHD symptoms and their impacts on life functions and a couple’s relationship. Currently, treatment for couples impacted by ADHD is the utilization of medication, participation in therapy, peer support groups, coaching, mindfulness-based practices, and psychoeducation. These interventions are often done in isolation from one another. What makes the PELSS intervention suggested in this capstone project unique is that it weaves multiple approaches together at the same time, has a strength-based paradigm versus a deficit-based paradigm, and it works with both partners. The deficit-based paradigm focuses on treatment by symptom management which has a limiting mindset and outcome whereas skill development looks to maintain progress within a growth mindset context.

### ***Medication for Individuals who have ADHD***

The most popular treatment for ADHD in adults is the utilization of medication. “Medication is often the first line of defense against the symptoms of ADHD for one simple reason: studies show it to be most effective....Medication works for at least 80 percent of people with ADHD” (Williams, 2020, para. 4). When utilizing medication, “Treatments are typically divided into the medicinal correction of neurotransmitter imbalance and non-medicinal activities that address related cognitive, emotional and behavioral deficits, and create or secure a corrective or supportive environment” (Coetzer et al., 2015, p.685) Medication can help symptom management however it does not teach sustainable skill development. “Research suggests that other factors like exercise, nutrition, and meditation may also contribute to effective management of the disorder” (Coetzer et al., 2015, p. 685). This is another management tool for ADHD symptoms that can be helpful for some adults, yet it does not typically involve skill development or means for sustainability.

### ***Therapy for People Impacted by ADHD***

While medication manages some symptoms of ADHD, it does not cure or fix the disorder. The second most popular treatment for ADHD for adults is therapy. However, “when it comes to couples therapy, symptoms affect not only the person, but the couple, and extend through family life” (Crowe, 2021, para 2). There are different types of therapy, such as Behavior Therapy, CBT, and Emotional Focused Therapy (EFT). “Behavior therapy addresses specific problem behaviors by teaching the individual how to structure their time, establish predictability and routines, and increase positive outcomes” (Williams, 2020, para.7). Therapy works on identifying and processing emotions, their impacts on functioning, and or developing skills by setting goals and objectives to work on them. Therapy is complex and does not only entail

developing skills. For example, CBT and Behavior Therapy are more skill-focused yet EFT both identifies and processes emotions, how they impact a person and develops positive strategies and skills to improve intrapersonal and interpersonal skills.

One popular therapy used to manage ADHD is CBT. “It is a short-term, goal-oriented form of psychotherapy that aims to change negative patterns of thinking and change the way a patient feels about herself, her abilities, and her future” (Williams, 2020, para.10). In addition, “CBT may help adults with ADHD recognize how their own thoughts affect their behaviors. It works to help adults with ADHD reframe their thoughts so they have more positive behaviors and more control over their ADHD symptoms” (Washington, 2021, para. 2). Therapy can help with ADHD symptom management, sustaining skill development in areas where people with ADHD are challenged, asynchronous, and/or lacking the skills altogether. Skill development and sustainability are not the primary focus of most therapies, rather an awareness of symptoms and symptom management tend to be more of the cornerstone and nucleus of therapies including CBT.

Some therapists will elicit input from family, friends, partners, etc., to get a fuller picture of both the strengths and challenges the person with ADHD has and in what ways and areas ADHD impacts show up. Unfortunately, once the interview process is over, collaboration with loved ones in the therapy typically ends, and practicing developing skills in real-time and applying those skills can be challenging for people with ADHD. Additionally, practicing newly developing skills outside the 1:1 therapy session with accountability is often difficult for adults with ADHD to apply.

More specifically related to couples therapy, EFT is a method used with couples impacted by ADHD. This style of therapy emerged in the 1980s and was designed by Sue Johson and Les

Greenberg. “Emotionally focused therapy (EFT) is a type of short-term therapy that is used to improve attachment and bonding in adult relationships” (Feurman, 2021, para 1). The EFT model aims to identify unhealthy dynamics within a couple’s relationship related to negative emotions and attachment, decipher problem behaviors, and the therapist reacclimates the couple to secure attachment and empathy. This methodology is rooted in attachment theory and focuses on strengthening secure attachment bonds to create safety and emotional intimacy. By establishing this, partners can respond to each other's needs in a secure environment. In turn, communication skills and self-reflection can be worked on. Additionally, EFT takes the focus off each individual and puts it on the negative patterns and dynamics. It can be particularly friendly toward ADHD impacted couples because the cornerstones of EFT are emotional awareness, emotional regulation, and reshaping perceptions that impact emotions. It uses the lens of emotion and empathy to drive secure attachments which positively impact emotional well-being.

This capstone project parallels EFT in that it aims to identify problem areas in the relationship. The goal is to take the focus off the individual and shift the focus onto the unhealthy dynamics and negative patterns in the relationship and it is solution-oriented. Unlike EFT, this capstone project is designed to work with a small group forum and will be facilitated by two people. This intervention will be different from a couples therapy session using EFT where the couple meets in private with a therapist. Additionally, this capstone project will be utilizing a strength-based lens for participants to view themselves and their partners with. Further, to positively reshape their perspectives, thus changing emotions around relationships using psychoeducation and experiential learning.

### ***Peer Support for People Impacted by ADHD***

Peer support is a group run for individuals who seek support in a common area. It is run by a trained facilitator who assists group members to share the areas where they need support, encourage group members to find connection through common themes that come up and encourage problem-solving and strategies to solutions. It is designed to promote an atmosphere where group members find support, community, belonging, and safety. Peer support for individuals impacted by ADHD with a trained facilitator can provide support, validation, connection, and relatability. These can be individuals who have ADHD, partners in relationships with individuals who have ADHD, parents, and caretakers of children who have ADHD, and professionals who work with individuals who have ADHD. It is also often a safe space for adults with ADHD to be transparent and be their authentic selves. The same applies to the non-ADHD partner. ADDA states on their website

The purpose of ADDA virtual peer support is to provide support to ADDA members who are adults with ADD/ADHD in a safe, non-judgmental environment. This is a forum for mutual acceptance, understanding, and self-discovery with peers. Participants are encouraged to share their experiences, strength, and hope. (ADDA, 2021, para.1)

While skills may be suggested by the facilitators and or peers in the group, strategies to develop skills and practice them in real-time for synthesis, with ownership and accountability for application, are often a challenge.

### ***Coaching for People Impacted by ADHD***

Coaching is a form of intervention where an experienced professional in a particular field or area works with an individual to support specific challenges and goals. An ADHD coach is a coach who has completed an ADHD Coach Training Program from an accredited school or

training program. Coaches help clients create goals, overcome obstacles and tackle ADHD challenges such as organization, time management, daily activities, self-esteem, and gaining clarity. Coaching can entail specific guidance that involves learning and utilizing particular strategies, specific training, and overall support towards the development of personal and or professional goals. ADHD coaching typically involves the person with ADHD steering the direction of each coaching session. The coach focuses on the ADHD client without input from those who live with them, love them, and experience the ADHD impacts that the person with ADHD might not be aware of and or understand. The sessions can easily be steered away from challenging topics where avoidance has been a pattern, and or major issues may not be addressed because the coach is only hearing from the perspective of the ADHD client, and this is not a venue where social-emotional and or mental health obstacles are commonly looked at or addressed. Additionally, skill-building is done in a 1:1 session, where accountability, application, and consistent follow-through can often be problematic outside the sessions. “Coaching becomes a tool, a resource. The real goal of coaching is to change how you perceive yourself and, ultimately, teach you how to coach yourself” (McCarthy, 2008, para.55).

### ***Mindfulness-Based Interventions for People Impacted by ADHD***

Mindfulness is an awareness of the present moment. Greater Good Science Center at the University of California at Berkeley defines mindfulness as the maintenance of “a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment” (Mindfulness definition - What is mindfulness, n.d. as cited in Mre, 2022). Mindfulness-based interventions such as meditation and yoga can also be helpful with symptom management. “...Eleven studies demonstrate that yoga, mindfulness-based interventions, and/or meditation had a statistically significant effect on the outcomes of ADHD symptoms,

hyperactivity, and inattention” (Chimiklis, 2018, p.3155). While mindfulness-based interventions can be effective with improvements in symptom management that can lead to more positive outcomes, sustainable skill development with lagging and asynchronous skill areas that are impacted by ADHD can remain prevalent including the effects on romantic partnerships.

### **Theoretical Framework**

A theoretical framework “is a structure that can hold or support a theory of a research study” (Abend, 2008, para 1). There is little in the literature about interventions for couples impacted by ADHD and even less on both strength-based and experiential learning approaches being woven together to create successful interventions with sustainable positive outcomes. This capstone project seeks to meet the needs of couples impacted by ADHD, which is a subpopulation of the ADHD community that to date has been minimally tapped into, treated, and supported by combining these approaches. The theoretical framework for this capstone project combines several concepts together in one location which I call Sustainable Skill Development.

**Figure 6**

### **Sustainable Skill Development**



Sustainable Skill Development (SSD) is represented in figure 6 above which depicts the interchangeable dynamics between psychoeducation, experiential learning, and strength-based approach in that they all three work with each other to acquire and produce the end goal, sustainable skills. Using a strength-based approach as a foundation to creating a framework for interventions that weaves in principles of psychoeducation and an experiential learning model has the potential to develop sustainable skills within couples where one or more partners have ADHD. The idea of this theoretical framework is to use a strength-based approach as the foundation and to combine both psychoeducation and experiential learning to develop, work on, practice in real-time, synthesize, and apply skills to progress from management of symptoms to growing and implementing new skills in a sustainable manner. The end goal is for couples to utilize these skills across all of their environments to improve life functions.

### **Statement of the Problem**

Problem of practice: What does a strength-based approach using Psychoeducation and Experiential Learning Support Services (PELSS) impact and address the needs of couples impacted by ADHD? Research showed that there is a lack of strength-based intervention models for adults with ADHD, ADHD + 2e, and for couples impacted by ADHD. This capstone project is designed to fill that void.

ADHD impacts the cognitive functions of a person who is wired in this way. Both input and output of information processing can be affected and thus makes this population diverse from their neurotypical peers. ADHD can have an effect on executive function, memory, social cognition, theory of mind, emotional regulation, intrapersonal skills, interpersonal skills, communication, and other life functions related to these areas. Additionally, there is a high rate

of comorbidities of other conditions such as varying learning disabilities and mental health conditions with ADHD, leaving individuals with ADHD at higher risk for challenges with relationships. This capstone project intends to advance support services for cognitive diversity by developing an intervention for couples impacted by ADHD that intertwines psychoeducation with experiential learning using a strength-based approach. To go beyond symptom management and bandaids for romantic partnerships and to provide dual differentiation to support both challenges and strengths simultaneously in a flexible accommodating environment. Further, to utilize and build upon strengths, and develop sustainable new skills to bridge the gap between strengths and challenges with sustainable skill development. In conjunction with the community partner Neon Brain, this capstone project developed a strength and interest-based programming for couples impacted by ADHD in the form of psychoeducation and experiential learning to build and sustain skill development that can be synthesized and applicable in real-time to everyday living and partnership skills.

### **Targeted Audience**

The target audience for this capstone project is couples impacted by ADHD and are part of the Neon Brain community. Neon Brain is an organization in its infancy seeking to provide services to meet the needs of the global ADHD community. The founders of Neon Brain describe Neon Brain as a community that provides interventions and experiential learning tailored to neurovariant individuals and couples. All interventions/programs are designed and led by people who are neurodivergent and the couples intervention will be led by people who are in neurodiverse committed relationships impacted by ADHD. Neon Brain advertises themselves as a community that believes in learning by doing. By engaging in a hands-on approach they are able to apply their strengths and awareness to real-world situations. Neon Brain was created as a

velvet rope community; a unique maker space designed by and for neurodiverse adults who are challenged by the impacts of ADHD.

The section of the Neon Brain community that will be addressed through this capstone project will be couples impacted by ADHD. For the non-ADHD partner, their relationship can feel as though they are on a lonely exhausting road. They often have experienced that their partner who was once attentive now seems uninterested; and they often feel unheard, unappreciated, and misperceived. They can feel so busy doing it all, that the fatigue is palpable. The ADHD partner might feel like they are being micromanaged, nagged, and or criticized a lot of the time by their partner. Their ADHD symptoms spill over into the relationship and impact their partner and the partnership, yet not intentionally. They can feel that no matter how hard they try, things still go wrong and they might be left feeling misunderstood.

Couples who participate in the program consist of one or both partners who have ADHD and/or ADHD + 2E. These couples would have developed a level of acceptance that ADHD impacts the partnership by both partners and they are both interested in and committed to learning and applying new strength-based skills and strategies to repair the fractures in their relationship and build healthy new habits and dynamics to restore and grow their relationship as they move forward.

### **Significance of the Project**

The significance of this project is to establish strength-based intervention for couples impacted by ADHD while using their strengths to develop reparative healthy partnership skills that are in a positive and supportive environment. Using a strength-based approach, sustainable skill development is the focus of the interventions where both partners remain motivated, engaged, and progress together through positive change. It is an intervention where couples learn

the how and why behind many challenging dynamics that have evolved from the impacts of ADHD. Moreover, these couples learn through experiential learning new skills and strategies using knowledge taught in each module, identifying, and utilizing their strengths as individuals and as a couple, and applying the learning by doing it in real-time and throughout each week's module. By scaffolding skills and strengths with ongoing application in real-time, participants will have sustainable new healthy partnership habits to use on a regular basis and to draw ongoing tools from their Partner's Owner's Manual (POM) that they use throughout the modules of the intervention.

### **Potential Benefits of the Project**

The potential benefit of this capstone project is to provide a framework that can be implemented across multiple settings. This framework is geared towards couples impacted by ADHD to provide a therapeutic intervention option in addition to options that focus on symptom management, behavioral management, and or interventions geared for neurotypical couples. It is designed to offer an opportunity for skill development where sustained interest and ongoing engagement is maintained. Furthermore, accountability for both the individuals and the partnership is worked on through group objectives and goals based on the needs and strengths of the participants through Psychoeducation and Experiential Learning Support Services (PELSS).

### **Definition of Terms**

To develop a cohesive understanding of concepts discussed in this study by all readers, the key terms of this proposed study are defined below.

***Attention Deficit Hyperactivity Disorder (ADHD)*** - A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with daily functioning. Diagnosed adults must meet 5 or

more of the symptoms described in the American Psychiatric Association Diagnostics and Statistical Manual of Mental Disorders - 5 (DSM-5).

***Co-Occurring Conditions or comorbidity*** - Two or more disorders in the same person.

***Strength-Based Approaches*** - Identifying and using one's strengths to develop skills, bridge asynchronies, foster motivation, build resilience and apply across all environments.

***Experiential Learning*** - Engaging in learning by doing while fostering self-inquiry, reflection, and mastery.

***Dual Differentiation*** - Baum et al. (2001), defined dual differentiation as “the fulcrum that maintains the delicate balance between students’ strengths and limitations. It must be challenging enough to engage these students in their learning, provide alternate ways of accessing information, and offer options for communication that tap into their unique talents.” (Baum, et al., 2001, pp. 485–486)

***Twice-Exceptional (2e)*** - People who are gifted and also have a learning or developmental disability.

***Population:*** Adults (ages 18+) who have ADHD and/or ADHD + 2e and are part of the Neon Brain community.

***Couples Impacted by ADHD-*** A romantic partnership where one or both members of the couple has ADHD.

***Goals/Objectives:*** To develop a strength-based approach intervention as part of support services to address the needs of couples impacted by ADHD.

## Chapter Two: Literature Review

### Overview of the Section

In reviewing the literature, it is evident that the research is lacking on strength-based approaches for couples impacted by ADHD. Using Library & Information Resources Network (LIRN) and searching the term “adults and ADHD” 107,754 results were generated. When the term “twice-exceptional” was added to the search it dropped to 1,057 results, and when adding the term “strength-based approaches,” 0 results were generated. When searching the term “couples impacted by ADHD”, 0 results were generated. When searching the term “ADHD impacted relationships” 83 results were generated. These articles tended to focus on either children and or business rather than couples. When generating a search on the term “ADHD and marriage” 83 results were generated. The majority of these articles were on family, parenting, and business. Literature from those results and additional research on teens and children yielded several articles that support the need for continued research to answer the research question: What does a strength-based approach using psychoeducation and experiential learning support services (PELSS) to address the needs of couples impacted by ADHD look like?

This section will share facts defining ADHD (inclusive of 2e) and then discuss the frameworks of strength-based approaches to psychoeducation and experiential learning support services and how they are positive interventions for couples impacted by ADHD. These themes will be extended later as they pertain to this capstone project, the data collected by Neon Brain, and the intervention created based on the needs assessment sent out by Neon Brain, a review of literature, existing interventions/programs, and experiences of the ADHD and Neon Brain community. This intervention can be applied to couples impacted by ADHD worldwide.

## **Children and Adults with ADHD and ADHD + 2e**

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines ADHD as a “neurodevelopmental disorder” (p.32) where a person shows a “persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development” (p.32) in more than one setting such as work, home, or school. ADHD is diagnosed in “about 5% of children and about 2.5% of adults” (DSM-V, 2013, p.61). To receive this diagnosis, one must show six or more symptoms listed in the manual under inattention or hyperactivity/impulsivity (see DSM-V, 2013, p.59-60). Several of these symptoms must be present in the individual before the age of 12 (DSM-V, 2013, p.60). “ADHD often persists into adulthood, with resultant impairments of social, academic and occupational functioning” (DSM-V, 2013, p.32). Symptoms might look different at older ages. For example, “In adults, hyperactivity may appear as extreme restlessness or wearing others out with their activity” (DSM-V, 2013, p.61).

In their research on children with ADHD, Ayyash, et al. (2013) point out in their article “*Multidisciplinary consensus for the development of the ADHD services: the way forward*” that “Currently many children are undiagnosed and develop into adulthood with significant deficits” (Ayyash, et al., 2013, p.34). In their 11-year study, Bussing, et al., (2018), addressed perceptions regarding self-management interventions (activity outlets, sleep, diet, homework help, clear family rules, and prayer) for ADHD. They found that their “multi-perspective design shows significant discrepancies between adolescents’ and adults’ willingness to use common ADHD self-management strategies” (Bussing, et al., 2018, p.572). In their research on adults and Primary Care Physicians (PCP), French, et al., (2019) point out that primary care providers are unable to support patients who have ADHD effectively due to a “lack of education, time and resource constraints, misconceptions, and integrated pathways prevent PCPs from effectively

supporting ADHD patients.” (French, et al., 2019, p.1060). Climie, et al., concluded that “Each child with ADHD presents with unique strengths and weaknesses and that taking a “one size fits all approach” to a heterogeneous disorder is not appropriate” (Climie, et al., 2017, p.43). The current research presents several models that focus on one style of intervention. However, the research is lacking on multimodal approaches rooted in strength-based approaches that can be applied to and utilized with adults who have ADHD and/or adults that are 2e and have ADHD.

Adamou et al (2016) explains that “A coherent framework for service provision for adults with ADHD is required in order to advance and improve existing services, and serve as a guide to new services.” (Adamou et al., 2016, p.2). The researchers note that adults with ADHD have a different view on the types of interventions they would require and need a wider range of services beyond a medical model and/or remedial model which often focuses on fixing rather than optimizing on strengths for both ADHD management and thriving in their daily lives.

### **Psychoeducation**

Psychoeducation is a treatment approach developed in the 1980s by Anderson et al., that focuses on the development of a better understanding of the diagnosis and the development of coping skills. Psychoeducation is used to teach a paradigm shift (Salinas, 2006). It provides the transfer of knowledge in context to the situation and or circumstance. The goal of psychoeducational therapy is to explain to group members how to manage a certain situation (Swaminath, 2009 as cited in Makhoulf, 2020 p.23).

The term “psychoeducation” was first employed by Anderson et al. (1980) to describe a behavioral therapeutic concept consisting of four elements: briefing the patients about their illness, problem-solving training, communication training, and self-assertiveness training, whereby relatives were also included. In the field of

psychology, psychosocial programs and interventions based on psychoeducation aim to teach individuals about their mental health disorder diagnosis by providing support, information, and coping skills about the disorder (Bai et al. 2015; Klaus & Fristad 2005; Montoya et al. 2014).

“Psychoeducation programs for ADHD aim to provide general information about the disorder through presentations, videotapes, handouts and group discussions” (Dahl, et al., 2016, p. 260 as sighted in Lopez et al. 2005; McCleary and Ridley 1999). Psychoeducation combines several therapeutic concepts into one and focuses on working with the individual and their family. Psychoeducation is a tool that is used to educate about the disorder and or illness to help develop a greater understanding of what it entails and what the impacts are. The Education provided as part of psychoeducation is derived from empirically based resources and supports. Dahl et al., mention that psychoeducation is utilized by individuals, relatives (parents/spouse), or other individuals who have close relationships with the diagnosed individual and define the goals of psychoeducation as “ensuring patients’ and their relatives’ attainment of “basic competence” about the disorder; facilitating an informed and self-responsible handling of the illness; deepening the patients’ role as an expert on their illness; strengthening the role of relatives in treatment; promoting the optimal combination of professional therapeutic methods (Dahl., et al, 2019, p. 258). Psychoeducation empowers individuals and their family system to collaboratively work together on positive interventions for optimal functioning. Psychoeducation can help both partners become informed about ADHD, and help them to accept it as a part of their relationship. Often the impacts of ADHD on the relationship have been challenging with destructive impacts. Psychoeducation can also help to take the focus off blame and help both partners in the couple to recognize that there is a neurological disorder here, and that disorder needs to be treated and

additionally addressed with interventions collaboratively as a couple to navigate the effects of it.

Lukens and McFarlane explains that

“Psychoeducation is among the most effective of the evidence-based practices that have emerged in both clinical trials and community settings. Because of the flexibility of the model, which incorporates both illness-specific information and tools for managing related circumstances, psychoeducation has broad potential for many forms of illnesses and varied life challenges” (Lukens & McFarlane, 2004, p.205).

Thus management across multiple settings can be more effective. With psychoeducation, ADHD impacted couples can learn how ADHD impacts them across all of their environments and aspects of their relationship (i.e finances, co-parenting, romance, work, life balance, co-partnering, etc.). With this understanding, couples impacted by ADHD can then recognize the specifics of how ADHD impacts all of the areas of their relationship and be prepared for, participate in, and utilize strategies and tools to apply to real-life situations and dynamics within the couple's relationship on an ongoing basis. Psychoeducation is based on individual strengths and focuses on what is happening in the present. In psychoeducation, the patient, client, and family are considered partners with the provider in treatment, on the premise that the more knowledgeable the care recipients and informal caregivers are, the more positive health-related outcomes will be for all. To prepare participants for this partnership couples impacted by ADHD are equally informed and can proactively seek and utilize resources, supports, and interventions for treatment for the ADHD and their relationship. This capstone project seeks to do just that and through a strength-based lens with the intention of yielding more positive outcomes while also strengthening collaboration in treatment and management through partnership.

Educating individuals and families on the condition and its impact can be overwhelming. Lukens and McFarlane (2004) suggest that by using psychoeducational techniques, the information can be broken down, chunked, and more manageably synthesized, particularly under the stresses that can be caused by the impacts of the condition. Using these techniques, psychoeducation is removing the barrier of understanding and accessing the information geared toward developing strategies on how to become proactive in addressing issues.

In the capstone, project psychoeducation is used as a means to help couples impacted by ADHD to work together with strength-based skills and strategies to weather the effects of ADHD on their relationship. It is also intended to support the couple to enjoy healthier dynamics and lives as a couple and family by applying the strength-based skills daily in sustainable ways. Additionally, the capstone project aims to have both partners be stakeholders in learning about ADHD, and its impacts on their relationships and collaborate on an ongoing basis using the strength-based skills and strategies learned through the intervention and maintain them for positive outcomes.

This capstone project is designed to engage couples to not only understand and manage the impacts of ADHD but to use strength-based skills and strategies to apply regularly to maintain healthier and happier dynamics. This includes specific key areas impacted by ADHD such as communication, problem-solving, seeing multiple perspectives, and collaboration. “Psychoeducation has been defined as a systematic and didactic approach to informing patients, and their relatives, about their illness and its treatment, thereby promoting understanding and personal management of the illness” (Ferrin et al. 2014). In the case of this capstone project, psychoeducation is used to shift the couples impacted by ADHD from paradigms and patterns that have been harmful to their relationship and in many cases to themselves to healthier habits

and dynamics influenced by strength-based skills and approaches “Psychoeducation has been recommended by different guidelines as an initial treatment for ADHD, however, the effects of the intervention for reducing symptoms and improving other outcomes still need to be established” (Dahl, 2019). Additionally, “Psychoeducation is among the most effective of the evidence-based practices that have emerged in both clinical trials and community settings” (Lukens and McFarlane, 2004). The psychoeducational model is so popular because it is flexible and incorporates the dynamics of the diagnosis with tools to help manage what is going on. In these contexts, psychoeducation alone is not effective in changing behaviors and dynamics. Rather it is a stepping stone and piece of the puzzle toward that change. In this capstone project psychoeducation is used in a flexible way to incorporate information about ADHD and the impacts it has on couples where one or both partners have ADHD. According to Vidal, psychoeducation is an important component of the psychological treatment of adults who have ADHD. “Psychoeducation can offer insights into past difficulties, can decrease feelings of guilt, can improve the general functioning of the patient, and can raise the need to develop structured psychoeducation programs” (Vidal, 2013, p 894.).

In this capstone project, psychoeducation is used to improve comprehension of ADHD, the impacts of ADHD on relationships, and how to move both partners away from the negative loops of thinking, emotions, and the general functioning of the relationship to more positive dynamics and overall positive feelings about themselves, their partner, and their relationship. Psychoeducation is used in this capstone project to teach a new paradigm and new way for individuals and couples to look at themselves, their partners, and their relationship while using a strength-based lens. “Psycho-education reflects a paradigm shift to a more holistic and competence-based approach, stressing health, collaboration, coping, and empowerment (Dixon,

1999; Marsh, 1992). It is based on strengths and focused on the present” (Lukens, et al., 2004). Knowing can lead to further compliance with interventions taught, particularly with the focus on strengths. Additionally, focusing on the present helps to move mindsets away from the past, shift their paradigm and thinking to the present, and apply the learning to make changes in the here and now with new healthier strength-based ways to move forward. In this capstone project, experiential learning is used in conjunction with psychoeducation in order for participants to relate the learning by “doing” in real-time and apply it to real-life situations.

This capstone project incorporates experiential learning with psychoeducation to actively engage the participants in the content and apply the information learned through psychoeducation. It is designed to help participants build skills and enable them to navigate the challenges that couples impacted by ADHD face using the strengths of each partner and the partnership as a whole. John Dewey and Gross and Rutland describe the process of experiential learning in a similar way to the intent it is to be used in this capstone project. Gross and Rutland share that “Experiential learning provides opportunities for students to be actively engaged in acquiring skills and knowledge. Students can thus move away from being recipients of information to being active learners” (Gross, et al, 2017).

A primary responsibility of educators is not only to be aware of the general principle of the shaping of actual experience but also to recognize that experience should lead to growth. According to Dewey, “experiences are preplanned educational devices which consciously and intentionally utilize the potential embedded within the social and physical surroundings of the individual to enhance specific educational ends meant to construct and deconstruct the individual’s worldview, value system, and moral code” (Dewey, 1963, as cited in Gross, et al, 2017, P. 2).

As part of this capstone project, couples impacted by ADHD will essentially be led on a natural journey through the PELSS intervention to reconstruct their view of their relationship using a strength-based approach. Participants will examine relationship challenges caused by ADHD and build upon each partner's strengths, and the strengths of the relationship to work through these challenges. Additionally, participants will build upon, and develop new skills through experiential learning to apply in real-time. This intervention is designed to allow participants to practice and monitor the integration of skills learned daily and weekly in their partnerships. This is done through the built-in assessment tools, for self and partnership reflection, and the incorporation of a safe and flexible online environment for participants run by facilitators that incorporates community feedback.

Couples impacted by ADHD often have a negative history of dysfunctional dynamics stemming from the effects of ADHD. For this capstone project, this was taken into consideration and built into the framework to honor the couple's experiences, meet them where they are at, and outline a change of paradigm through a strength-based approach, psychoeducation, and utilizing experiential learning as a means to facilitate change in learning new perspectives, skills, and ways to go about their partnership. In other words, as Gross and Rutland state,

“With experiential learning in informal educational settings, the situation can be different, because in this case, the educator may create a situational experience which the student has not encountered in her/his life. Through creating these experiences, the student can come to a better understanding, and thus learning is facilitated” (Gross and Rutland, 2017, p. 3).

Each module of this capstone project was designed with this in mind.

Another factor in developing this capstone project was the information provided by the Needs Assessment which helped me to consider participants' needs. In order to spark interest through experiential learning, a Needs Assessment and Interests Survey were developed prior to the development of my capstone project. The Needs Assessment was designed to ensure that the needs of the community for this intervention are met and that the intervention is designed to address those needs. The Interest-based Survey was included with the Needs Assessment in an effort by Neon Brain to assess both the common needs and the types of interests that couples impacted by ADHD had. The strengths-based survey developed will be incorporated into the intake process and used as a guide throughout the intervention. The idea behind this was to use the information regarding both needs and interests to help guide the development of the intervention for couples impacted by ADHD.

All of these tools were created with the idea to maximally capture the individual's in the group and the group as a whole's attention to engross them in the learning process and inspire them to partake in active learning offered throughout this intervention. This was done purposefully to have participants synthesize and apply the learning during each module, concurrently throughout each week of the program, and scaffold skills for long-term sustainability. It was also designed this way to offer an experiential learning experience for the couples. Experiential learning encourages participants to directly engage in activities in conjunction with ongoing discussion to develop new skills in mindful ways with self-reflection and then apply the skills learned to their daily lives (Klein, 2009, p. 16). This capstone project plans to bring new insights to participants using psychoeducation and experiential learning, increase mindfulness of new learning in daily interactions and functioning, and incorporate the

new learning using skill development and creating new habits, dynamics, and routines, systemically and sustainably.

A person's strengths are inherent in their creative process and when used in collaboration with other peers, an individual's strengths can shine while both developing skills and learning new ones. Baum et al., (2014), shared that developing expertise in one's talent opens doors by enabling "students to become part of a social group" furthermore their research "supports the incorporation of a strengths-based, talent-focused approach for twice-exceptional learners" (Baum, et al., 2014, p.311). Sherman (2006) quoted Lerner et al., (1995) noting that "When implementing curricula, teachers should select hands-on material whenever possible" and "use multiple modalities when presenting information" (Sherman, 2006, p.200). Flint (2001) shares that in a study from 1959 by Passow and Goldberg on ADHD:

"If teachers wish to reverse underachievement, they should place students in a stimulating, rich environment with a teacher who is kind and accepting, who values each of them as individuals, and who maintains high expectations including "intensive instruction in study and organizational skills." (Flint, 2001, p.57)

Many adults with ADHD receive their diagnosis later in life. Recognizing and tapping into adults' strengths combined with psychoeducation and experiential learning approaches is one way to support couples impacted by ADHD.

There is no formal diagnostic definition of 2e in the Diagnostic and Statistical Manual. Buica-Belci & Popovici cited Coleman et al., (2005) when he was discussing the origins of 2e which came to light in 1981 by sharing that "the term twice-exceptional was coined by James J. Gallagher (2004) who intended to set apart a new category of talented and/or intellectually gifted individuals who had a disability at the same time" (p. 519). According to Baldwin, et al. (2015)

“The term twice-exceptional was coined to describe students who have a disability and who also have characteristics and traits associated with giftedness” (p. 216). Often one would see that these students are capable but they do not show it through the work they produce in the classroom. When an individual has two diagnoses at the same time it is referred to as co-occurring or comorbidity.

When working with students who are 2e, Baldwin, et al., cited Assouline & Whiteman, 2011; Baum, et al., 2001; Berninger & Abbott, 2013; McCoach, et al., 2001; Nicpon, et al., 2011; Willard-Holt & Morrison, 2013 when sharing that “Research indicates that twice-exceptional students require a dual-emphasis approach—one that focuses on strengths and talents while supporting and addressing the disability” (p. 219).

### **Experiential Learning**

Experiential learning is often considered hands-on learning where the learning is done through real-world experiences in real-time. Experiential education encompasses the educator as well as the learner and is “a philosophy that informs many methodologies in which educators purposefully engage with learners in direct experience and focused reflection in order to increase knowledge, develop skills, clarify values, and develop people’s capacity to contribute to their communities (AEE, 2022, para. 1). Through reflection to synthesize the learning and application to generalize the learning across environments, the philosophy of experiential learning is to provide meaning to the learning that participants can relate to, build skills at the metacognitive level, integrate these skills into their own lives, and increase sustainability levels through this process. “The process, developed by psychologist David Kolb, requires the student to have a hands-on experience, reflect on the results of that experience, and then to apply this reflection to the lesson again” (Aspiro, 2015, p.1). This is further explained by Aspiro who notes that

“Educators can help these students form concrete connections between visceral experience and abstract concepts. This results in profound and permanent learning” (The Vantage Point Team, 2015, p. 1). Additionally, “Experiential Learning draws concrete connections between a lesson and its practical applications” (Aspiro, 2015, p.1). Experiential learning is a critical component of the intervention developed for this capstone project. Particularly because one of the goals is to have participants make the connection between the foundations of new skills, integrating them, and applying them at the metacognitive level to real-world daily interactions and events and make meaning out of the concepts and skills taught and in turn create new habits with the skills learned. This is both relevant and important to this capstone project as it is specifically designed to shape real-life experiences in real-time using both psychoeducation and experiential learning to explicitly develop sustainable skills at the metacognitive level and intentionally apply those skills continually across their environments. Additionally, “Experiential Learning addresses social skill development and executive functioning deficits” (Aspiro, 2015, p.1). This is extremely important because these are two main areas of challenge for most partners who have ADHD and there is spill over into the couple’s relationship creating rifts and fractures within the infrastructure of the relationship which in turn is often the very essence of ADHD impacted relationships. Thus, ADHD, is in a way the third entity in the relationship impacting both partners and thus the couple’s partnership. This capstone project will address these hidden impacts of ADHD from a strength-based lens to build sustainable skills which also foster repairs of the fractures in the ADHD impacted partnership. For example, Aspiro notes, “experiential learning can be a powerful tool in these situations, allowing a student with an executive function deficit to safely experiment with social interactions. For students who struggle making social connections, providing a safe, nurturing environment to experiment and learn can change the

course of their lives.” (Aspiro, 2015, p.1). The foundation of a strength-based approach interconnected with psychoeducation and experiential learning dictates a safe environment where the focus of the intervention is an emphasis on strengths versus a deficit-based model. Additionally, “Experiential instructional methods are used across many disciplines and academic departments today, including social work, communications, labor relations, counseling, and clinical psychology” (Kelin, 2009, p. 11).

To date, there is little in the literature about experiential learning for cognitively diverse populations in a clinical/therapeutic manner. As Vos et al., state, “Learning disabilities (LD) are typically accommodated in the classroom using various techniques such as longer examination time and private rooms for examinations. However, accommodations in clinical practice environments are not as straightforward” (Vos et al., 2019). This capstone project builds a bridge for this gap where experiential learning intertwined with psychoeducation using a strength-based paradigm provides a foundation and new clinical pathways to use therapeutically with ADHD impacted couples.

### **Strength-based Approaches for ADHD and ADHD + 2e**

Another methodology for working with adults and couples who have ADHD or ADHD + 2e is a strength-based approach. Seligman said, “The strengths and virtues [...] function against misfortune and against psychological disorders, and they may be the key to building resilience. (Seligman, 2002, p. XIV as cited in Pursuit of Happiness, 2021, para. 18). While ADHD is considered a “disorder” according to the DSM V, the literature implies that the impacts of ADHD are far-reaching into their lives, inclusive of their relationships which encompass the partnership as a couple, and within the context of the family. Seligman’s work suggests that a strength-based approach has promise as an intervention to proactively prevent and or perhaps mend the negative

impacts of ADHD. For this capstone project, this would specifically apply to couples impacted by ADHD.

“Seligman found that the most satisfied, upbeat people were those who had discovered and exploited their unique combination of “signature strengths,” such as humanity, temperance, and persistence” (Pursuit of Happiness, 2021, para. 1). Using a strength-based approach, this capstone project aims to utilize what Seligman mentions as signature strengths. These strengths need to be accessed and used with both partners in the couple, in order to optimize satisfaction in the relationship. Due to chronic ongoing impacts of ADHD, both individuals in a couple can have a plethora of negative emotions from the impacts that ADHD has had on their relationship. Ruminating about ongoing problematic dynamics from the past is like being on a hamster wheel, where one keeps running and gets nowhere. Falling into these patterns can leave many ADHD impacted couples feeling hopeless. Using a strength-based approach, this capstone project works to build healthier habits of positive thinking about oneself, their partner, and their relationship, move forward and beyond their past, and use mindfulness on a daily basis. The ultimate goal of this PELSS intervention is to shift the mindset of both partners to have more positive emotions about themselves, their partner, and their relationship. In the Pursuit of Happiness, Seligman shares that “Positive psychology seeks to help people acquire the skills to be able to deal with the stuff of life in ever fuller, deeper ways” (Pursuit of Happiness, 2021, para. 4). This means that in order to begin to repair relationships couples will need to put aside the negative emotions of the past and begin to build a new future using the skills acquired through the intervention developed through this capstone project. This will give participants a new lens to view life and their relationship through with hope and optimism. Along these lines, this capstone project’s purpose is to create a therapeutic modality via developing an intervention for couples impacted by ADHD

where the foundation of the project is strength-based to accomplish sustainable skill development, with efficacy and positivity. Further, this intervention scaffolds psychoeducation and experiential learning to scaffold those strengths into meaningful opportunities for couples to build new pathways to happiness and satisfaction in their relationship and create new habits with the skills they develop which are maintainable. Seligman cites studies that find that “those who refrain from expressing negative emotions and in turn use different strategies to cope with the stresses of life also tend to be happier” (Seligman 2002, p. 69 as cited in Pursuit of Happiness, 2021. para. 12). Parallel to this, a key goal of this capstone project is to create an intervention for couples impacted by ADHD that honors and validates their experiences, yet moreover, finds the solutions to the problems. First and foremost focusing on and harnessing the strengths of each partner and the strengths of the couple as a whole with dual differentiation to help bridge the gaps by respecting each partner and the partnership.

Baum, et al., (2014) defines strength-based “as curricular and instructional approaches that are differentiated to align with students’ cognitive styles, learning preferences, and profiles of intelligence” (p.312). According to Swim (2016), “the strengths-based approach to people development began initially in the corporate environment (p.2). According to Swim (2016), “the strengths-based approach to people development began initially in the corporate environment (p.2).

Swim points out that “this development approach creates a powerful balance between the need for basic competency and the recognition that individuals have the ability to bring unique sets of strengths to an organization” (Swim, 2016, p.2). This capstone project uses this premise, by designing an intervention that stresses identifying and using the strengths of each partner to be utilized in both building skills to bridge the gaps between the challenging impacts of ADHD on

the couple and their strengths individually and as a partnership to build sustainable contentment in their relationship. According to Baldwin et al., (2015):

Strategies for serving twice-exceptional students include addressing the student's strengths and interests; providing appropriate social and emotional support; offering adaptations for academic strengths and accommodations for learning needs; and creating a supportive, safe, problem-solving culture that values the success of every student (p.216).

This is the same type of culture this capstone project aims to create and support. This further emphasizes that a strength-based approach is inherent in providing a psychologically safe environment which is necessary as a core aspect of designing this capstone project. "Research indicates that twice-exceptional students require a dual-emphasis approach—one that focuses on the strengths and talents while supporting and addressing the disability" (Baldwin et al., 2015, p.219). In turn, supporting the whole individual and partnership and leading with their strengths. "The purpose of recognizing the strengths and needs of twice-exceptional students is to employ appropriate strategies and accommodations to meet the dual individual educational needs" (Baldwin et al., 2015, p.219). According to Baldwin et al., (2015 as cited in King, 2005; Olenchak, 2009; Reis et al., 2014):

"When planning for instruction of twice-exceptional students, the first critical consideration is identification of the student's academic and intellectual strengths, talents, and interests in and outside of school and other personal factors, such as creativity, intrinsic motivation, and sustained attention. Focusing on the student's strengths before addressing the challenges is well supported in the literature." (p.219)

This is why, at the beginning of the intervention for this capstone project, identifying strengths and building a community with this in mind are built into the framework of the intervention. Having a structure to successfully start with and implement a strength-based approach can be helpful to identify each partner's strengths, the strengths of the partnership, and zeroing in on them effectively.

Questions targeting the student's learning strengths and interests guide the problem-solving team's development of a comprehensive plan for the student. Determining a student's strengths and interests can be ascertained through a variety of assessments, such as student, parent, and teacher interviews and checklists. Observation and anecdotal information, often collected via student interest forms, is also helpful in developing a profile of the student's strengths and interests (Baldwin et al., 2015, p. 219-221).

In their research, Buica-Belci & Popovici (2014) highlighted that 2e individuals have areas of strength to be tapped into, optimized, and used in planning and intervention. They note that according to the Montgomery County Public Schools (Maryland) Website in 2013 when referring to Gifted and Talented (GT) and Learning Disabled (LD) "students benefit from qualified support in order to enroll in an enrichment program in their individual area of interest" (MCPS, 2013, p.523). Further emphasizing that addressing 2e strengths are a critical component to programming. Buica-Belci & Popovici (2014), also point out that "mentorship is also a powerful method to prevent underachievement" (p.521). Buica-Belci & Popovici (2014), cite Hébert & Olenchak, (2000), sharing that in order "For this to work, a caring, open-minded and nonjudgmental person is required to establish a personalized one-on-one relationship with the GLD student, with a carefully designed individualized education plan, focused on strengths and

interests to put in motion (p.521). Thus emphasizing that the strengths of an individual are a critical factor in planning interventions for this population. This is especially important for this capstone project because it brings a new intervention for treating couples impacted by ADHD, that embodies carefully designed plans with an emphasis on strengths.

Rawana, J. R. E., et al., (2011) notes, “personal strengths of students, on the other hand, are important aspects of character that have the added advantage of being concrete, specific, and experiential” (p.127). Which can make them identifiable and able to be worked with for engagement in learning, skill development, and character development. “The strength-based approach emphasizes positive attributes rather than focusing on what is wrong with children and adolescents.” (Rawana, 2011, p.131). With this focus students can identify with their strengths and hone into them across circumstances and situations. Rawana (2011), cites Seligman & Csikszentmihallyi (2000) “strength-based perspectives seek either to identify and amplify existing strengths or to provide opportunities to develop new strengths” (p.131). Optimizing on strength-based opportunities brings a positive light on the student where their true capacity can be seen through a strength-based lens. This capstone project follows this idea to optimize each partner's strengths and how that grows their strengths as a couple. Rawana (2011) further emphasizes this concept by citing Pye (2006):

Strength-based approaches allow educators and family members to view the full potential of the child, and recognize the areas that either contain strengths or could use further development, as well as the areas in which the child may more easily attain success (p. 132).

Sherman et al., (2006) notes that learning how ADHD can be a positive trait in the classroom, can affect how educators deal with students diagnosed with ADHD, and, in turn, can benefit such

students' academic, social, and behavioral outcomes (2006, p.198). Teacher training can be beneficial for this to occur and to train educators to look out for and identify strengths. Sherman et al., (2006) suggest that “teachers should attempt to identify the unique ADHD characteristics of each child, and tailor their instruction and teaching behaviors to emphasize the child's strengths and abilities of setting goals” (p.198). Sherman et al. (2006), shared that Schirduan (2001) cited Barkley (1998) who

“found that children with ADHD are successful in situations in which their unique learning patterns and strengths were identified.” Sherman et al. (2006, p.198), further highlights that in their study “Schirduan found that most of the children in the program had average self-concepts, as well as average achievement levels. Because academic underachievement is a valid concern for most children with ADHD (Barkley, 1998), the results from this study were encouraging. When taught in settings that implement a multiple intelligence approach, children with ADHD perform and feel better than children with ADHD in traditional school settings” (Schirduan, 2001)” (p.198).

This implies that using a strength-based approach has benefits beyond the classroom. Sherman et al., (2006) point out that “Teachers also can enhance and capitalize on students' gifts by recognizing each child's individual learning styles, and by using a multiple intelligence approach to teaching” (p.199). When one alters “perceptions and classroom practices to benefit the whole classroom is a larger goal related to reshaping our views of ADHD” (Sherman, et al., 2006, p.199). This implies that reframing views to positive strength-based perspectives can be beneficial to more than just a target population. “Realizing that children with ADHD may have strengths that are hidden behind misleading terminology and restrictive requirements can help teachers and support staff to re-examine many of their approaches to education and behavior

management” (Sherman et al., 2006, p.199). According to Sherman (2006), we can “argue that thinking positively about ADHD and recognizing all children's unique strengths is important for helping children reach their social, emotional, and academic potential” (p.200). Sherman et al., (2006) shared that one must have a positive viewpoint of the disorder to have positive outcomes. and that maintaining a positive attitude about ADHD can allow parents and educators to move beyond the diagnosis and focus on children's strengths and unique learning styles to encourage optimal development (Sherman et al., 2006, p.200). The intervention developed by this capstone project seeks to acknowledge and educate couples regarding the diagnosis of ADHD, the science behind the brain wiring of a person with ADHD versus the brain wiring of a person who does not have ADHD, and the impacts on each partner and on the couple. After building the educational foundation, the intervention begins navigating the challenges couples face by building skills to improve functioning and the partnership by nurturing and building upon the strengths of each partner and the partnership as a whole. This is done by highlighting the strengths associated with ADHD and how those strengths can be recognized and optimized for each partner and optimal dynamics in their relationship.

When gleaned interest and strength-based approaches for 2e individuals, Baldwin, et al., (2015) shared four instruments utilized in collecting this data: (1) Renzulli et al., (2010) *The Scales for Rating the Behavioral Characteristics of Superior Students*; (2) Yssel, Adams, Clarke, & Jones (2014) A student Interest form; (3) Renzulli’s (1997) *The Interest-A-Lyzer Family of Instruments*; (4) Sitting down with the student one-on-one. In this intervention, speaking directly with the individual and their partner is the best way to gather data regarding them. Baldwin, et al., (2015) used these four instruments in their case study to identify interests and strengths and help tailor a plan that taps into the students’ strengths amongst other things such as learning

needs and personality (p.221). Baldwin, et al., (2015) shared that when developing a program for 2e students “The intent is that the progress of the students will be monitored and plans will be reviewed regularly in a flexible, continuous improvement cycle” (p. 223) to reach success.

Based on the research, the definition of a strength-based approach in relation to this research and the intervention created through this capstone project identifies and uses one's strengths to develop skills, bridge asynchronies, foster motivation, build resilience and apply across all environments. Thus, the goal of this capstone project is to foundationally use a strength-based approach to develop sustainable skills, bridge the gaps between challenges and strengths, build sustainable progress, and improve and maintain the overall satisfaction for couples impacted by ADHD. With this in mind, both partners' strengths and the strengths of the partnership will be highlighted repeatedly throughout the intervention. This is intended to change the paradigm of ADHD impacted couples relationships with a focus on a more strength-based perspective in addition to building strength-based skills and strategies that can be applied daily and sustained. By learning about the impacts of ADHD on the relationship through psychoeducation, actively engaging in experiential learning activities, applying in daily life, and monitoring their own progress which requires reflection and efficacy, the participants will have ongoing opportunities to solidify strength-based skills and strategies while also shifting their paradigm to more positive and strength-based perspectives.

## **Conclusion**

As part of his graduate project for California State University, Northridge, Issa Makhoulf designed an 8-week psychoeducational counseling curriculum to help middle school students cope with their parents' divorce. The intervention was designed to encourage students to identify their strengths and learn how to manage their time as well as to employ strategies for the rest of

their lives. Makhoulf refers to the psychoeducational groups in this study as an Evidence-Based Practice (EBP) which implies the methods are chosen systematically, using related rationale, and based on scientific research. Makhoulf's "group provides students the opportunity to build a relationship with a trusted adult, as they engage in the topic discussion" (Makhoulf, 2020, p.11). It is interesting to note that Makhoulf shared that this support group not only benefited the students but it had additional positive outcomes for the school counselors and teachers to support in helping their students. Makhoulf's psychoeducational curriculum has an implied intention for long-term sustainable applied outcomes for skill development in the area of mindfulness where the participants develop an awareness of triggers and eliminate other stress that can result from the trauma. This is important to note, as this capstone project is framed in a similar way, which is to yield sustainable skills and maintain them across environments and situations.

It is my speculation based on the research and my personal experience with ADDA (Attention Deficit Disorder Association) for my doctoral internship that adults with ADHD often wish to reverse a lifetime of underachievement and poor self-efficacy. Moreover, they require a stimulating rich environment with providers and facilitators who are kind and accepting, who value them as individuals, who recognize their strengths, value their interests, acknowledge their needs, and who maintain positive, encouraging, supportive, and realistic expectations. Furthermore, the avenue to tap their motivation, execution, and follow through with intervention and management is by accessing and utilizing their strengths, interest, and talents. That is what this capstone project is set out to accomplish.

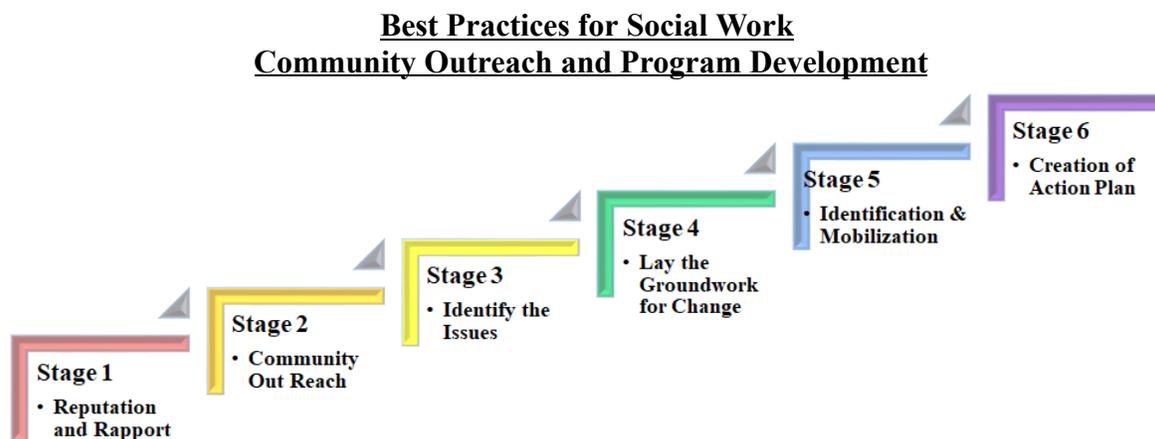
## Chapter Three: Research Design

### Explanation of Research & Purpose of Research (Project Design)

This is a capstone project. It involves community outreach and intervention development, Human subjects are not being used, rather community outreach is being sought in order to develop an intervention to meet what appears to be unmet needs within the global ADHD community. The organization I worked with for this capstone project collected their own data, and I was not involved with the dissemination of surveys to collect the data. I helped facilitate the creation of a Needs Assessment and had access to the data once it was collected. My role was to facilitate the organization in developing a framework and creating an intervention based on the best practices for Social Work Community Outreach and Program development.

### Process/Procedures for Project Development: Theoretical Framework and Methodology

Figure 7



The best practices for social work community outreach and program development is a framework designed to encourage voluntary participation and strive to empower participants. This capstone project employs the best practices for social work community outreach and Program Development as a systematic way to solve research questions. My research question is

“What does a strength-based approach using psychoeducation and experiential learning support services (PELSS) to address the needs of couples impacted by ADHD look like?” To answer this question an intervention was developed in conjunction with Neon Brain that is intended to target a community of couples who are impacted by ADHD. This framework was used as a systematic approach to design this solution and has become the method or guiding principle of how this intervention was designed. The specific indications of each of the six steps are outlined below and a description is provided regarding what occurred at each stage of the framework in order to create this intervention.

### ***Stage 1: Reputation and Rapport***

The first stage is to develop a reputation and rapport with the community and or tap into the community that one is working with. Typically this would be done in person in a local community. Neon Brain has taken this to the next level by expanding to an online global community thus reaching more couples who are alike rather than confining themselves to couples within a local community. The founders of Neon Brain already developed a rapport within the ADHD community. It began with having commonalities with their community and embracing them. The founders of Neon Brain Doug, Melissa, and Mike are diagnosed with ADHD. Doug was diagnosed as an adult and has participated and learned from small group coaching and peer-mentoring with like-minded adults. Melissa was diagnosed as an adult which encouraged her to educate herself about adult ADHD. She also incorporated all that she learned and supervised peer support groups for adults impacted by ADHD from 2014 until 2021. In 2021 Melissa co-founded Neon Brain and began offering and facilitating peer support and co-working groups through Neon Brain. Mike was diagnosed as an adult and has become a certified ADHD Coach. Mike has put his energy into leading in-person and online peer support groups for adults

impacted by ADHD for more than ten years. Mike has also led support groups for non-ADHD partners for the last five years. I bring to the table the perspective of an adult who is not diagnosed with ADHD, but is married to someone who is diagnosed and who has three adult children all of whom are diagnosed with ADHD. Together all four of us are invested in making changes and helping those impacted by ADHD. All of us are part of extensive networks in the ADHD community. We are active members in the ADHD community in different ways. All of us have volunteered with the Attention Deficit Disorder Association (ADDA) in different capacities. I completed my internship for this doctoral program through ADDA. The founders of Neon Brain also work with Rena Fi, an organization that helps people who have ADHD by focusing on money management. All of us serve as mentors to other people and their family members who are impacted by ADHD. We all have a strong connection and commitment to the ADHD community. Using these networks the founders built a strong reputation in the community. In addition, I have increased my presence in the community by participating as a speaker and panelist at the International Attention Deficit Disorder Conference since 2019, and by taking a role in the facilitation of forming non-ADHD partners peer support groups and couples peer support groups. Furthermore, through the internship I completed with ADDA, I built a rapport with a broad global spectrum of the ADHD community.

### ***Stage 2: Community Outreach***

The second stage is to get to know the people in the community and/or reach out to expand connections. As part of this stage, I reviewed the data collected from the Needs Assessment Tool (Appendix 1) that Neon Brain sent out to the global ADHD community to address the needs of couples impacted by ADHD. This information was used to develop the intervention for this capstone project. An analysis of pertinent survey questions regarding the

general community can be found in the section titled Information Gleaned from the Needs Assessment.

As part of this stage, I participated in multiple meetings with the founders of Neon Brain who also were in contact with key leaders, influencers, and/or people who are impacted by ADHD. This contact took place via email, Zoom, Clubhouse, Facebook, WhatsApp, Meet Up, and professional forums. The goal of using the Needs Assessment Tool and the meetings was to identify needs and to continue to establish rapport. Through these efforts, we noted a strong need for support and effective interventions for couples impacted by ADHD.

### ***Stage 3: Identify the Issues***

Stage three is to identify the issue(s) of concern. This is accomplished through work with community members to figure out what the needs of the community are, where community members feel they require interventions, and what they want to see or improve. During this stage interest and motivation are gauged in changing the identified issue(s). It is also important to explore current and past attempts at change to better guide efforts.

Through this stage, we examined what existed for couples both in the past and present and spoke to members of the community who have tried various interventions. It became clear that couples are in need of a strength-based intervention that provides psychoeducation and experiential learning to build and sustain skills. In other words, not just manage the ADHD, but also navigate the impacts it has had on relationships and move towards healthy partnership dynamics that can be maintained.

In this stage, we also synthesized additional answers from the Needs Assessment that answered the questions such as “What ADHD interventions have you or your partner tried?” “Have you tried to find a community of couples that have similar challenges in their

relationship?”, and “What type of support are you looking for?” The answers to these questions can be found in the section Information Gleaned From the Needs Assessment. The Needs Assessment provided valuable information to narrow in on particular goals and objectives for the intervention.

#### ***Stage 4: Lay the Groundwork to Make the Intended Change***

In stage four, goals and objectives based on the identified issue(s) of the community members are set. This stage is to lay the groundwork to make the intended change/impact on the issue(s) being experienced by the community. The social worker identifies the resources, people, and the length of time that they believe will promote and or accomplish the overall goal. This stage helps to bring to life the intended change and helps to inform the community of what can be done to address the issue(s).

In this case, we used our combined experiences within the ADHD community, the information from the Needs Assessment, and the vision of Neon Brain, to develop goals and objectives for intervention that would target couples impacted by ADHD. From there we began a framework for intervention, focused on a strength-based intervention, determined the length of the intervention with consideration to accommodate the population's challenges as well as focusing on strengths, and tapped into other experts and researchers in the field to ensure the intervention/programming would be empirically evidence-based. The overall arching goal of this intervention/program is for couples to gain a better understanding of what each other go through due to one or both partners having ADHD and develop a toolkit to help each other during life situations. Figure 8 shows the goals and objectives that were developed for each module:

Figure 8

## Neon Brain

### ADHD Relationship Fitness Program for Couples

### Goals & Objectives

**Orientation**

- **Goal 1:** *Introduce participants to the program (summary of the program and community rules), program participants, and facilitators.*
  - **Objective 1:** *Participants will demonstrate understanding of community rules by following them in this and subsequent sessions.*
- **Goal 2:** *Participants will identify their strengths and their partner's strengths.*
  - **Objective 1:** *Participants will demonstrate the utilization of strengths by applying them throughout the modules.*

**Watch Party**

- **Goals:** *Participants will identify interventions, self-advocacy, community support, and the value of a strength-based approach*
  - **Objective 1:** *Participants will work with their partners to develop strength-based skills, apply them over time, and incorporate what works best for them as individuals and as a couple.*
  - **Objective 2:** *Participants will increase awareness of their need for self-advocacy and build self-advocacy skills throughout the program.*
  - **Objective 3:** *Participants will differentiate what a strength-based approach and will implement strength-based strategies and skills throughout the program.*
  - **Objective 4:** *Participants will explain the value community and weigh the importance of this support for them throughout the program.*

**Module 1 Week 1**

- **Goal 1:** *Participants will learn about the Power of the Pause.*
  - **Objective 1:** *Participants will learn about the Power of the Pause by watching facilitators' scenarios using Power of the Pause.*
  - **Objective 2:** *Participants will share scenarios from their lives and share when they could have utilized the Power of the Pause.*
- **Goal 2:** *Participants will use a strength-based paradigm to begin to repair the tears in the emotional connection between them.*
  - **Objective 1:** *Participants will use their gratitude journal to express their gratitude towards their partner.*

**Module 1 Week 2**

- **Goal 1:** *Partners will be able to identify strengths in their partner by participating in the Newlywed Game.*

- **Objective 1:** *Participants will identify and share their partners' strengths in their favorite thing to do.*
- **Objective 2:** *Participants will identify and share their partner's strengths in their accomplishments.*
- **Objective 3:** *Participants will identify and share strengths in why they fell in love with their partner.*
- **Objective 4:** *Participants will identify and share strengths in their favorite memory of their partner during family time.*
- **Objective 5:** *Participants will identify and share their strengths when resolving a conflict.*
- **Objective 6:** *Participants will identify and share their strengths in something nice/special their partner did for them.*

### Module 2 Week 1

#### Goal/Learning Objectives:

- **Goal 1:** *Couples will identify the hidden impacts of ADHD in their partnership and differentiate these impacts as caused by ADHD.*
  - **Objective 1:** *Participants will examine the following three key elements of what being a partner entails in a relationship and draw connections of these elements to their own roles and their partner's roles in their relationship.*
    - *Accessible (reachable)*
    - *Responsive (understand how you feel and care)*
    - *Engaged (actively engaged in your life)*
  - **Objective 2:** *Participants will discuss and describe creating systems to create healthier dynamics and habits that are repeatable and or sustainable.*
  - **Objective 3:** *Participants will interpret the volcano model of ADHD, classify and relate their experiences to the following layers:*
    - *Observable behavior*
    - *Core symptoms and co-existing conditions*
    - *Executive Function*
    - *Neurochemistry*
  - **Objective 4:** *Participants will experience a simulation of the developmental nature of ADHD and brain development and distinguish the difference amongst an ADHD brain and a non-ADHD brain*
  - **Objective 5:** *Participants will be introduced to Rejection Sensitivity Dysphoria through the instructional material and apply it to their own situations*

### Module 2 Week 2

#### Goal/Learning Objective:

- **Goal 1:** *Participants will learn about the structure and neurology of an ADHD brain in comparison to a non-ADHD brain and demonstrate their understanding that ADHD is a brain-based disorder that requires*

*strength-based supports and interventions systematically including with their relationships.*

- *Objective 1: Participants will identify parts of their brain and their functions*
- *Objective 2: Participants will examine the frontal lobe in more detail and examine executive function which the frontal lobe is responsible for*
- *Objective 3: Participants will distinguish that ADHD is not a problem of knowledge, or knowing what to do, but one of performance, of doing what you know.*
- *Objective 4: Participants will appraise how a strength-based approach helps to bridge the gaps and support the individual and the couple to construct healthier skills and strategies*
- *Objective 5: Participants will be exposed to co-occurring conditions with ADHD for awareness and recognition that they are common with ADHD*
- *Objective 6: Participants will identify self-regulatory skills in relation to their own resource pool*

### **Module 3 Week 1**

- **Goal 1:** *Participants will define partnership skills and apply them to their own relationship and situations.*
  - **Objective 1:** *Participants will identify the three skill areas that work together synchronistically for healthier partnerships. They are:*
    - *Mindfulness*
    - *Management*
    - *Collaboration*
  - **Objective 2:** *Participants will experience using their strengths while using collaboration skills to build a tower from five objects that each partner brought to the activity.*
  - **Objective 3:** *Participants will collaborate together while getting a task done.*
  - **Objective 4:** *Participants will examine the seven steps for building partnerships and apply each step with a prompt using partnership skills.*

### **Module 3 Week 2**

- **Goal 1:** *Participants will apply partnership skills and love languages to plan and execute a date night*
  - **Objective 1:** *Participants will learn their own love languages and their partner's love languages by taking an online line love language test*
  - **Objective 2:** *Participants will identify and share their love languages for giving and receiving.*
  - **Objective 3:** *Participants will draw connections between using the partnership skills synchronistically and love languages together as a means of effective communication and collaboration to get things done.*

- **Objective 4:** *Participants will learn the term “setting the table” to relate to and recall that coming prepared with synchronistic partnership skills and love languages to all communications and collaboration to get things done is essential.*
- **Objective 5:** *Participants will examine and apply the steps for “setting the table.”*
- **Objective 6:** *Participants will apply using Minmup to plan a date night.*
- **Objective 7:** *Participants will identify where the strengths are in each partnership skillset (mindfulness, management, collaboration) using a check-off sheet.*

#### **Module 4 Week 1**

- **Goal 1:** *Participants will craft apologies in relation to theirs and their partner’s apology language and apply them in the partnership when an apology is called for.*
  - **Objective 1:** *Participants will review and recall facts about Rejection Sensitivity Dysphoria (RSD) and how the impacts lead to the need for the use of appropriate and meaningful apologies*
  - **Objective 2:** *Participants will be able to state the five emotional regulation strategies presented and apply when using apology languages.*
  - **Objective 3:** *Participants will take the apology language quiz and identify their own and their partner's apology languages.*
  - **Objective 4:** *Participants will examine Harriet Lerner’s nine points about a true apology and incorporate them into how they formulate an apology*
  - **Objective 5:** *Participants will walk through the steps for setting the table for apologies and apply them during the apology game.*

#### **Module 4 Week 2**

- **Goal 1:** *Participants will gather insights from feedback forms, share wisdom gained, and celebrate successes.*
  - **Objective 1:** *Participants will be able to articulate what they are aware of now that they were not aware of prior to the program.*
  - **Objective 2:** *Participants will share strength-based strategies that now work for them.*
  - **Objective 3:** *Participants will demonstrate how to apply the skills developed into daily habits in daily life.*
  - **Objective 4:** *Participants will be able to explain the positive impacts of logging in their gratitude journals about their partner on a regular basis.*
  - **Objective 5:** *Participants will identify why a strength-based approach made a positive difference for them.*
  - **Objective 6:** *Participants will explain how their perspectives have changed toward the relationship and ADHD.*

### ***Stage 5: Identification and Mobilization of Key Individuals***

After goals and objectives are established, identification and mobilization of specific individuals can be accomplished and a task force can be created. Key members of the community can be gathered to ensure that they are aware of the roles and to confirm the goals and objectives that the social worker has created based on the feedback of the community. During this stage, community members can critique or change any of the identified issue(s) and/or how they will be addressed. The social worker needs to confirm that community members, leaders, influencers, and/or the people being affected by the identified issue(s) are on board with the identified goal and objectives as well.

In this stage, I worked with Neon Brain, to put together a task force of volunteers from the ADHD community. The task force was composed of six members from the ADHD impacted couples community. The task force has met ten times over the course of six months. I led each task force meeting. Each meeting began with a review of the objective and goals for the module we were currently developing to make sure they were in alignment with Neon Brain's vision and balanced to meet the needs of ADHD and Non-ADHD participants. Each week we would also discuss a different topic for clarity and procedure creation these topics included the length of the intervention, intake process, community outreach and promotion of intervention, criteria for participants, development of a title for the intervention, how often assessments would be done and how assessment information would be utilized, and maintenance and sustainability where we developed an ongoing peer support group and maintenance program. We also discussed potential challenges based on the communal needs and incorporated proactive strategies. It is here where we decided how to deliver the intervention and the deliverables (artifacts) that would need to be created. These included a slide deck, Partner's Owner's Manual, Facilitators Handbook, and

Google Forms that would be part of individual lessons. These task force meetings were valuable in shaping the direction of the intervention, the logistics that are a part of creating something of this nature, and the development of an action plan.

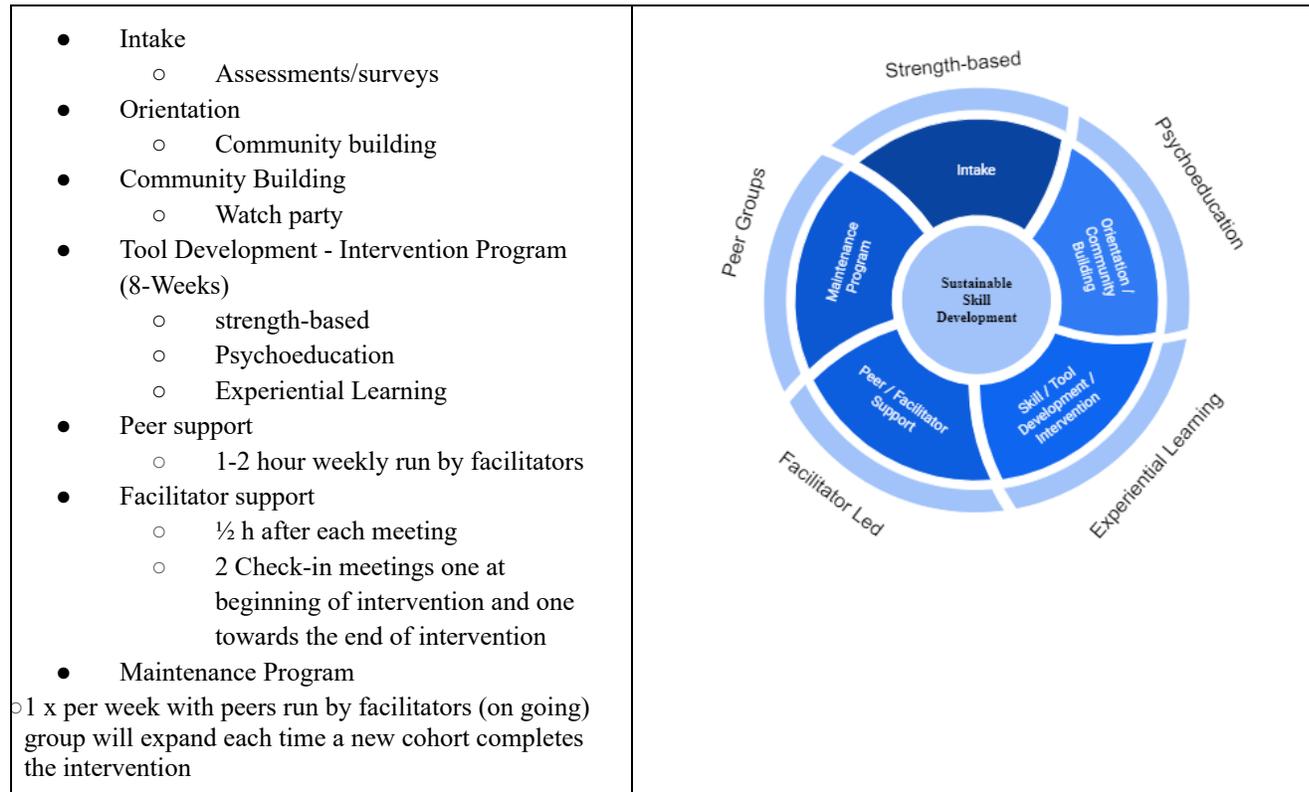
### ***Stage 6: Creation of Action Plan***

The last step in this model is to develop and finalize an action plan. Here the social worker creates a detailed plan with steps, actions, and resources needed to accomplish the agreed-upon objectives to reach the identified goal(s). Potential barriers to accomplishing the goal(s) and the implementation of the objectives are examined. During this stage standards and procedures to guide the plan of action are carried out.

As part of the last stage, I developed a theoretical framework called Sustainable Skill Development (mentioned above) that includes psychoeducation and experiential learning for sustainable skill building with a focus on the strengths of the individuals and couples in ADHD impacted relationships. This framework is inclusive of goals and objectives with a plan to develop a formal intervention that would have an intake process, four modules each lasting two weeks, designed around topics based on the needs of the ADHD impacted couples community. During this phase, I met with one of the founders of Neon Brain (Melissa) between 6 and 8 hours a week for the first three months and then increased it to 20 hours a week for the remainder of the development of the deliverables (artifacts). The deliverables included a slide deck, Partner's Owner's Manual, and Facilitators Handbook, which was based on the Needs Assessment, goals, and objectives developed. My role in this stage was as a facilitator, curriculum writer, information provider, and tool developer for the creation of content, framework, and model for the intervention designed. I helped take Neon Brain's vision and make it a reality.

Figure 4

## Sustainable Skill Development



The Sustainable Skill Development Framework that I designed is our winning formula for a success intervention. It scaffolds several components to sustain skill development using a strength-based approach. Focusing on strengths and not just strategies for navigation around the impacts of ADHD is a new paradigm for intervention applied to couples affected by ADHD.

This framework begins with an intake process. The intake process is where the participants and the facilitators have time to meet each other and explore if this intervention will be a good match for the couple. During this process, prospective participants learn more about what the intervention entails, learn that acceptance of ADHD is a third entity in their relationship and that the impacts ADHD has on the partnership is

accepted by both partners. Additionally, couples learn that this intervention program takes a novel approach that taps into individual and couples strengths which will be used towards skill development, skill sustainment, repairing, and healing relationships. Assessments and surveys are used during the intake process for the potential participants and the facilitators to learn more about their strengths and to use them as a springboard going forward in the intervention.

The next component of the framework is the orientation for participants who have completed the intake process. This is the first opportunity for all participants to come together and meet each other with their facilitators. Given the intervention program is with a live virtual group, the building of community is essential to establishing psychological safety, peer support, and trust with facilitators and peers. The orientation is designed to promote and build a community which is critical to growing a flexible and comfortable environment for learning, a therapeutic intervention, and to building and sustaining skills. As part of the community building, we will hold a watch party as part of experiential learning, to spark interest, build camaraderie, plant seeds about a strength-based approach, and through psychoeducation teach participants. For the watch party we will be watching the movie *50 First Dates* and the goal is that participants leave understanding that regardless of the diagnosis the impacts of the condition such as poor memory or memory loss affects the relationship. This theme will set the stage to reframe paradigms and begin to hone in on strength-based views and approaches.

The cornerstone of the next eight weeks is tool development where psychoeducation and experiential learning are used to educate, develop strategies, and to build skills. As part of the

intervention designed for Neon Brain, participants learn about the hidden impacts of ADHD, the science behind ADHD and non-ADHD brains, they identify their own strengths and the strengths of the partner and partnership, learn empathy, how to communicate, how to engage in listening, and more. The design of the program during these eight weeks gives couples the opportunity to apply the learning and skills gained in real-time and across all of their environments. Furthermore, couples learn to recognize their progress by developing skills to track, reflect, expand their toolbox usage, and are able to celebrate their wins on a regular basis.

The next layer to this framework is participation in a weekly peer support group led by the facilitators. This peer support group reinforces community building, psychological safety, and connection with both peers and facilitators, and maintains a flexible environment for participants to learn and grow with each other. Participants are able to continue to process and apply what they have learned each week, integrate the learning, share their challenges and continue to celebrate their wins. Additionally, facilitators and peers alike continue to keep the focus on the strengths of both partners and the relationship.

Added to this layer is additional facilitator support which is provided to the group weekly and twice to individual couples. Weekly, after the two hours of each week's programming, the facilitators offer an extra optional half-hour for additional processing and questions. This time is valuable to assist participants with synthesizing and applying the learning, strategies, and skill development. During this time, facilitators also assess the participants' needs and provide additional support as needed. The other component to this layer of the intervention is two individual check-ins where each couple meets with the facilitator. The first check-in is at the beginning of the eight weeks and the second check-in is at the end of the eight weeks. These check in's are used to monitor, adjust, and differentiate for each couple as needed.

Lastly, what makes this intervention novel is that it is a live virtual maintenance program that is offered one time per week and is led by facilitators. This maintenance program begins after the four modules are completed. This maintenance group will expand each time a new cohort completes the intervention program. The intent is to provide continued support and sustain strength-based strategies and skills that have been developed through the intervention program. It also helps participants incorporate these strength-based strategies and skills into their daily habits and partnership skills on an ongoing basis. Additionally, the maintenance program continues to encourage and help reshape the dynamics of the couple to healthier patterns with a strength-based lens. The maintenance program also offers a safe and flexible environment where couples are reaffirmed for their progress and encouraged through any challenges that might arise, Furthermore, it maintains a psychologically safe community for couples impacted by ADHD.

## **Chapter Four: Discussion of Creation of Deliverables**

The deliverables artifacts for this capstone project included a slide deck, a facilitator's Handbook, and a Partner's Owner's Manual.

### **Slide Deck**

The slide deck consists of 259 slides divided into sections for the orientation, watch party, and four modules. Each module covers two weeks of materials and has repetitive content from week to week in the beginning and end with new experiential components in the middle. The slide deck begins with an orientation, slides 1-13, to introduce participants more in-depth to the mission of Neon Brain and the goals of the intervention. The next set of slides 14-24 outlines the watch party. The rest of the slides 25-259 comprise the four modules. Each week's module contains an element of gamification, worksheet completion, activity, educational component, and reflection.

### ***Orientation Slides 3-15 (two and a half hours + half-hour optional time for questions and processing)***

The orientation, slides 3-15, introduces the facilitators, Doug, Melissa, and Mike giving a roadmap to the intervention program, titled ADHD Relationship Fitness Program for Couples. The orientation explains the technology tools being used (Google Classroom and Zoom platform) and reviews some pages from the POM that were completed during the intake process including agreements, guiding principles, values, and the strengths survey.

### ***Watch Party Slides 16 - 26 (two and a half hours)***

The Watch Party slides 16 - 26, are based on the movie 50 First Dates. As part of the Watch Party participants will watch the movie, tips, strategies, and suggestions will be discussed for sustaining attention and a discussion will occur after. While Lucy, the main character in the

movie does not have a diagnosis of ADHD, her condition of short term memory loss is relatable to ADHD and helps to teach acceptance, compassion, patience, and awareness, as the audience sees the lengths Henry goes through and his actions because he developed feelings for Lucy. Henry introduces new strategies to Lucy's family and Lucy becomes an active participant in using these strategies to help her. The movie teaches the participants to embrace and celebrate their wins.

***Module 1 Week 1 Welcome Slides 27-50 (two and a half hours + half-hour optional time for questions and processing)***

The first week of the intervention starts with module one week one which covers “the power of the pause.” This introduces participants to a positive strategy to use right away as the intervention begins.

***Module 1 Week 2 Finding the Newlywed in You Slides 51-83 (two and a half hours + half-hour optional time for questions and processing)***

The second week of the intervention is module one week two, which introduces participants to a strength-based approach, teaching participants to look through the lens of their strengths, their partners' strengths, and the strengths they have as a couple.

***Module 2 Week 1 The Hidden Impacts of ADHD Slides 84-112 (two and a half hours + half-hour optional time for questions and processing)***

The third week of the intervention is module two week one and it teaches about the hidden impacts of ADHD on couples.

***Module 2 Week 2 ADHD Defined by Science Slides 113-162 (two and a half hours + half-hour optional time for questions and processing)***

The fourth week of the intervention is module two week two where there is an overview of the brain science that differentiates ADHD brains from non-ADHD brains. It also takes a deep dive into the frontal lobe and executive function which are core elements of ADHD challenges.

***Module 3 Week 1 Partnership Skills Slides 163-183 (two and a half hours + half-hour optional time for questions and processing)***

The fifth week of the intervention is module three week one where partnership skills are taught. Specifically mindfulness skills, management skills, and collaboration skills. The focus is on how to build these skills and use them synchronistically.

***Module 3 Week 2 Love Languages - Date Night Slides 184-209 (two and a half hours + half-hour optional time for questions and processing)***

The sixth week is module three week two where love languages are introduced. Participants are taught how to use love languages in conjunction with synchronistic partnership skills.

***Module 4 Week 1 Apology Languages Slides 210-225 (two and a half hours + half-hour optional time for questions and processing)***

The seventh week is module four week one. Participants learn about apology languages and how to construct and use appropriate and meaningful apologies, particularly in response to when ADHD impacts arise and are at the root of the cause for the apology.

***Module 4 Week 2 Highlights Slides 226-259 (two and a half hours + half-hour optional time for questions and processing)***

The eighth week is module four week two. This week consists of highlights from the intervention, celebrating successes, and discussion with offerings for support with maintenance of what they learned and sustaining and growing their skills and progress. Here is a link to the slide deck

<https://docs.google.com/presentation/d/1X88gUtLR1w27pBnXunfFaSqRad-ho7Uv1dxSt45rr9I/e/dit?usp=sharing>

**Facilitators Handbook**

The Facilitators Handbook is a Portable Document Format (.pdf) version of the slide deck with the slide on top and the notes section on the bottom. The notes section outlines the topic, tools, POM documents to review, goals/learning objectives, time frame, materials (for facilitator and participant), notes on what the facilitator should say or do for each slide, a recap, follow up, facilitator reflection, and additional resources. This serves as a step-by-step guide to facilitate the intervention and includes examples for the facilitators to use. Here is a link to the Facilitators Handbook:

[https://drive.google.com/file/d/1vndUOSbZ\\_R0EWmtrfnEOTiGdEFIfS38W/view?usp=sharing](https://drive.google.com/file/d/1vndUOSbZ_R0EWmtrfnEOTiGdEFIfS38W/view?usp=sharing)

**Partner's Owner's Manual (POM)**

The Partner's Owner's Manual (POM) serves as a living document throughout the intervention for participants to use for interactive means, evaluative purposes, as a way to document the application of the learning and skills taught throughout the program, and as a reference to participants. This manual consists of 107 pages. The POM contains a variety of different activities that go along with each module. It is designed with space for both partners to

complete activities and take notes from content shared in the slide deck. The POM can be used electronically or it can be printed and written in with a writing utensil. The POM is a tangible deliverable with visuals that serves as a guide or toolkit for couples to refer back to for strength-based strategies, supports for what worked for each individual and couple when faced with different scenarios, and as a reminder of their progress made throughout the intervention.

Here is a link to the Neon Brain POM

[https://docs.google.com/document/d/1U-F8arOg7Wx0xhIopL0MUQ1zq4m9k0-UmJAEMHt\\_3DQ/edit?usp=sharing](https://docs.google.com/document/d/1U-F8arOg7Wx0xhIopL0MUQ1zq4m9k0-UmJAEMHt_3DQ/edit?usp=sharing)

### **Additional Instruments Developed**

As part of the deliverables (artifacts) or tools were designed and created using various software and web-based applications. The first type of tool created was the survey. Several surveys were created to glean information during individual modules. These consisted of the Pre Module Rating Scale and the Post Module Rating Scale. The second set of tools was a bank of worksheets to go with each module that is housed in the POM.

#### **Survey: Pre Module Rating Scale**

The Pre Module Rating scale consisted of five questions. The first two questions identified the person taking the rating scale and the last three questions were a rating scale from 1 (low) to 5 (high). The questions consisted of “What is your energy level?”, “How inspired are you to work today”, and “How inspired are you to utilize what you have learned today?” The intent of the Pre Module Rating Scale is to understand where participants are before participating in the module.

Here is the link to the Pre Module Rating Scale

[https://docs.google.com/forms/d/e/1FAIpQLScroKm\\_19PcLEyJNwd6rxYGhfXyok65rhQyXZHnIvo4vo9Yfw/viewform](https://docs.google.com/forms/d/e/1FAIpQLScroKm_19PcLEyJNwd6rxYGhfXyok65rhQyXZHnIvo4vo9Yfw/viewform)

### **Survey: Post Module Rating Scale**

The Post Module Rating scale consisted of six questions. The first two questions identified the person taking the rating scale, the last three questions were a rating scale from 1 (low) to 5 (high). The questions consisted of “What is your energy level?” “How inspired are you to work going forward?,” and “How inspired are you to utilize what you have learned in this module?” The intent of the Post Module Rating Scale is to understand where participants are after participating in the module. Here is the link to the Post Module Rating Scale

[https://docs.google.com/forms/d/e/1FAIpQLSc1Inqk8uNX1\\_qv-5pyPDuPSam1e\\_K0\\_Yy2-5zrDYEMbmYugA/viewform](https://docs.google.com/forms/d/e/1FAIpQLSc1Inqk8uNX1_qv-5pyPDuPSam1e_K0_Yy2-5zrDYEMbmYugA/viewform)

### ***Timeline***

When I first began working with Neon Brain, I created a proposed timeline of when different events would happen. Many parts of this took longer than expected. It is a well-known fact that for every hour a teacher spends in front of a class teaching, they spend two hours behind the scenes preparing. That was true here. In addition, our plan to begin in the Summer of 2021 was delayed to the Fall of 2021. This pushed everything down and created less time to review the Needs Assessment and create the Slide Deck, Facilitators Handbook, and POM.

**Figure 9***Proposed and Actual Timeline*

<b>Timeline</b>	
<b>Proposed Timeline</b>	<b>Actual Timeline</b>
<ul style="list-style-type: none"> <li>❖ <b>Summer 2021</b> Neon Brain recruits participants for Needs Assessment Survey</li> <li>❖ <b>Summer 2021</b> Neon Brain will interview participants and create a pilot group</li> <li>❖ <b>Summer 2021</b> Neon Brain will develop a questionnaire</li> <li>❖ <b>Fall 2021</b> Neon Brain will administer a questionnaire and several assessments to help hone in and pinpoint their interests, strengths, and talents</li> <li>❖ <b>Fall 2021</b> Neon Brain will analyze information gathered from interviews and assessments</li> <li>❖ <b>Fall 2021</b> Neon Brain will identify goals and objectives</li> <li>❖ <b>Fall 2021</b> Neon Brain will form a task force</li> <li>❖ <b>Fall 2021</b> Based on information gathered from Neon Brain I will create a framework, programming (including program assessment) based on strengths, interests, and talents of adults within the pilot group with ADHD to sustain skill development and accountability</li> <li>❖ <b>Winter 2021-2022</b> Neon Brain will facilitate the developed programming and monitoring through ongoing assessments of the program and individuals successes will occur and adjustments will be made accordingly</li> <li>❖ <b>Winter 2021-2022</b> Neon Brain with my consultation will develop follow up questionnaires</li> </ul>	<ul style="list-style-type: none"> <li>❖ <b>Fall 2021</b> Neon Brain developed a Needs Assessment questionnaire</li> <li>❖ <b>Fall 2021</b> Neon Brain administered a questionnaire and several assessments to help hone in and pinpoint their interests, strengths, and talents</li> <li>❖ <b>Fall 2021</b> Neon Brain formed a task force <i>Note: Multiple weekly meetings with Neon Brain and the task force created were scheduled</i></li> <li>❖ <b>Winter 2021/22</b> Neon Brain analyzed information gathered from interviews and assessments</li> <li>❖ <b>Winter 2021/22</b> Neon Brain identified goals and objectives</li> <li>❖ <b>Winter 2021/22</b> Based on information gathered from Neon Brain I created a framework, programming (including program assessment) based on strengths, interests, and talents of adults for a beta group of couples impacted by ADHD to sustain skill development and accountability</li> <li>❖ <b>Winter 2021-2022</b> Neon Brain with my consultation developed ongoing assessment tools and follow up questionnaires</li> <li>❖ <b>Spring 2022</b> Neon Brain with my consultation made data-driven decisions regarding future programming</li> <li>❖ <b>Summer 2022</b> Neon Brain recruits participants</li> <li>❖ <b>Summer 2022</b> Neon Brain will interview participants and create a beta group</li> <li>❖ <b>Fall 2022</b> Neon Brain will facilitate the developed programming and</li> </ul>

<ul style="list-style-type: none"> <li>❖ <b>Winter 2021-2022</b> Neon Brain will administer, collect, and analyze questionnaires</li> <li>❖ <b>Spring 2022</b> Neon Brain with my consultation will make data-driven decisions regarding future programming</li> </ul> <p><i>Note: Multiple weekly meetings with Neon Brain and the task force created will be scheduled</i></p>	<p>monitoring through ongoing assessments of the program and individuals successes will occur and adjustments will be made accordingly</p> <ul style="list-style-type: none"> <li>❖ <b>Fall 2022</b> Neon Brain will continue to administer, collect, and analyze questionnaires</li> </ul>
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### **Production of Deliverables (Artifacts)**

When the Needs Assessment results were collected, I worked with Neon Brain to analyze and review the data, note patterns, and specify particular areas of need. This led to the discussion and planning of the intervention we ultimately created. We used the results of the needs assessment to develop the topics for each module. Then we drafted each module in the slide deck with content for each topic, and notes for the facilitator, and designed the pages in the POM to pair with each module. To do this effectively, I independently researched topics and provided resources to the task force that was used in the development of the intervention and/or provided as resources to facilitators and participants.

During this process, I met with the founders of Neon Brain virtually every week. During these meetings, we made important programmatic decisions on which content should be part of the modules, which content should be part of an orientation, and which content should be part of an intake process held with each couple individually. One topic of conversation that was important was how do we define what we were about to create both for ourselves and the public. In essence, what we were creating was an intervention, but to the public, we questioned if that would be relatable and “sell” rather than the term program. We concluded that what we were offering was a fitness program for couples, hence our title ADHD Relationship Fitness Program

for Couples. The term intervention and program became synonymous. We also decided that a great way to introduce couples to each other and lay a foundation for their work together was to create a more informal activity and that is how the watch party was developed.

As part of this process, I used my educator/teaching hat and my clinical social worker hat in conjunction with each other. My extensive background and experience with teaching and curriculum development along with my training and experience with clinical therapeutic interventions fostered my ability to facilitate and help guide the development of this intervention for couples impacted by ADHD using psychoeducation and experiential learning. Additionally, my expertise in cognitive diversity has not only allowed me to fulfill the role as the resident expert, but in turn, but it has also provided me with my lifelong dream and the opportunity to bridge the gap between the educational and mental health arenas.

Being well versed in ADHD both professionally and personally has proved beneficial in both intervention development and working with the community partners, all of whom have ADHD. Having in-depth knowledge of the well-documented empirical facts about ADHD and knowledge about the less documented aspects of ADHD have assisted my role in facilitating the development of this intervention. Additionally, my training and education from Bridges Graduate School for Cognitive Diversity helped to shift the paradigm of the objectives, goals, and paradigms with Neon Brain to ensure the intervention created was strength-based both foundationally and that the scaffolding throughout the development of the intervention. This is all documents in Appendix 2 below, Diary of Meeting with Neon Bran which shares the dates, hours, people who attended, and brief bullet points for what was addressed/accomplished during each intervention design meeting. Here I was able to ensure the intervention was in line with the objectives and goals, meeting the needs of the community, and Neon Brain's vision for the

couples impacted by ADHD. My role as facilitator was also expansive. In this role, I helped facilitate the incorporation of strength and interest-based approaches, curriculum design, scaffolding, dual differentiation, universal design, objectives and goals, scope and sequence, summative and formative assessments, analysis, psychoeducation, experiential learning, underpinnings of the best practices in social work for community outreach and program development, mental health, cognitive diversity, comorbidities, and learning styles. In my role as a facilitator, I maintained a meeting schedule, provided an agenda, asked for Neon Brain's input, provided starting points, directed prompts to help initiate content building, reflected on goals and objectives, and helped Neon Brain bring their vision to life, met community needs, initiated a discussion to clarify vision and tie it back to objectives and goals, access creativity of the Neon Brain team, fostered the strengths and talents of the community partners, worked on ongoing assessments of the process, and wrote content for curriculum, the POM, and the Facilitators Guide Book in collaboration with Neon Brain.

In between meetings, I reviewed and worked on the work accomplished in prior meetings. In turn, I would send suggested edits, and points to think about potentially adding, weaving in, expanding, and or changing. Neon Brain would read the communications in between meetings and usually work on my suggestions before the next meeting. Often these items were starting points for the upcoming meeting. Neon Brain would commonly use my suggestions as a means to expand upon the goals and objectives that stemmed from the Needs Assessment and sparked their vision in each meeting. During the meetings, we were able to take their vision and use it to help shape the curriculum that we established.

The most difficult part of the process was determining the length of the intervention. We had the content and wanted to offer an intervention of substance that is not intrusive in

participants' lives, but yet fosters change in the way couples and individuals approach and handle current and future situations. This took skill. As a task force, we spent many hours discussing this and determined that a ten-week intervention inclusive of an orientation, watch party, and eight modules would be a good idea. We also decided to allot 120 minutes (2 hours) for each module and provide an additional 15-30 minutes after each module for additional processing, support, and chatting with participants. In developing this time frame, we took into account areas to navigate such as participants' attention, and particular areas of executive function such as time management, follow-through, and sustaining interest as impacted by ADHD. We sought to accommodate the targeted population with dual differentiation in mind, thus accommodating the challenges that ADHD has on couples while building an intervention that develops skills through a strength-based approach infusing psychoeducation and experiential learning. We also thought about couples who need a longer time frame for support and what Neon Brain could offer to them and developed both a peer support network and a maintenance group.

In addition to the meetings I had with Neon Brain, I had two academic advisors from the Bridges Graduate School who guided me through the process of writing this paper and creating a capstone project. My first advisor and I met virtually one to two times a month from the Summer of 2022 through November of 2022. Each meeting lasted one to two hours. Subsequently, that advisor left the university and someone from my committee stepped up to be my advisor. I met with the second advisor weekly until my capstone project was completed.

## Summary

The purpose of this capstone project was to design a framework that can be applied to groups in developing an intervention that addresses a strength-based paradigm, through the use of psychoeducation and experiential learning support service models (PELSS). The idea is to cultivate knowledge, new perspectives, and growth mindsets with engaged and experiential learning. In turn, couples impacted by ADHD will achieve expanded insights while building and sharpening skills to apply to their relationships long term. This includes yet is not limited to elements of copartnering such as daily living, communication, interpersonal dynamics, emotional intimacy, and relationship repair. Using this method to provide interventions can develop skills that can be applied across all situations and environments. Additional accountability can be worked on in a positive, safe, and flexible environment collaboratively.

This capstone project is a ten-week intervention program. The first week is an orientation. Thereafter, are four modules. Each module lasts two weeks for a total of eight weeks. Two hours a week will be allotted to each module. An additional half-hour of time will be provided after each module by the facilitator for further synthesis, answering general questions, and allowing participants to get to know one another on a personal level. The modules use psychoeducation and experiential learning to educate participants about the impacts of ADHD on couples and teaches strength-based skills and strategies to navigate ADHD in hopes to minimize the impacts it causes on relationships. Additional components of this intervention program include an intake meeting (one and a half hours), a watch party (two and a half hours), weekly couples peer support group (one hour), and two individual couple check-in meetings (one hour each to be held at the beginning of the program and end of the program) with the one of the cofounder/co-facilitator of Neon Brain. The couples peer support group will be offered on a

second day of the week and will also be run by the same facilitators as the orientation and four modules.

The development of this PELSS intervention/program was based upon a Needs Assessment that included an Interest Survey to understand the wants and needs of a community of couples impacted by ADHD. The information gleaned created the road map for content development and activities. Information on the hidden impacts of ADHD, the neurological aspects of ADHD, partnership skills, and aspects of communication are taught along with engaging experiential learning activities to teach such skills as emotional regulation, communication, and partnerships skills (mindfulness, management, collaboration). Gamifying was used to sustain interest and engage participants to synthesize and apply what they learned and to practice in real-time the skills they learned. A Partners Owners Manual is also developed for participants to document and reflect on their journey as well as provide a place for them to go back to when situations arise that they need help to navigate. Throughout the intervention/program facilitators will assess, monitor, and adjust as needed to ensure they are meeting the needs of each participant.

The process of creating this intervention took teamwork, weekly meetings, and a lot of hours of time to put together the content and materials. The outcome was the development of an intervention/program that is based on needs and interests and provides different methods to meet varying learning styles and needs. It was designed to promote positive experiences for couples impacted by ADHD and ADHD + 2e, yielding more successful outcomes in skill development, developing new healthy habits, and facilitating more sustainable outcomes for these couples. The next steps are for Neon Brain to pilot with a beta group and report their findings.

### **Trustworthiness**

Trustworthiness is based on empirical evidence. This capstone project used a social work framework of Community Outreach and Program Development that is standard in social work practice. Data collection from interviews, needs assessments, strength-based assessments, and ongoing facilitator, group, and individual feedback that Neon Brain collects and uses for ongoing monitoring will inform any adjustments that might need to be made.

### **Ethics Statement**

This project was developed using a social work framework that meets the individuals where they are at, with measures for privacy protection, and intends to build in all aspects of inclusivity as possible.

Neon Brain will institute this at their leisure.

### **Recommendations for Further Application and Implementation**

It is recommended that Neon Brain recruit a beta test group for this intervention. A beta test group would go through the intervention as written to help determine the usability and function of the intervention. A beta group is useful as it will help Neon Brain make adjustments as needed to tweak the intervention curriculum to meet the needs of the current and future participants. Using a beta test group is an important way to give insight into how the intervention will work within a larger group setting and over time. In addition, the beta test group will serve as an arena for Neon Brain to see if the time frameworks and is effective.

Given there is a lot of information and strategies that couples impacted by ADHD can benefit from, the intervention designed by this capstone project for Neon Brain can grow with a scaffolding approach to help participants maintain or learn and develop new concepts or skills. This can entail interventions for new participants, intermediate participants, and advanced participants. The current intervention can serve as the introduction and first course of intervention that leads to the development of intermediate and advanced offerings.

It is also recommended that Neon Brain offer additional workshops and interventions/programs as a subsidiary of this intervention and/or as an extension. This can be in the form of a one-day workshop or seminar. One way these workshops can be used is as a precursor to this intervention and help to recruit new participants for future cohorts. Another way these workshops can be used is to further teach a skill that was taught in the intervention or teach that particular skill in isolation of the intervention. For example, “Power of the Pause,” a strategy taught in the first week of the intervention, teaches participants to (1) stop, (2) think (3) pause, and then (4) act. This tool can be taught in isolation and applied to everyday life.

Regarding PELSS it is recommended to seek out a group interested in developing an intervention for other cognitively diverse populations who are seeking strength-based support using psychoeducation and experiential learning to develop their intervention.

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## Appendix 1 Needs Assessment

Link to Needs Assessment:

- <https://docs.google.com/forms/d/e/1FAIpQLSdA20wp4NtabSzGPUrLfvWjwkuVk7x8tK4nsqzqpvuqCTe6ng/viewform>

## Appendix 2 Diary of Meetings with Neon Brain

Link to Diary of Meetings with Neon Brain

- [https://docs.google.com/document/d/1IqJx1i9QucZGV9J7A\\_HTGatWtLTvcBin/edit?usp=sharing&ouid=107622199781623885807&rtpof=true&sd=true](https://docs.google.com/document/d/1IqJx1i9QucZGV9J7A_HTGatWtLTvcBin/edit?usp=sharing&ouid=107622199781623885807&rtpof=true&sd=true)

## Appendix 3 IRB Application

**Bridges Graduate School**  
**Institutional Review Board**  
[IRB@Bridges.edu](mailto:IRB@Bridges.edu)  
**APPLICATION FOR REVIEW**  
**OF RESEARCH INVOLVING HUMAN SUBJECTS**  
**(Please type)**

**For Office Use Only**

Date: \_\_\_\_\_

Protocol #-  
\_\_\_\_\_

Approved: \_\_\_\_\_

Title of Research Project:

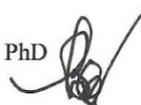
INTEREST/STRENGTH/TALENT/PROJECT-BASED SUPPORT SERVICES A  
THERAPEUTIC MODEL FOR ADULTS IDENTIFIED AS ADHD AND ADHD + 2E

Investigator(s): Lisa Zaretsky

email: Lisa.Zaretsky@Bridges.edu

phone: 516-603-5131

Printed Name and Signature of Faculty Supervisor: F. Richard Olenchak, PhD



New Research?  YES  NO If NO, modifications to original proposal?  YES  
 NO

**Answer questions in spaces below and/or provide correspondingly numbered answers on separate sheets. Please include copies of all measures used in your research, as well as the informed consent document, debriefing forms, and parent permission letter (if applicable).**

1. Briefly describe the purpose of this study:

My Capstone Project entails working with a new group that is just being developed, called Neon Brain. Neon Brain is a global organization working with individuals impacted by ADHD. For Neon Brain, I will be working on strength/interests/talent/project-based programming to address the needs of adults who have ADHD or ADHD + 2e through a virtual environment. However, this program development can be applied to multiple situations and experiences. My work will center on development of curriculum for Neon Brain, so there will not be any participants in my work.

2. Participants: Describe the number and type of participants, the source from which they will be recruited, the method of recruitment. [Those under age 18, except college students, require written parent permission.]

This is a project with a community partner. There are no participants.

Amount of time needed per participant: N/A

3. Describe the procedure (what participants will be asked to do) in detail: N/A

4. If the research requires any deception, provide explicit justification: N/A

5. Risk to participants: Given the fact that in any study it is possible for participants to experience some degree of discomfort, anxiety, concern about failure, etc., what will you do to minimize the possibility that this will occur, and how will you deal with it if it does occur?

N/A

6. How will you obtain informed consent?

[Describe procedure, and attach copies of forms or letters]

N/A

7. How will you debrief participants?

[Describe procedure, and attach copies of debriefing letter; if the research involves any deception, specifically explain appropriate debriefing procedures]

N/A

8. Participants' rights: N/A

A: How will privacy be guaranteed? [Please include a description of how the data will be handled and stored to insure privacy]

B: How will participants' right to terminate or refuse participation be guaranteed?

9. Ethics Training

[Please list all study personnel and the dates that each researcher completed the required ethics training program]

Name	Position (e.g., faculty, student or staff)	Date of completion
Lisa Zaretsky	student	6/28/21
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Email completed Application, Consent Form, and all supporting documents to the IRB chair at:**

[IRB@Bridges.edu](mailto:IRB@Bridges.edu)

**Bridges Graduate School -- Protection of Human Subjects**

**INFORMED CONSENT TEMPLATE**

Title of Study:

Investigator(s):

Investigator(s) Affiliation and Role with Bridges Graduate School:

Study Valid Until:

The following informed consent is required for any person involved in research study. This study has been approved by the Institutional Review Board for the Protection of Human Subjects at Bridges Graduate School.

I understand that:

1. My participation is entirely voluntary.
2. I may withdraw my consent and discontinue participation in this study (or any portion thereof) at any time without bearing any negative consequences. I will receive full credit for participation regardless of how much of the experiment I complete.
3. You have given me an explanation of the procedures to be followed in the project, and answered any inquiries that I may have.
4. All of the information from this study will be strictly confidential. No names will be associated with the data in any way. Providing my address to receive a report of this research upon its completion will also not compromise the anonymity of the data. I understand that the data will be stored in locked offices and will be accessible only to members of the researching group.
5. The results of this study will be made part of a final research report for a graduate degree and may be used in papers submitted for publication or presented at professional conferences, but under no circumstances will my name or other identifying characteristics be included.

I have reviewed the procedures to be followed and hereby give my consent to participate in this research. I also agree not to discuss the purposes and procedures of this study with anyone in order that the integrity of this research is not compromised.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Print Name

If I have questions, please contact the researcher at:

Please send any additional questions beyond those sent to the researcher to: [IRB@Bridges.edu](mailto:IRB@Bridges.edu)

Please send me a report on the group results of this research project upon its completion: \_\_\_YES \_\_\_NO  
Address to which the report should be sent:

A copy of this consent is available for your records.