ADHD, FINANCES, AND COUPLES: THE MEDIATING ROLE OF SELF-EFFICACY

by

CHRISTINE MARIE YANTIS HARGROVE

(Under the Direction of Ted G. Futris)

ABSTRACT

Attention-deficit/hyperactivity disorder (ADHD) affects individuals' daily lives and long-term outcomes across many domains (e.g., physical and mental health, occupation, social functioning). Among couples wherein one or both partners lives with ADHD ("ADHD couples"), the effects of individual ADHD can affect both partners. This dissertation focused on how ADHD can affect two key life domains: finances and couple relationships. Despite known associations between couples' relationships and their finances, no research to date has explored associations between ADHD, couple relationships, and couple finances. Guided by Couples and Finances Theory (CFT, Archuleta, 2013; Archuleta & Burr, 2015) and Bandura's (1977) theory of self-efficacy, the two studies contained in this dissertation demonstrate that among different-sex married couples, individuals' domain-specific forms of self-efficacy were mediating links between their ADHD symptoms and their well-being in that domain (i.e., relational or financial). Further, both men's and women's ADHD symptoms were associated with their spouses' financial well-being through their own financial self-efficacy, and men's ADHD symptoms were associated with their wives' couple satisfaction through men's own relational self-efficacy. Because self-efficacy can be increased by intervention, the results of this dissertation provide

researchers and practitioners (e.g., couple therapists, financial planners/counselors) with potential opportunities to better understand and support the relational and financial well-being of ADHD couples.

INDEX WORDS: attention-deficit/hyperactivity disorder, relationship self-efficacy, financial self-efficacy, couple satisfaction, subjective financial well-being, couple finances, couples and finances theory

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DEDICATION

To my husband Andy, whose unwavering support has made this possible. I love you.

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Years ago, when I was knee-deep in diapers, laundry, and freelance work, my husband told me he could see us uprooting our lives for me to pursue another degree or two. But, he clarified, I would need to be really, *really* passionate about the larger purpose. I did not see it at the time, but Andy, you were right. Thank you for loving me so completely that we can make our life decisions – including ones that might upend your career – as a team. Thank you for being my closest confidante, my perpetual encourager, and a dedicated father to our children.

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CHAPTER 1

The Relational and Financial Well-being of Couples with ADHD

Attention-deficit/hyperactivity disorder (ADHD) is a neurological disorder consisting of self-regulation impairments of attention, emotion, and/or behavior and affects nearly 5% of the U.S. adult population (American Psychiatric Association, 2013; Kessler et al., 2006; Ramsay, 2020). ADHD affects individuals' physical and mental health (Nigg, 2013), social functioning (Canu et al., 2008), educational and occupational attainment (Pelham et al., 2020), and financial well-being (Bangma et al., 2020). For couples in which at least one partner has ADHD ("ADHD couples"), it also can affect the relationship quality for both partners. For example, ADHD couples often report lower overall satisfaction with their relationships, have more frequent and severe couple conflict, and are more likely to separate or divorce than non-ADHD couples (Wymbs et al., 2021). Financially, individuals with ADHD also experience greater challenges in earning, managing, and saving money (Bangma et al., 2020; Beauchaine & Ben-David, 2020; Liao, 2021), thereby contributing to their lower perceived financial well-being (Norvilitis et al., 2021).

Financial well-being refers to one's assessment of their financial security and financial freedom both now and in the future (Consumer Financial Protection Bureau, 2015). When one has high financial well-being, they feel they have control over their finances (e.g., can pay bills, do not have unmanageable debt), have capacity to absorb financial shocks (e.g., access to credit, savings, financial support from family or friends), are on track to meet their financial goals, and are able to make choices that help them enjoy life (e.g., vacations, career flexibility). Despite

consistent links between financial and relational well-being of couples in general (e.g., Falconier & Jackson, 2020), and documented threats to individual financial well-being (Norvilitis et al., 2021) and relationship quality (Wymbs et al., 2021) for adults with ADHD, no studies to date have explored the effects of ADHD on individuals' financial well-being when in a couple relationship (hitherto referred as "couples' financial well-being"). Moreover, though clinical recommendations and efforts to address ADHD couples' relational and financial functioning are emerging (e.g., Sarkis, 2019), empirical studies have not yet explored the associations between ADHD couples' finances and relationships nor mechanisms through which ADHD may affect couples' finances and relationships. One such potential mechanism is self-efficacy, which has been theorized to be a key driver of positive behaviors that lead to desired outcomes (Bandura, 1977), particularly among ADHD populations (Martin et al., 2017). Because ADHD is associated with lower self-efficacy (Newark et al., 2016), and self-efficacy has been demonstrated to be a malleable characteristic among ADHD populations (Karakaya & Ozgur, 2019), exploring and addressing self-efficacy in the relational and financial domains may be an opportunity for supporting ADHD couples' relational and financial well-being.

To help frame my dissertation study around this topic, I will present literature summarizing associations between ADHD, financial behavior and well-being, and couple relationship behavior and quality. As illustrated in Figure 1.1, I will present a summary of the connections between ADHD and executive functions. I will next summarize associations between ADHD and (1) general self-efficacy and well-being, (2) financial well-being and financial behavior, and (3) couple well-being and couple behavior. In the next section, I will explore intersections of couples and finances: how financial stress impacts couples and how couples cope with financial stress. I will introduce and explain Couples and Finances Theory

(CFT; Archuleta, 2013; Archuleta & Burr, 2015) and offer critiques of extant theories exploring couple finances. Finally, I will provide a summary of how I will contribute novel research to extant literature by exploring intersections of ADHD, couples, and finances.

What We Know About ADHD

Attention-deficit/hyperactivity disorder is a neurological condition characterized by inattention and/or hyperactivity/impulsivity (American Psychiatric Association [APA], 2013). Symptoms of this highly-hereditable condition typically begin in childhood (i.e., before age 12; APA, 2013; Brikell et al., 2015) and affect an estimated 8.5% of children (Yang et al., 2022). Childhood ADHD symptoms largely continue into adulthood at sub-threshold or threshold levels (Friedman & Rapoport, 2015), and nearly 5% of U.S. adult population lives with a current diagnosis of ADHD (Kessler et al., 2006; Ramsay, 2020). There are three presentations of ADHD: predominantly inattentive, predominantly hyperactive/impulsive, and combined (e.g., symptoms of both inattentiveness and hyperactivity/impulsivity; APA, 2013). Predominantly inattentive presentations may be stereotyped as being "daydreamers" or "forgetful" (e.g., difficulty regulating attention). Hyperactive/impulsive presentations may be recognized by the excessive need to move or make noise (e.g., difficulty regulating behavior). Combined presentations are recognizable through having symptoms of both inattention and hyperactivity or impulsivity, and thus will present difficulty in both areas (e.g., difficulty regulating attention and behavior).

ADHD affects one's day-to-day functioning (e.g., remembering details, sitting still during school or meetings, thinking before speaking; Ustun et al., 2017), making daily stress caused by living with ADHD into an individual, dynamic experience. However, those living with ADHD also experience more persistent forms of stress in the larger context, such as social stigma

(Masuch et al., 2019), difficulty accessing appropriate supports (e.g., educational accommodations; Waite et al., 2022), and additional healthcare costs (Schein et al., 2022).

The Impact of Adult ADHD on Executive Functioning

ADHD affects executive functioning, or "self-regulation to achieve goals" (Barkley, 2012, p. 60). There are seven executive functions affected by ADHD: self-awareness, inhibition, nonverbal and verbal working memory, emotion regulation, motivation, and planning and problem solving (Barkley, 2012, 2022). These executive functions facilitate daily and long-term functioning across many settings (e.g., social, academic, occupational, and relational) that have been demonstrated to be affected by ADHD (Barkley et al., 2008; Barkley & Murphy, 2010; Mäntylä et al., 2012; Miller et al., 2013; Shephard et al., 2022; Willcutt et al., 2005). By understanding how executive functions work – and knowing that they are impacted by ADHD – it is possible to understand not only that ADHD affects daily behavior and long-term well-being (noted in Figure 1.1 as paths C/D and E/F, respectively), but *how* those effects may come to be. This approach enables professionals supporting clients with ADHD (e.g., mental health and/or financial professionals, policy advocates) to recognize executive function-related issues and provide more strategic, effective support.

Self-awareness is a foundational form of executive function that allows someone to have a sense of self (Barkley, 2012). Developing self-awareness enables one to recognize their own feelings, behaviors, and contexts. *Inhibition*, or self-restraint, enables someone to control how they respond to their internal and external cues, such as anger or a desirable item (Barkley, 2012). Self-awareness and inhibition are key aspects of the ability to engage in self-directed behavior toward goals; one must be able to become aware of and inhibit responses to current cues in order to take action toward preferred outcomes, such as refraining from speaking in anger

or choosing not to purchase a desirable item without consulting with a spouse. Those with ADHD struggle to maintain an accurate ongoing self-perception and inhibit or change responses to cues (Pievsky & McGrath, 2018; Shephard et al., 2022; Steward et al., 2017). This is reflected in the common phrase used to describe ADHD, "consistently inconsistent" (Orlov, 2010; Rapport, 1994). This phrase reflects the unpredictable ebb and flow of self-awareness and ability to shift attention and behavior toward another task experienced by individuals with ADHD. This unpredictability is reflected in periods of hyperfocus, during which a person becomes absorbed in a task or topic such that other aspects of their lives become temporarily invisible, as well as periods of inattention, during which a person experiences significant difficulty maintaining focus and remembering/noticing details. Variable self-awareness and inhibition lead to difficulty in how one performs and is evaluated in many settings, such as academic performance (e.g., "He can pay attention when he *wants* to," or, "She knows the material, but she never turns her homework in") and tasks of daily living (e.g., "I can either clean my house from top to bottom or not clean at all"). It is difficult to maintain a consistent level of performance across all areas of life with ADHD (Barkley, 2022). And yet, in many areas of life, such as relationships and finance, daily maintenance tasks are key components of overall well-being (Brüggen et al., 2017; Gottman & Gottman, 2008).

Nonverbal working memory enables individuals to picture what they want to do, learn from the past, or extrapolate meaning from watching others' experiences (Barkley, 2022). Nonverbal working memory is important for goal setting and time management; one must be able to visualize what the desired behavior and outcome should be as well as how much time has passed (Barkley, 2012). *Verbal working memory*, or "self-directed private speech," involves holding language (written and auditory) in mind and is important for maintaining social ties,

following rules or protocols, and performing cognitive evaluations (Barkley, 2012, 2022). When put together, nonverbal and verbal working memory enable a person to remember past experiences of themselves or others, imagine future outcomes, and make connections between their past, current, and future selves. Nonverbal and verbal working memory are both affected by ADHD (Pievsky & McGrath, 2018; Shephard et al., 2022; Zheng et al., 2022). In particular, those with ADHD experience difficulty estimating the passage of time and accurately estimating potential rewards (Scheres et al., 2010; Zheng et al., 2022). This makes being on time and delaying gratification, such as saving for retirement, particularly difficult.

The ability to regulate the escalation, intensity, and expression of emotion is an important executive function that promotes social, occupational, and cognitive functions (Bunford et al., 2015). *Emotion regulation* is a well-known executive function affected by ADHD (Katzman et al., 2017; Shephard et al., 2022). In fact, emotion dysregulation is considered by many in the field of ADHD research to be a core feature of the disorder (Beheshti et al., 2020). This aspect of ADHD affects functioning across a myriad of levels. In addition to affecting individuals' mental health, emotion dysregulation also affects the ability to navigate social settings (Bodalski et al., 2019). Moreover, emotion dysregulation affects romantic relationships through impeding conflict management (Bruner et al., 2015) as well as financial behaviors such as impulsive spending (Barkley, 2022; Sarkis, 2019).

Motivation is the ability of a person to initiate and sustain a desired behavior toward a future goal (Barkley, 2012). ADHD is associated with difficulties in motivation (Kathju, 2021; Marx et al., 2013; Volkow et al., 2011), which may be caused by the disrupted dopamine pathways found in ADHD adults (Volkow et al., 2011). Motivation difficulties in ADHD adults frequently show up as difficulties with task initiation, maintaining desired behavior, and

finishing projects (Barkley, 2022). This means that activities that require repeated, regular investments over time, like sustaining engagement in conversation without "zoning out," are more difficult for those with ADHD (Ersoy & Topçu Ersoy, 2019).

Finally, *planning and problem-solving* are perhaps some of the most recognizable executive functions affected by ADHD (Fuermaier et al., 2013). Planning and problem-solving draw upon many of the aforementioned executive functions to work in tandem, and weakness in any area can inhibit one's general ability to make plans or solve problems (Barkley, 2022). For example, those living with ADHD may find it especially difficult to use a calendar to plan projects or tasks and evaluate potential solutions to issues without trying them. Among couples, a partner's impairments in planning and problem-solving can affect their ability to cope with daily and ongoing stress such as family schedules and meal-planning, as well as develop and evaluate potential ways to manage finances together.

ADHD and Self-Efficacy

In addition to affecting executive functions and behavior directly, ADHD can also affect one's *belief* – self-efficacy – in their ability to engage in the behaviors that promote positive outcomes (Martin et al., 2017; see Figure 1.1 paths A/B). Self-efficacy is a key driver of starting and persisting in doing necessary tasks toward goals (Bandura, 1977). In Figure 1, this process is reflected in the association between self-efficacy influencing behavior (paths G/H), which in turn influences well-being (paths I/J). A similar construct, self-confidence, has been conceptualized as a sublevel or task-specific form of self-efficacy (Lindley & Borgen, 2002; Tognasso et al., 2022). Self-efficacy is informed by past experiences as well as how those experiences were framed (e.g., negative or positive appraisals). For example, one could reflect on past experiences as "failures" or as "opportunities to learn." Self-efficacy may be explored as a general construct

or as domain-specific forms of self-efficacy (e.g., confidence in the ability to do a type of occupation). General self-efficacy is linked to domain-specific self-efficacy in that those who feel more efficacious overall are more likely to feel efficacious in more specific areas (Lindley & Borgen, 2002). However, domain-specific forms of self-efficacy are not always associated strongly with one another. For instance, someone who feels efficacious in their ability to manage finances may not necessarily feel efficacious in their social relationships (Lown, 2011). Overall, self-efficacy is theorized to affect one's willingness to engage in and succeed at a challenging task (e.g., returning to work after injury, Black et al., 2018; handling business disputes, Leon-Perez et al., 2011).

In general, those with ADHD report lower levels of general self-efficacy (Newark et al., 2016; Schmidt-Barad et al., 2023) as well as domain-specific self-efficacy (e.g., math confidence, Di Lonardo Burr & LeFevre, 2020; academic, Mana et al., 2022; social, Heiman et al., 2015). Because self-efficacy is a key driver of engaging and persisting in tasks toward a desired goal, including for ADHD populations (Newark et al., 2016), self-efficacy is a promising point of intervention for improving well-being for ADHD populations. Indeed, a randomized control trial showed significant improvements in self-efficacy over time among adolescents with ADHD who were assigned to a 6-week intervention using solution-focused interviewing techniques compared to those assigned to a control group (Karakaya & Ozgur, 2019). The solution-focused interviews helped participants identify goals and motivation, exceptions to negative interpretations, and obstacles to success, as well as reinforce a strengths-based interpretation of past efforts toward goals (e.g., "How did you continue to struggle even though things were so bad?" Karakaya & Ozgur, 2019, app. Table A). Similarly, by decreasing negative appraisals and increasing awareness of resources while strategizing against obstacles,

professionals working with adults with ADHD may be able to promote their clients' self-efficacy, thereby increasing their likelihood of engaging in positive behaviors that contribute to their well-being.

ADHD and Individual Well-Being

Wheeler (1991) theorized individual general well-being to encompass domains of individual internal attributes (e.g., emotions, beliefs, and temperaments), physical health, behaviors/activities, and general environment (e.g., financial situations, social relationships, occupations). Research regarding ADHD demonstrates that in addition to affecting subjective general well-being (e.g., life satisfaction, Gudjonsson et al., 2009), ADHD also affects each domain of well-being (see Figure 1.1 paths E/F). Indeed, ADHD affects individual mental health through common comorbidities like depression, anxiety, bipolar disorder, and substance use disorder (particularly alcohol and nicotine; Bodalski et al., 2019; Das et al., 2012; Katzman et al., 2017; Luderer et al., 2021; Nigg, 2013; Tistarelli et al., 2020; van Amsterdam et al., 2018). Emotion regulation difficulties, which are strongly associated with ADHD, may contribute to these mental health issues, particularly depression (Beheshti et al., 2020; Bodalski et al., 2019). ADHD also affects the physical health domain of general well-being. In addition to their greater likelihood of accidental physical trauma (Barkley & Cox, 2007; Dalsgaard et al., 2015; London & Landes, 2016), they are also more likely to develop post-traumatic stress disorder after a traumatic event (Spencer et al., 2016). Ultimately, ADHD is associated with a higher risk of death by suicide (Barbaresi et al., 2013; Beauchaine & Ben-David, 2020). Though many of the risks to physical health can be ameliorated with ADHD treatment (Barkley & Cox, 2007; Nigg, 2013; Wilens et al., 2003), the compounded threats to mental and physical health associated with adult ADHD are linked to reduced life expectancy by 12.7 years (Barkley & Fischer, 2019).

Finally, ADHD affects the general environment domain of general well-being by affecting social functioning in childhood, adolescence, and young adulthood. In general, children with ADHD experience poorer social functioning with both their peers and families (Biederman et al., 2006), and young adults often face peer rejection due to stigma associated with the ADHD label (Canu et al., 2008). Difficulties in social functioning continue through adulthood, particularly contributing to lower social support (e.g., smaller networks with less regular contact), more difficult interpersonal relationships, emotional loneliness, and internalized stigma related to the disorder (Masuch et al., 2019; Michielsen et al., 2015). Academic settings are more difficult to navigate with ADHD (DuPaul et al., 2021), possibly due to poorer relationships with teachers (Biederman et al., 2006). Altogether, compared to their non-ADHD peers, children and youth with ADHD have lower overall educational attainment by young adulthood and experience greater difficulty in college settings (Bernfort et al., 2008; DuPaul et al., 2021; Pelham et al., 2020), which can have lifetime social and financial ramifications (Pelham et al., 2020).

ADHD and Financial Well-Being

Financial well-being is a domain of overall well-being that has been assessed through objective measures including income, savings, debt, expenditures, and net worth (Dew & Stewart, 2012; Hsu et al., 2017). By objective measures, compared to non-ADHD individuals, adults with ADHD earn annual incomes that are, on average, 30% lower (Fletcher, 2014) and face lower lifetime projected earnings (Altszuler et al., 2016; Pelham et al., 2020). ADHD adults are more likely than those without ADHD to carry more personal debt (Bangma et al., 2020; Beauchaine et al., 2017; Beauchaine & Ben-David, 2020) and utilize credit with adverse terms (e.g., payday loans, Beauchaine et al., 2017). Credit misuse is especially concerning for ADHD populations, as a large-scale population study of adults with high loan default risk found that

ADHD adults were more likely to die by suicide than non-ADHD adults (Beauchaine & Ben-David, 2020).

The vastly higher expenditures associated with accessing medical services for ADHD (e.g., assessment, diagnosis, and pharmacological or behavioral interventions) further exacerbate the income, savings, and debt challenges ADHD adults experience (Birnbaum et al., 2005; Garcia-Argibay et al., 2021; Kleinman et al., 2009; Schein et al., 2022; Secnik et al., 2005). Indeed, research examining health insurance claims from 2017–2018 of adults in the United States found that annual healthcare costs (e.g., pharmacy, inpatient/outpatient services, and emergency hospital stays) were, on average, $3,791 higher for individuals with ADHD than non-ADHD individuals (Schein et al., 2022). Further, individuals with ADHD are more likely than those without ADHD to rely on family or government assistance for financial support (Altszuler et al., 2016). Overall, ADHD adults enter their retirement years with average net worths that are 25% lower than non-ADHD counterparts (Pelham et al., 2020).

Financial well-being, however, can also be assessed using subjective measures. Such an approach focuses on consumers' own perspectives of their financial well-being using self-reported surveys. In general, higher subjective financial well-being is associated with better overall well-being (Prawitz et al., 2006), greater marital satisfaction and stability (Bullock & Williams, 2019), and physical and mental health (Shim et al., 2009). This paper utilizes the conceptualization of subjective financial well-being developed by the Consumer Financial Protection Bureau to capture a holistic view of financial well-being, meaning "having financial security and financial freedom of choice, in the present and in the future" (2015, p. 7). This approach to subjective financial well-being includes how much control people feel they have over their finances (e.g., ability to pay bills and meet debts), how capable they feel of absorbing

financial surprises (e.g., savings, access to lines of credit), whether they feel on track to achieve their financial goals, and if they feel free to make desired life choices (e.g., vacations). The resulting CFPB financial well-being scale (2015) has been widely used in the U.S. (e.g., Collins & Urban, 2020) and internationally (e.g., Howat-Rodrigues et al., 2021). One study that used the CFPB financial well-being scale examined associations between consumer fraud victimization and subjective financial well-being of roughly 6,000 U.S. households (Brenner et al., 2020). Results indicated that consumer fraud victimization affected subjective financial well-being through negatively impacting respondents' financial confidence more than by decreasing their net worth. In other words, respondents' perceptions of their financial well-being were not primarily based on their objective financial assets. The results of Brenner et al.'s (2020) study highlight the unique value of measuring financial well-being through subjective assessments.

The subjective financial well-being of those with ADHD is lesser known. To the best of my knowledge, a study conducted by Norvilitis et al. (2021) is the only research to date to explore associations between ADHD and subjective financial well-being. This study found that college students with ADHD reported significantly lower subjective financial well-being (i.e., worries about debt, thoughts about current and future financial stability) than college students without ADHD. However, research has established links between ADHD and subjective financial distress, which occurs when individuals feel themselves to be incapable of meeting their expenses (Brüggen et al., 2017). Financial distress is distinct from subjective financial well-being in that it focuses on current financial concerns or worries (Sorgente et al., 2023). On average, in comparison to adults without ADHD, adults with ADHD report greater subjective financial distress (Brook et al., 2013; Norvilitis et al., 2021), which is associated with poorer

relationship stability (Gudmunson et al., 2007) and physical and mental health (Bialowolski et al., 2021).

ADHD and Financial Behavior

Adults with ADHD have been found to have more difficulty with financial behavior than their non-ADHD counterparts (see Figure 1.1 path C). This may be because ADHD can negatively impact adults' ability to engage in sound financial judgments, thereby making positive financial behavior more difficult. For example, adults with ADHD face greater challenges in understanding what is relevant financial information as well as considering, processing, and communicating financial information when it applies to their own situation (Koerts et al., 2021). Such tasks heavily involve verbal and nonverbal working memory (e.g., creating mental images, retaining details) as well as planning and problem-solving (e.g., considering potential solutions). Adults with ADHD also exhibit greater temporal discounting, or under-valuing future rewards, in financial decision-making (Koerts et al., 2021). This is important because temporal discounting affects the ability to delay gratification, which supports positive financial behavior and is an important precursor to long-term financial gain (Hampton et al., 2018)

ADHD is strongly associated with poorer financial behavior, such as making impulsive purchases or avoiding or postponing important financial choices (Bangma et al., 2020). Making impulsive purchases can be related to the executive functions of self-awareness, inhibition, and emotion regulation. ADHD also contributes to greater difficulty managing cash flow, such as paying bills and other financial obligations on time (Beauchaine & Ben-David, 2020; Koerts et al., 2023; Liao, 2021), leading to lower credit scores and reduced access to credit (Beauchaine & Ben-David, 2020). Managing cash flow (e.g., paying bills) requires sequences of instructions

(verbal working memory), time awareness (nonverbal working memory), and motivation. As those with higher self-control tend to save for emergencies and contribute to retirement funds (Strömbäck et al., 2017), links between ADHD and lower personal savings are unsurprising (Bangma et al., 2020; Liao, 2021). Overall, extant literature indicates that ADHD affects individuals' financial behavior (path C in Figure 1.1), which may partially explain how ADHD affects financial well-being (e.g., lower savings, higher personal debt; Bangma et al., 2020; Beauchaine et al., 2017; path I in Figure 1.1).

ADHD and Couple Well-Being

Family systems theory is a useful framework for understanding how ADHD can affect not only individuals, but couple relationships as well. Family systems theory applies von Bertalanffy's General Systems Theory (1969) to a couple or family context, noting that all members of a family have the capacity to affect the overall family unit (e.g., quality, stability; Archuleta & Lutter, 2020). When applied to a couple with ADHD, and as depicted in Figure 1.1, the overall well-being of the couple's relationship can be affected directly by each partner's characteristics (e.g., ADHD symptom level; path F) as well as indirectly by their behavior in the relationship (Path D). In general, couples with ADHD report lower relationship satisfaction and quality than couples without ADHD (Bruner et al., 2015; Canu et al., 2014; Kahveci Oncu & Tutarel-Kislak, 2021; Wymbs et al., 2021). Further, individuals without ADHD who have partners with ADHD report lower relationship satisfaction than individuals in non-ADHD relationships (Ben-naim et al., 2017). Among ADHD couples, individuals with ADHD report even lower levels of relationship satisfaction than their non-ADHD partner (Eakin et al., 2004). ADHD symptoms, even at subclinical levels, are associated with reduced relationship quality (VanderDrift et al., 2019).

ADHD couples can experience poorer mental health in the form of greater anxiety, depression, and overall stress (Ghahramanzadeh et al., 2021). ADHD can also confer risk to couples' physical health, as individuals with ADHD are more likely to be victims and perpetrators of intimate partner violence (Wymbs et al., 2019). Overall, ADHD couples are more likely to experience shorter, more difficult relationships with a greater likelihood of relationship dissolution than those without ADHD (Ersoy & Topçu Ersoy, 2019; Kahveci Oncu & Tutarel-Kislak, 2021; Kooij, 2018).

ADHD and Couple Behavior

Family systems theory highlights the interdependence – or mutual influence – of partners' decisions and behavior on each other over time (Archuleta & Lutter, 2020; B. Wheeler & Kerpelman, 2016). Interdependent relationship behaviors are drivers of couple functioning, which consists of mutual support, trust, conflict management, communication, and intimacy (Karantzas et al., 2014). Couple functioning – whether healthy or unhealthy -- can spill over to other areas of life. For example, healthy couple functioning can promote individual mental health (Cooper et al., 2021), positive parenting (Adler-Baeder et al., 2013), and navigating stress such as financial uncertainty (Romo, 2015). Conversely, poorer couple functioning is associated with lower mental, financial, and relational well-being (Carlson et al., 2020; Lin & Brown, 2021; Wickrama & O'Neal, 2021).

As depicted in Figure 1.1 (path D), adults with ADHD face challenges to their relationship behaviors. First, ADHD often contributes to poorer communication, particularly when feeling depleted or provoked (Wymbs, 2021). In order to communicate well, one must be self-aware and inhibit responses to internal and external cues, such as refraining from interrupting. One must also be able to remember and discuss past experiences in detail while

tracking the conversation, which draws upon nonverbal and verbal working memory. Difficulties with communication are exacerbated during couple conflicts, which are both more severe and more frequent for couples with ADHD (Canu et al., 2014; Kahveci Oncu & Tutarel-Kislak, 2021). Common topics of ADHD couple conflict include the emotional dysregulation associated with ADHD, repetitive mistakes and forgetfulness, task initiation and time management, and lack of attention to details (Ersoy & Topçu Ersoy, 2019). Non-ADHD partners often report dissatisfaction with their ADHD partners' levels of responsibility and lack of follow-through on plans (Kooij, 2018). Overall, ADHD leads to lower levels of emotional intimacy experienced by both partners (Ben-naim et al., 2017; Betchen, 2003).

Though connections between ADHD symptoms and self-efficacy in romantic relationships have not yet been explored (path B in Figure 1.1), links between ADHD and self-efficacy in other domains suggest that ADHD would similarly negatively affect relationship self-efficacy. Relationship self-efficacy refers to feelings of competence attaining and maintaining positive romantic relationships (Riggio et al., 2011). In a quantitative study exploring associations between relationship self-efficacy, relationship maintenance (e.g., positive communication, openness toward one's partner, expressed commitment, shared social networks, and sharing tasks), and relationship satisfaction among romantically involved college students (N = 187), Weiser and Weigel (2016) determined that relationship maintenance fully mediated links between relationship self-efficacy and relationship satisfaction. In other words, those who feel more capable of maintaining romantic relationships are more likely to engage in positive relationship behaviors that lead to healthy couple functioning and overall relationship well-being. Thus, as illustrated in Figure 1.1, it is possible that links between ADHD and poorer relationship

quality (path F) may be mediated through relationship self-efficacy (path B → (H) → J) and relationship behavior (path D → J).

Couples and Finances

For adults in a couple relationship, financial stress and financial coping efforts are often mutually influential and shared experiences. The reciprocal influences between financial and relational behaviors (path K) and between financial and relational well-being (path L) are depicted in Figure 1.1, as well as the intersection between these behaviors and well-being (paths I, J, M, and N). Research exploring the intersection of couples and finances has explored it using three significant lenses: how economic stress influences couples, how couples cope with financial stress, and how couple characteristics and financial processes affect one another.

Financial Stress Impacts Couples

The Family Economic Stress Model (FSM; Conger et al., 1990, 1994) is a widely used model that explores the mechanisms through which subjective economic strain affects couples (Falconier & Jackson, 2020). This approach endeavors to account for the behavioral and emotional processes that occur under economic stress that affect individual and couple-level well-being. The first published version of the model (Conger et al., 1990) hypothesized that married couples under economic stress would engage in fewer positive and more negative behaviors and emotions, leading to poorer relationship satisfaction and stability. The model later added individual mental health as a mechanism through which economic strain affects married couples and included objective measures of economic hardship in its conceptualization of economic strain (Conger et al., 1994). A recent meta-analysis of FSM-based research corroborated previous assertions that economic stress affects both couple functioning and couple well-being, but that these effects are exacerbated for couples from the United States and lower-

income couples (Falconier & Jackson, 2020). More so, economic strain has been found to affect relationships more in times of economic stability, supporting research findings indicating that, in general, chronic and acute stress are different in how they affect couples (Falconier & Jackson, 2020; Randall & Bodenmann, 2009).

Financial strain can negatively affect couples' emotional and sexual intimacy and lead to poorer physical health, particularly among women, who tend to report higher financial strain (Johnson et al., 2023; Wickrama et al., 2018). Economic stress can also increase the frequency and severity of couple conflict (Conger et al., 1994; Falconier & Jackson, 2020; Rusu et al., 2018), especially in regards to finances (Britt et al., 2010). For example, married couples experience more conflict when they fall farther into debt (Dew, 2008). Money arguments are experienced as more destructive and persistent than other types of couple conflict (Papp et al., 2009), leading to greater hostility and emotional distress (Wickrama et al., 2018). These conflicts are exacerbated when couples lack agreement or clarity regarding their financial management roles (Morgan et al., 2021). Financial conflict decreases married couples' relationship satisfaction (Britt & Huston, 2012; Meyer & Sledge, 2021; Papp et al., 2009) and decreases relationship stability (LeBaron et al., 2019; B. Wheeler & Kerpelman, 2016) and their risk of divorce (Dew & Stewart, 2012). Overall, financial strain detracts from the quality of the couple relationship for couples across income levels (Johnson et al., 2023), thereby undermining their relationship stability (Archuleta et al., 2011; Falconier & Epstein, 2011).

Couples Cope with Financial Stress

The dyadic coping model (Bodenmann, 1997) highlights the ways in which individuals engage in supportive behavior toward their partner and shared coping efforts (e.g., explicit delegation of shared tasks to reduce one partner's stress, emotional connection, problem-solving;

Bodenmann, 1997; Falconier & Epstein, 2011). Couples, particularly those who are married, can cope dyadically with financial stress through determining individual and shared financial management roles or tasks (Archuleta, 2013; van Raaij et al., 2020). They can also cope with financial stress through improving their couple functioning, namely increasing positive emotions toward one's partner (Rusu et al., 2018), engaging in positive communication (Kelley et al., 2018; Wilmarth et al., 2014), and, among higher-income couples, increasing leisure time spent together (Totenhagen et al., 2023). Overall, couples' dyadic coping efforts can buffer the impact of economic stress on individual mental health (Conger et al., 1999) and relationship satisfaction (Karademas & Roussi, 2017).

In order to engage in positive dyadic coping, couples must have effective communication and problem-solving skills (Bodenmann, 1997). Positive communication is a key component of couples' ability to cope with financial stress specifically (Romo, 2015). Another key component of coping is nurturing positive emotions toward one's partner, which has been shown to facilitate supportive dyadic coping behaviors even in the midst of economic strain (Rusu et al., 2018). Because ADHD is known to affect problem-solving (Mäntylä et al., 2012), communication (Wymbs, 2021), and emotion regulation (Bodalski et al., 2019), couples with ADHD likely face significant barriers to engaging in positive coping with financial stress.

Couples and Finances Theory

A different approach to understanding how couples' relationship and finances affect one another is Couples and Finances Theory (CFT; Archuleta, 2013; Archuleta & Burr, 2015). This systemic model of couple dynamics draws from General Systems Theory (von Bertalanffy, 1969) and the Family Resource Management Model (Deacon & Firebaugh, 1988). The CFT model, in contrast to the FSM and dyadic coping models, does not focus on the role of economic

or financial stress as an integral predictor of behavior or well-being, but rather examines how couples interact relationally and financially over time. As illustrated in Figure 1.2, the CFT proposes that two subsystems -- the couple relationship subsystem and the financial processes subsystems -- interact within the larger contexts (e.g., community, economy). The couple relationship subsystem consists of couple relationship characteristics and marital quality, while the financial process includes financial inputs (e.g., income), financial management, and financial satisfaction. CFT proposes that individual partner attributes (e.g., age, gender, personality) affect the components of both the couple relationship and financial process subsystems.

CFT also proposes that both subsystems and their components relate to one another over time ("relational finances;" Archuleta & Burr, 2015). The CFT posits that couple relationship characteristics (referred to as "relationship behavior" in Figure 1.1) and financial processes ("financial behavior" in Figure 1.1) are associated (path K). For example, a couple with positive communication skills may find it easier to engage in positive financial behavior as a team (Bourdeaux & Bright, 2021), and financial behavior (e.g., spending) can lead to couple conflicts (Olson & Rick, 2022). The CFT also posits that marital quality ("relationship quality" in Figure 1.1) and financial satisfaction ("financial well-being" in Figure 1.1) are associated (path L). Research supports this view; Grable et al. (2007) found that couples who are satisfied with their financial lives together are less likely to consider divorce. Moreover, a qualitative study of 41 couples in long-term (50+ years) marriages found that those who were in healthy marriages reported satisfaction with how finances were managed within their relationship, while those in conflictual marriages did not (Cohen et al., 2010). Among the couples in healthy marriages, however, it was the more intimate aspects of their relationship (e.g., appreciation and acceptance

between partners, communication, conflict resolution, leisure activities, and sexual intimacy) that determined the couples' ultimate relationship satisfaction (Cohen et al., 2010).

The CFT theorizes that behavior and well-being can be associated across domains. First, the CFT suggests that relationship behaviors can affect couples' financial well-being (path M). This is supported by research indicating men's relationship maintenance behaviors can reduce the negative effects of economic pressure on their partner's relationship satisfaction (Dew & Jackson, 2018). Next, the CFT suggests that the couple's financial behavior can affect their relationship quality (path N). Extant literature supports this view; LeBaron et. al (2019) found that couples who align their financial behavior by approaching finances as a team tend to have higher relationship quality and stability. Indeed, one way in which couples often exhibit financial teamwork is by sharing joint bank accounts, which has been shown to promote relationship quality (Olson et al., 2023). Teamwork can also be evident when couples decide which partner is responsible for various financial tasks, thereby establishing "financial roles," which is a commonly reported practice among couples with self-reported great marriages (Skogrand et al., 2011). Many couples also share financial roles successfully. For example, Archuleta (2013) found that sharing financial roles (e.g., bookkeeping, handling taxes, making financial decisions) was a key predictor of couples' relationship satisfaction. However, many couples do not approach finances as a team, and this particularly shows up in perceptions of partners' spending habits. Britt et al. (2008) explored connections between spending and relationship satisfaction and found that individuals' perception of their *partner's* spending habits – but not their own nor joint spending habits – affected their relationship satisfaction. Third, the CFT suggests that relationship quality can affect financial behavior (path N), an assertion that is supported by extant literature exploring associations between couple relationships and financial management

behavior (Dew et al., 2020; Saxey et al., 2023). Finally, the CFT posits that couples' financial well-being can affect their relationship behavior (path M). This path is supported by research indicating links between periods of financial strain and financial worry and relational aggression (B. Wheeler et al., 2019).

Critical Analysis of Extant Models

Most of the research exploring couples and finances use linear modeling that explores how economic stress affects couples (e.g., FSM, dyadic coping; Dew, 2021). Such approaches have enabled researchers, policymakers, and clinicians to recognize how economic situations may affect couples' daily relationships (e.g., relationship hostility, B. Wheeler et al., 2019) and long-term stability (Conger et al., 1999). On the other hand, causal models presuming financial stress as a predictor may not apply to all couples, as some couples are not experiencing acute or chronic financial stress. These models also do not consider individual characteristics (e.g., ADHD) that may affect relational and financial behavior and well-being.

In comparison, the CFT operates as a robust circular framework that considers the couple and financial process subsystems concurrently and over time as well as the influence that individual partner characteristics may have on both couple and financial process subsystems. While this model has not been tested in its entirety, it has provided a much-needed answer to calls to consider ways in which couple relationships may strengthen financial processes of couples (Dew, 2021). It has also provided a framework for exploring how couples' financial and relational lives interact over time, regardless of acute or chronic economic stress. The CFT model, much as in the dyadic coping model, conceptualizes the individual partner characteristics that affect the couple relationship and financial process subsystems are including relatively stable demographic characteristics (e.g., race, gender, ethnicity, personality traits) to more malleable

aspects of a person (e.g., financial knowledge, perceived quality of life; Archuleta & Burr, 2015). In the conceptual framework presented in Figure 1.1., one's level of ADHD symptoms is considered an individual partner characteristic, and consistent with the CFT model (Figure 1.2), the current conceptual framework proposes that the individual partner characteristic of ADHD symptoms may affect couples' relational and financial behavior (paths D and C, respectively) and relationship quality and financial well-being (paths F and E, respectively).

Overview of Dissertation Studies

Despite evidence linking ADHD to poorer individual financial behavior and well-being (e.g., Bangma et al., 2020; Pelham et al., 2020), as well as effects of ADHD symptoms on partner- and couple-level behavior and quality (e.g., communication, conflict management, relationship satisfaction; Wymbs et al., 2021), how ADHD symptoms can affect the behavior and well-being of partners across relational and financial domains concurrently have not been explored. For example, we neither know whether individual ADHD symptoms affect the financial well-being of both partners nor whether ADHD symptoms may affect both relationship quality and financial well-being. Moreover, little research has analyzed ADHD couples while considering both partners' levels of symptoms concurrently. Efforts to support ADHD couples would be bolstered by research guided by Couples and Finances Theory (Archuleta, 2013; Archuleta & Burr, 2015) that explores the ways in which ADHD symptoms of both members of a couple may affect their relational and financial behavior, relationship quality, and financial well-being. The results of such research, with couple-level data, may lead to opportunities for practitioners to support the financial health of ADHD couples (e.g., tailored financial counseling advice, financial therapy). Additionally, while ADHD is known to affect individuals' behavior and well-being in relational (e.g., Wymbs et al., 2021) and financial (e.g., Bangma et al., 2020;

Norvilitis et al., 2021) domains ("actor affect"), also exploring the associations between an individuals' ADHD symptoms and their partners' relational and financial behavior and well-being ("partner affect") concurrently will enable researchers to examine how ADHD can be a shared experience that can affect couples' relationships and finances. The practical implications of such explorations would enable supporting professionals (e.g., financial counselors, planners, couples' therapists) to identify potential opportunities for intervention and to tailor their efforts to support clients with ADHD and their partners. The two studies presented in this dissertation aim to contribute to the rapidly increasing body of literature advancing the application of the CFT to explore the relational finance of increasingly diverse couples.

In study one, utilizing dyadic data collected from a sample of different-sex married couples, I explore the associations between individuals' ADHD symptoms and both their own and their partners' financial self-efficacy as well as well-being. Consistent with the conceptual framework presented in Figure 1.1, and in more colloquial terms, this study addresses the questions, "Does my ADHD symptom level affect both my own and my partner's financial well-being?" (path E) and "Can my ADHD symptom level affect how financially efficacious both I and my partner feel?" (path A). I then explore whether individuals' ADHD symptoms may affect their own and their partners' financial well-being *through* financial self-efficacy (paths A → (G) → I). In other words, "Can my ADHD symptoms affect my own and my partner's financial well-being by affecting how financially efficacious each of us feels?" As noted earlier, there has been theoretical and empirical support for the link between financial self-efficacy and behavior (e.g., Asmin et al., 2021; Dare et al., 2022), which in turn influences financial well-being (Qamar et al., 2016). As the data in the current study did not include assessment of individual financial management behavior, the fully mediated process depicted in Figure 1.1 (Paths A → G → I) is

not examined. Still, the direct link between financial self-efficacy and financial well-being is well-supported in the literature (Dare et al., 2023; Qamar et al., 2016). The current study aims to explore associations between ADHD symptoms, financial self-efficacy, and financial well-being of couples to provide researchers and practitioners with a more robust understanding of whether and how adult ADHD may affect couples' financial lives.

In study two, I expand my exploration of the CFT framework as I examine associations between ADHD symptoms and behaviors and well-being in both the couple subsystem and the financial subsystem. More specifically, I explore how individuals' ADHD symptoms are associated with their own and their partner's couple satisfaction and financial well-being (noted in Figure 1.1 as paths F and E, respectively). Similarly, I examine connections between individuals' ADHD symptoms and their own and their partner's relational and financial self-efficacy (illustrated in Figure 1.1 as paths B and A, respectively). These explorations address whether individuals' ADHD symptoms affect not only their own, but also their partner's, self-efficacy and well-being across both relational and financial domains. To explore associations between behavior and well-being *within* subsystems posited by the CFT (i.e., financial behavior → financial well-being; relationship behavior → relationship quality), I examine whether individuals' relationship self-efficacy affects their own and their partners couple satisfaction (path B → (H) → J), as well as whether individuals' financial self-efficacy affects their own and their partners' financial well-being (path A → (G) → I). To explore associations of behavior and well-being *across* subsystems posited by the CFT (i.e., cross-lagged associations), I also explore how individuals' relationship self-efficacy is associated with their own and their partner's financial well-being (path (H) → M), as well as how individuals' financial self-efficacy is associated with their own and their partners' couple satisfaction (path (G) → N). In other words,

I explore whether feeling more efficacious in one's relationship is connected with one's own as well as one's partner's financial well-being, and whether feeling more efficacious in one's finances is connected with one's own as well as one's partner's satisfaction with the couple relationship.

Finally, study two provides a unique opportunity to contribute to the rapidly-growing body of literature utilizing the CFT by exploring how ADHD, an individual partner characteristic, can affect well-being across subsystems through affecting behavior. To this end, I explore whether individuals' ADHD symptoms affect their own and their partner's couple satisfaction and financial well-being *through* their own and their partner's relationship self-efficacy and financial self-efficacy. In Figure 1.1, this is illustrated in paths A → (G) → I and B → (H) → J. This approach allows for a deeper examination of the associations between ADHD, couple relationships, and finances to answer practical questions like, "When accounting for relationship and financial self-efficacy, are ADHD symptom levels directly related to the relationship satisfaction and financial well-being of individuals and their partners? Or, does ADHD mainly affect these constructs through self-efficacy?" The results of this study provide insight to guide future research and current practitioners as they endeavor to identify possible opportunities for intervention that will improve the relational and financial well-being of couples living with ADHD. As extant research suggests self-efficacy is lower among ADHD populations (Newark et al., 2016; Ustun et al., 2017) and a more important driver of behavior for ADHD populations than the general population (Martin et al., 2017), understanding whether self-efficacy specifically may mediate the effects of ADHD on couples' relational and financial well-being may provide a starting point for supporting professionals (e.g., financial planners, couples therapists) endeavoring to support their clients with ADHD.

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CHAPTER 1: FIGURES

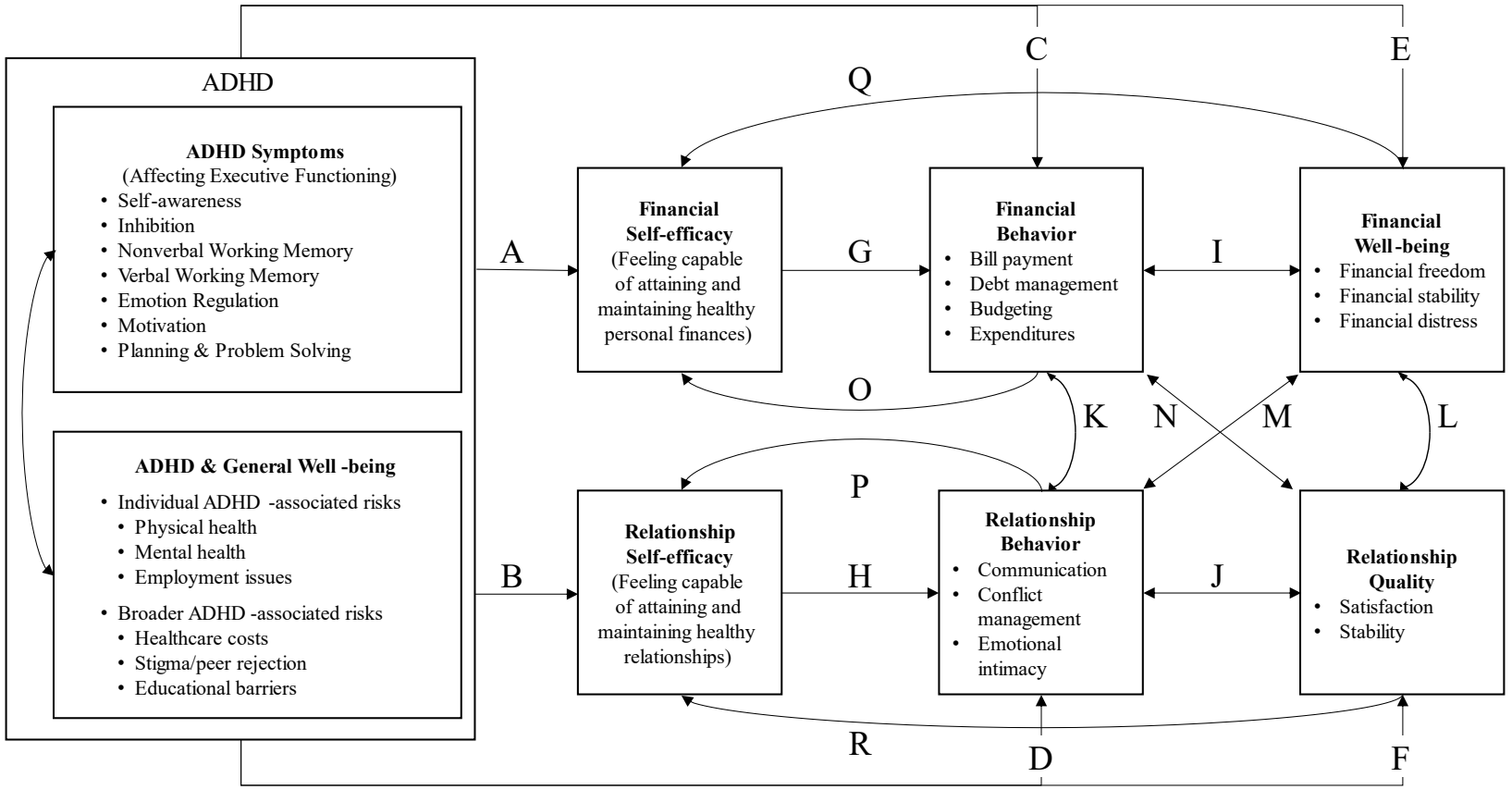

Figure 1.1 *Conceptual Model*

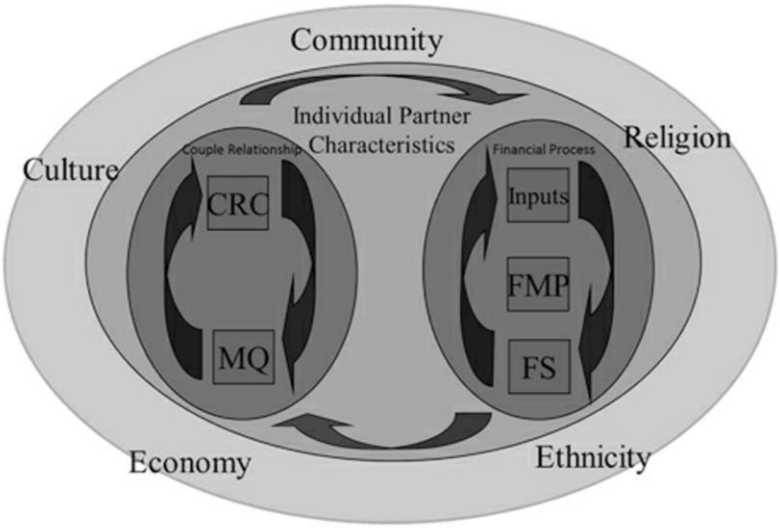

Figure 1.2. *Couples & Finances Theory*

Note: This figure is from Archuleta & Burr (2015). CRC = couple relationship characteristics, MQ = marital quality, inputs = income, FMP = financial management practices, FS = financial satisfaction.

CHAPTER 2

ADHD, FINANCIAL SELF-EFFICACY, AND FINANCIAL WELL-BEING IN COUPLES: A DYADIC MEDIATION ANALYSIS[1, 2]

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Abstract

Adults with attention-deficit/hyperactivity disorder (ADHD) face risks to their well-being that, when in couple relationships, can extend to their partners. However, research has yet to explore whether the negative effects of ADHD on individual financial well-being may also extend to partners, nor mechanisms through which ADHD may be linked with financial well-being. The purpose of this study was to explore whether, among couples, ADHD symptoms were associated with individuals' and their partners' financial well-being, and whether financial self-efficacy mediated such associations. Results of this study indicated (1) individuals' ADHD symptom levels were negatively associated with their own financial self-efficacy, and (2) ADHD symptoms were associated with individuals' and their partners' financial well-being through individuals' financial self-efficacy. Because self-efficacy can be improved, recognizing financial self-efficacy as a mechanism through which ADHD affects couple financial well-being provides an opportunity to better understand and support the financial well-being of couples with ADHD symptoms.

Keywords: attention-deficit/hyperactivity disorder, ADHD, financial well-being, couple finance, financial self-efficacy

Introduction

An estimated 8-10 million adults in the United States lives with attention-deficit/hyperactivity disorder (ADHD), a neurological condition affecting self-regulation of attention and behavior (American Psychiatric Association [APA], 2013; Kessler et al., 2006; Ramsay, 2020). Adults with ADHD have been shown to have greater difficulty with positive financial management behaviors, such as managing daily finances (e.g., timely bill payment, budgeting; Beauchaine & Ben-David, 2020), making sound financial decisions (Bangma et al., 2020; Koerts et al., 2021), and saving for future needs (Pelham et al., 2020). They also face financial barriers such as lower educational attainment and income (DuPaul et al., 2021; Pelham et al., 2020) and higher healthcare costs (Schein et al., 2022) that contribute to their lower perceived financial well-being (Norvilitis et al., 2021). For adults in committed couple relationships, a robust body of literature indicates that partners' finances are often intertwined (Olson et al., 2023). However, despite the threats ADHD poses for individuals' financial well-being (Norvilitis et al., 2021; Pelham et al., 2020), as well as the financial interdependence within committed couple relationships (Olson et al., 2023), whether ADHD also affects the financial well-being of partners of individuals with ADHD remains unexplored. Opportunities to support the financial well-being of ADHD individuals and couples wherein one or both partners have ADHD ("ADHD couples") are thus limited by a lack of empirical support for mechanisms through which ADHD affects financial behavior and overall financial well-being.

Financial self-efficacy is one such potential mechanism. Bandura (1977) theorized that one's *belief* in their own ability to engage in behavior toward goals, or self-efficacy, would determine whether and how strenuously one would initiate, engage in, and persist in a behavior over time toward a desired goal. Financial self-efficacy, then, is a domain-specific form of self-

efficacy and refers to the degree to which one believes they can engage in the tasks that will lead to positive financial outcomes (Lown, 2011). Research supports these theorized links, showing that those who feel greater levels of financial self-efficacy also engage in more positive financial behaviors and feel greater perceived financial well-being (Asmin et al., 2021; Dare et al., 2022). In general, self-efficacy is informed by past experiences as well as how those experiences were cognitively framed (e.g., negative or positive appraisals; Newark et al., 2016). Similarly, financial self-efficacy is informed by past financial experiences (e.g., making progress toward financial goals, sticking to a budget, Lown, 2011) as well as how negatively or positively those experiences are remembered (Schmidt-Barad et al., 2023).

Though associations between financial self-efficacy and ADHD have not yet been explored, research exploring the effects of ADHD on general self-efficacy (Newark et al., 2016; Waite et al., 2022) as well as other domain-specific forms of self-efficacy (e.g., academic, Mana et al., 2022; parenting, Williamson & Johnston, 2019) indicates those with ADHD experience lower self-efficacy than the general population. Moreover, whether and how financial self-efficacy may mediate potential negative associations between ADHD and financial well-being of individuals and their partners has not yet been explored. The aim of this study is to explore whether ADHD symptoms are associated with individuals' and their partners' financial well-being as well as whether individuals' and their partners' financial self-efficacy may mediate these associations.

ADHD and Self-Efficacy

ADHD impairs self-regulation of attention, behavior, and emotion across many areas of life and affects just under 5% of the U.S. adult population across demographic categories (e.g., racial and ethnic categories, sex, socioeconomic status; Kessler et al., 2006; Willcutt, 2012).

ADHD is diagnosed in the United States by using the criteria detailed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, APA, 2013). This often-lifelong condition can be diagnosed at any age, but symptoms generally begin in childhood (i.e., before age 12, APA, 2013). Diagnoses are specified as "predominantly hyperactive/impulsive," "predominantly inattentive," or "combined" presentations. ADHD is commonly conceptualized as a disorder that affects executive functioning, or the ability to self-regulate behavior toward goals (Barkley, 2012).

In addition to affecting one's ability to self-regulate their behavior, ADHD can also affect one's *belief* in their ability to engage in the behaviors that lead to well-being (Martin et al., 2017; Newark et al., 2016; Waite et al., 2022). This belief, *self-efficacy* is theorized as an important driver of behavior and outcomes in general (Bandura, 1977), and research indicates that the connection between self-efficacy and outcomes appears to be stronger for individuals with ADHD. For instance, Martin et al. (2017) found academic self-efficacy to be a stronger predictor of academic achievement among ADHD students than non-ADHD students, even after controlling for potential confounding variables (e.g., past academic performance, demographic characteristics). The lower self-efficacy consistently reported by ADHD populations as compared to the general population (Newark et al., 2016; Waite et al., 2022) may be partly due to the persistent challenges across a myriad of domains (e.g., social, academic) associated with ADHD (Canu et al., 2008; DuPaul et al., 2021), as well as how challenging experiences are recalled (i.e., negative or positive memory bias, Schmidt-Barad et al., 2023). Indeed, adults with ADHD experience greater difficulty recalling positive memories, thereby reducing their self-efficacy (Schmidt-Barad et al., 2023).

ADHD and Finances

Financial Self-Efficacy

Financial self-efficacy refers to one's subjective assessment of their ability to manage their own finances (Lown, 2011) and is a driver of financial management behavior and financial well-being. Those who perceive themselves to be more financially capable are more likely to engage in positive financial management behaviors (Dare et al., 2023; Lown, 2011; Okamoto et al., 2024; Palmer et al., 2021; Tang, 2021), leading to better overall financial well-being (Qamar et al., 2016). Though the association between financial self-efficacy and ADHD has yet to be explored, extant research demonstrates that ADHD negatively affects financial management behaviors such as paying bills and budgeting (Beauchaine & Ben-David, 2020; Koerts et al., 2021), saving and investing (Liao, 2021; Pelham et al., 2020), and managing debts optimally (Bangma et al., 2020; Beauchaine et al., 2017). ADHD-associated experiences such as impulsive purchases, forgetting to return unwanted items, and late or missed bill payments are commonly recognized aspects of what is known as the "ADHD tax" in ADHD communities (Webster, n.d.). Overall, many adults with ADHD report feeling unable to handle their finances (Nyström et al., 2020), suggesting that financial self-efficacy may be lower in ADHD populations.

Financial Well-Being

Financial well-being, a theorized outcome of financial self-efficacy and financial management behaviors, is a significant driver of overall well-being (e.g., physical and mental health, educational performance, and life satisfaction, Shim et al., 2009). The Consumer Financial Protection Bureau (CFPB; 2017) defines financial well-being as a state in which one can "meet current and ongoing financial obligations, can feel secure in their financial future, and…make choices that allow them to enjoy life" (p. 6). While financial well-being has also

been explored using a variety of objective indicators (e.g., net worth, income, assets and debts, Dew & Stewart, 2012; Hsu et al., 2017), the CFPB conceptualization of financial well-being also considers individuals' subjective self-assessment of their financial health. For example, the CFPB financial well-being scale (2015) allows respondents to reflect on their financial security through reflecting on how often they have money left over at the end of the month and whether they feel they are "behind" with their finances, as well as their financial freedom through reflecting on their ability to enjoy life because of their money management.

Research examining links between ADHD and financial well-being has largely focused on objective indicators. For example, ADHD individuals earn annual incomes that are, on average, 30% lower than non-ADHD individuals (Fletcher, 2014). They also typically have higher rates of personal debt (Bangma et al., 2020; Beauchaine et al., 2017, 2020) and face higher healthcare costs (Garcia-Argibay et al., 2021; Schein et al., 2022). A recent study analyzing health insurance claims of U.S. adults from 2017 – 2018 found that direct healthcare costs (e.g., pharmacy, outpatient, inpatient, and emergency hospital costs) for individuals with ADHD exceeded that of individuals without ADHD by an average of $3,791 annually (Schein et al., 2022). Overall, individuals with ADHD are more likely than those without ADHD to rely on family or government assistance for financial support (Altszuler et al., 2016). Consequently, they enter their retirement years with only 75% of the net worth of non-ADHD individuals (Pelham et al., 2020).

To the best of my knowledge, one study thus far has examined the perceived financial well-being of ADHD individuals versus non-ADHD individuals. Norvilitis et al. (2021) used a sample of ethnically diverse college students (N = 673, 80.1% female) to explore associations between ADHD and objective and subjective indicators of financial well-being. In contrast to

other studies using samples with larger age ranges, they found no association between ADHD and credit card or student loan debt. However, after controlling for significant covariates (i.e., gender, year in school, and college of attendance), Norvilitis et al. (2021) found that ADHD participants reported significantly lower perceived financial well-being than non-ADHD participants. ADHD participants also engaged in more behaviors consistent with their lower perceptions of financial well-being (e.g., skipping meals, not buying textbooks, not seeking appropriate health care). Thus, in addition to known links between ADHD and objective financial well-being (e.g., Fletcher, 2014; Pelham et al., 2020), ADHD also may lower subjective financial well-being. In the current study, I aim to further advance our understanding of the link between ADHD and subjective financial well-being by examining this association in a broader sample of adults in married couple relationships.

Couples and Finances

Family systems theory posits that the thoughts, feelings, and behaviors of individuals in committed couple relationships affect their partners (e.g., interdependence, Minuchin & Fishman, 1981) by contributing to patterns of interaction over time. Couples and Finances Theory (CFT; Archuleta, 2013; Archuleta & Burr, 2015) extends the general interdependence of couples to examine specifically how couples' finances and romantic relationship are mutually influential over time. Married couples, in particular, typically share a level of financial interdependence through co-mingling of daily expenses, assets, debts, and bank accounts (Bourdeaux & Bright, 2021; Olson et al., 2023). Couples also share a level of financial interdependence through financial self-efficacy. Individuals' financial self-efficacy affects both their own (Okamoto et al., 2024) and their partner's (Kim et al., 2022) financial management behaviors. Further, it is possible that one partner's financial self-efficacy may become a shared

resource from which the other partner may derive confidence (vanDellen & Baker, 2011). In other words, when individuals within a committed couple relationship feel greater financial self-efficacy, they are more likely to exhibit positive financial behaviors, leading to both partners' increased perceived financial well-being over time.

Further, according to CFT, characteristics of individual partners (e.g., ADHD symptom levels) can affect couples' finances and romantic relationships. ADHD in one or both partners has been demonstrated to be a shared, and not solely individual, experience that affects both partners' mental health (Ghahramanzadeh et al., 2021) and the couple's relationship functioning and stability (Kahveci Oncu & Tutarel-Kislak, 2021; Wymbs et al., 2021). Because there is a clear association between couples' financial well-being and relationship quality (e.g., Britt & Huston, 2012; Falconier & Jackson, 2020; Grable et al., 2007), understanding whether and how individuals' ADHD symptoms may influence their own and their partners' financial well-being, as well as mechanisms (e.g., financial self-efficacy) through which such influence may occur, can have important implications for the quality and stability of ADHD couple relationships.

Current Study

This study examines how individuals' levels of ADHD symptoms are related to their own and their partner's financial self-efficacy and financial well-being. Specifically, as illustrated in Figure 2.1, the current study explores whether and how each partner's financial self-efficacy at T1 mediates the effects of individuals' ADHD symptoms on their own and their partner's financial well-being at T2 (approximately 16-20 weeks after T1). Because ADHD affects individuals' financial well-being as well as partners' well-being in other domains (Ghahramanzadeh et al., 2021; Wymbs et al., 2021), I expect each partner's ADHD symptoms to be negatively associated with their own (H1a; paths A and D) and their partner's (H1b; paths B

and C) financial well-being at T2. Next, consistent with literature showing that ADHD is associated with lower self-efficacy in general (Newark et al., 2016) and the psychological experiences of both partners (e.g., Ghahramanzadeh et al., 2021), I hypothesize that individuals' ADHD symptoms will be negatively associated with their own (H2a; paths E and G) and their partners' (H2b; paths F and H) financial self-efficacy at T1. Last, because financial self-efficacy is associated with financial well-being (Dare et al., 2023), I hypothesize that associations between individuals' own ADHD symptoms and financial well-being at T2 will be partially or fully mediated by their own financial self-efficacy at T1 (H3a), and that associations between individuals' ADHD symptoms and their partners' financial well-being at T2 will be partially or fully mediated by their own and/or their partner's financial self-efficacy at T1 (H3b).

Methods

Recruitment

The sample is drawn from participants in a federally funded couple relationship enrichment (CRE) program in a southeastern U.S. state between 2021 and 2023 (Futris et al., 2024). Participants were recruited via online and print marketing, local outreach through community partners, and word-of-mouth referrals. All participants self-selected into the program and identified as being 18 years or older and in a committed couple relationship. During the recruitment and enrollment process, participants completed registration forms that assessed individual and family demographics. The participants were emailed a link to an online survey to complete up to four weeks before beginning the program (T1) and eight weeks after completion of the program (T2). They received a $20 and $25 gift card for completing the T1 and T2 survey, respectively.

Sample

From 439 couples (*n* = 878 individuals) who enrolled in the CRE program, the current study sample was reduced to 280 couples (*n* = 560 individuals; see Figure 2A.1). First, in alignment with research indicating significant associations between gender and financial self-efficacy (Shim et al., 2019), as well as differing couple experiences of ADHD symptoms related to gender (Ben-naim et al., 2017), I elected to reduce the initial sample to 410 different-sex couples (*n* = 820 individuals) in order to examine distinguishable dyads (Cook & Kenny, 2005). This excluded 21 same-sex couples (*n* = 42 individuals) as well as 8 couples (*n* = 16 individuals) wherein one partner declared their gender as other or declined to state their gender. As data were not available regarding the couples' levels of financial integration (e.g., joint bank accounts, shared expenses), and married couples are more likely than unmarried couples to have integrated their finances (Gray & Evans, 2008), the sample was further reduced to 299 married couples (*n* = 598 individuals). To allow for accurate estimation of missing data, the final sample consisted of 280 couples for whom at least one partner completed the T1 survey (*n* = 560 individuals).

As summarized in Table 2.1, participants (*n* = 560) were, on average, middle-aged adults (women: *M* = 41.00, *SD* = 10.94; men: *M* = 43.36, *SD* = 12.47) identifying as heterosexual (women: 95.70%, men: 98.18%). The majority of the sample identified as white (women: 57.09%, men: 56.57%) followed by black/African-American (women: 36.36%, men: 37.59%), and not Hispanic or Latino (women: 90.00%, men: 93.19 %). Over half of women (55.71%) and over a third of men (38.27%) held a bachelor's degree or higher. Most participants worked full-time (women: 54.29%, men:77.34%), yet approximately two-thirds of women (65.71%) and half of men (47.85%) earned less than $3,000 per month. Couples had been together an average of

14.33 years (*SD* = 9.99), married for 11.39 years (*SD* = 9.68), and over half (54.28%) had 1-3 residential children under 18 living in the home.

Analyses comparing participants excluded from the final sample (individual *n* = 318) to the final sample (individual *n* = 560, see Table 2A.2) showed that the final sample was slightly older (sample: *M* = 42.18, *SD* = 11.78; excluded: *M* = 36.05, *SD* = 10.40; *F* = 59.091, *p* < .001), more educated (χ^2 = 17.576, *p* < .001), earned a higher income (χ^2 = 25.276, *p* < .001), and was significantly more likely to identify as female (50.0% versus 54.14%, χ^2 = 9.031, *p* = .011), heterosexual (χ^2 = 50.663, *p* < .001), and/or white (χ^2 = 23.148, *p* < .001). Couples in the final sample had, on average, been together longer (14.33 years versus 6.21 years, *F* = 148.215, *p* < .001) and had more children in the home (*F* = 23.627, *p* < .001). Finally, individuals in the final sample attended significantly more of the CRE program (90.32% versus 72.55%, *F* = 86.755, *p* < .001).

Measures

Below is a description of the measures used in this study. Full items are available in Appendix 2B.

ADHD Symptoms. During T1, the Adult ADHD Self-Report Scale (ASRS-5; Ustun et al., 2017) was used to assess ADHD symptoms. The ASRS-5 assesses symptoms of ADHD in alignment with current diagnostic standards (i.e., DSM-5) and has been validated for the general population and clinical samples (Ustun et al., 2017). Furthermore, it has been used in peer-reviewed research in both dually diagnosed (Bastiaens & Galus, 2018) and international (e.g., (Baggio et al., 2021; Genç et al., 2020) samples. This six-item scale assessed participants' current symptoms of ADHD using Likert-style scoring (0 = Never, 4 = Very Often). Sample items included, "How often do you have difficulty concentrating on what people are saying to

you even when they are speaking to you directly" and "How often do you put things off until the last minute?" For respondents who had responded to all six items (n = 536; 95.7%), a simple sum score was computed such that a higher score indicated higher levels of ADHD symptoms (α_{women} = .685; α_{men} = .730). Scores from participants who did not respond to all or some the ASRS-5 items (n = 24) were marked as missing.[1] Scores are not indications of diagnostic status, and extant literature supports the value of modeling ADHD symptoms on a continuum in quantitative research (Liao, 2021; McLennan, 2016).

Financial Self-Efficacy. Financial self-efficacy refers to a subjective assessment of one's capability to engage in financial management processes and was assessed at T1 using the Financial Self-Efficacy Scale (Lown, 2011), which has been used to assess this construct in extant literature (e.g., Gamst-Klaussen et al., 2019; Palmer et al., 2021). This six-item Likert-style scale (1 = Never True, 7 = Always True) included such items as, "It is hard to stick to my spending plan when unexpected expenses arise," and "When faced with a financial challenge, I have a hard time figuring out a solution." Responses were reverse coded, and a mean score was created such that a higher score indicated higher financial self-efficacy (α_{women} = .880, α_{men} = .883).

Financial Well-Being. The Consumer Financial Protection Bureau (2015) Financial Well-Being Scale was used to represent participants' subjective financial well-being at T2. This 10-item scale, which has been utilized in extant research (e.g., Brenner et al., 2020; Patel & Wolfe, 2019), assesses respondents' view of their financial stability and freedom (e.g., "I could

[1] Comparisons of participants with ADHD scores versus those without scores indicated no significant between-group differences on age, gender, sexual orientation, ethnicity, educational attainment, employment, or income. Participants with ADHD scores were more likely to identify as white (57.90% versus 33.33%, $\chi^2(2) = 11.657$, p = .003), and attended, on average, more of the couples' relationship enrichment program (91% versus 75%; $\underline{F}$ = 9.16, p = .003; see Table 2C.1).

handle a major unexpected expense," "I can enjoy life because of the way I'm managing my money," and "My finances control my life"). Responses ranged from 0 (Not at all) to 4 (Completely), and responses were reverse-coded when appropriate. For those who responded to all items in the scale (n = 415; 74.1%), a sum score (0 – 40) was computed, with higher sum scores indicating higher financial well-being (α_{women} = .927, α_{men} = .922). For those who did not complete T2 surveys (n = 128) or who completed T2 surveys but did not complete all or some the CFPB scale responses (n = 17), scores were marked as missing.[2] The sum scores were then transformed using the CFPB scoring instructions (see CFPB, 2015), which account for administration mode (self-administered versus filled out by an interviewer) and age of respondent. The transformed scores could range from 0 – 100.

Covariates. Potential covariates of individual income, highest level of education attained, employment status, race, and age were chosen after reviewing research indicating significant associations with financial self-efficacy (Brady et al., 2021; Dare et al., 2023; Lown, 2011) and financial well-being (e.g., Brenner et al., 2020; Lee et al., 2023). Participants were asked how much money they made during the last 30 days (1 = No earnings in the past 30 days, 4 = $1,001–$2,000, 8 = More than $5,000) and their highest level of education attained (1 = No degree or diploma earned, 8 = Master's or other advanced degree). Regarding their current employment status, responses were recoded as (0) stay at home parent/not working, (1) temporary, occasional, or seasonal employment, (2) variable employment, (3) part-time employment, and (4) full-time employment averaging 35+ hours/week. Race was dichotomized into a variable comparing those

[2] Comparisons of participants with CFPB scores versus those without scores at T2 indicated no significant between-group differences on age, gender, race, ethnicity, employment, or income. Participants with CFPB scores at T2 were more likely to identify as heterosexual (98.06% versus 93.62%, F = 6.954, p = .008), have a bachelor's degree or higher (53.38% versus 28.67%, $\chi^2(2)$ = 26.469, p < .001), and attended, on average, more of the program (98.26% versus 40.51%, F = 218.62, p < .001; see Table 2C.2).

identifying as white (1, *n* = 312) to those not identifying as white (0; *n* = 248) due to the low number of non-white, non-Black participants (*n* = 34, 6.19%). Because this sample consisted of married couples who elected to participate in a CRE program, marriage length and CRE program attendance (i.e., proportion of the eight total program modules completed by the participant) were also considered as potential covariates.

Analysis

To assess the effects of individuals' levels of ADHD symptoms and their own and their partners' financial well-being (H1), dyadic data were analyzed using an actor-partner interdependence model (APIM) in a path model framework in MPlus v.8.0 (Muthén & Muthén, 1998). This form of path modeling examines variables that vary within and between a couple (Cook & Kenny, 2005). In an APIM, individuals' scores on the predictor variable (in this case, level of ADHD symptoms) are used to predict their own and their partners' scores on the outcome variable (i.e., financial well-being). The effect of an individual's predictor variable on their own outcomes is referred to as the *actor effect*, while the effect of an individual's predictor variable on their partner's outcomes is the *partner effect*. The partner effects reflect interdependence within the couple relationship (Cook & Kenny, 2005).

To assess for the effects of individuals' levels of ADHD symptoms on their own and their partners' financial self-efficacy (H2), as well as whether financial self-efficacy mediates links between ADHD symptoms and financial well-being (H3), a mediated APIM (APIMeM; Ledermann et al., 2011) was constructed (see Figure 2.1). Bivariate correlations were examined to identify potential covariates (i.e., race, age, income, educational attainment, marriage length, and program participation) of outcome variables for both the APIM and APIMeM (see Table 2.1). Covariates with statistically significant bivariate correlations were included in the initial

models. To create more parsimonious models (e.g., Wickrama et al., 2020), only covariates that were significantly associated with financial self-efficacy or financial well-being were retained in the final models. To determine whether data were missing at random, Little's (1988) test for missing data was conducted using SPSS 29, and results determined the data to be missing completely at random ($\chi^2 = 1.472$, $df = 2$, $p = .479$). Final model fit was evaluated using goodness-of-fit indices for RMSEA (<.08) and CFI (near or above .95; Hu & Bentler, 1999), and missing data were accounted for using Full Information Maximum Likelihood. Direct effects in the final APIMeM were estimated, and the statistical significance of indirect effects linking ADHD with financial well-being was assessed using the bootstrapping method (with 5,000 draws, Preacher & Hayes, 2008), which utilizes resampling to avoid the assumption of multivariate normality.

Results

Preliminary Analyses

The ranges, means, standard deviations, and correlations for the main variables of interest (i.e., ADHD symptom levels, financial self-efficacy, and financial well-being) for men and women are presented in Table 2.2. ADHD scores for women averaged 9.00 (*SD* = 3.92) and for men averaged 8.30 (*SD* = 3.95) out of a possible 24. Average financial self-efficacy scores for women (*M* = 4.16, *SD* = 1.42) and men (M = 4.38, *SD* = 1.41) were slightly above the scale midpoint of 4. Average financial well-being scores for women (*M* = 58.87, *SD* = 13.15) and men (*M* = 60.31, *SD* = 13.96) were both above the national average of 54 (CFPB, 2017b). Paired sample *t*-tests showed that, on average, compared to men, women reported higher ADHD symptoms (*t*(256) = 2.38, *p* = .018) and lower financial self-efficacy (*t*(259) = -2.59, *p* = .010); no significant within-couple differences by gender were found on financial well-being (*t*(186) =

-1.68, p = .094). Table 2.2 presents the correlation coefficients of the main variables of interest. All variables were significantly correlated in the expected directions, meaning that those who reported higher ADHD symptom levels also reported lower financial self-efficacy and well-being, and those who reported lower financial self-efficacy reported lower financial well-being. The amount of missing data on outcome variables in the final sample ranged from 3.9% (T1) to 25.9% (T2).

Actor-Partner Interdependence Model of ADHD and Financial Well-Being

The APIM exploring associations between ADHD symptom levels and financial well- was a saturated model; therefore, the results for model fit indices are not interpretable ($\chi 2(0)$ = .000, p < .001, CFI = 1.00, RMSEA = .000). Covariates that were statistically significantly associated with financial well-being were retained in the final model, including men's employment (women's financial well-being: β = -.314, p < .001, men's financial well-being: β = -.275, p < .001) and men's income (women's financial well-being: β = .281, p < .001, men's financial well-being: β = .328, p < .001). The results of the final APIM are illustrated in Figure 2.2 and reported in standardized coefficients, which can be interpreted as effect sizes (Grimm et al., 2017). Women's ADHD symptoms were negatively associated with their own (β =-.326, p < .001) and their partner's (β = -.188, p = .004) financial well-being at T2 such that higher levels of ADHD symptoms in women were associated with lower financial well-being for themselves and their spouses. Men's ADHD symptoms, in contrast, were significantly negatively associated with their own (β = -.197, p = .003) but not their wives' financial well-being at T2, meaning that, on average, men with higher levels of ADHD symptoms reported lower financial well-being, but their wives did not. Overall, men's financial well-being was associated with their own and their wives' level of ADHD symptoms, but women's financial well-being was only associated with

their own levels of ADHD symptoms. These results provide support for hypothesis 1a, but only partial support for hypothesis 1b. Partners' levels of financial well-being were significantly correlated (r = .555, p < .001), as were levels of ADHD symptoms (r = .215, p < .001).

APIMeM of ADHD, Financial Self-Efficacy, and Financial Well-Being

The APIMeM exploring associations between ADHD symptoms, financial self-efficacy, and financial well-being demonstrated good model fit ($\chi 2(10) = 7.642$, p = .07, CFI = .985, RMSEA = .051, see Figure 2.3). Covariates that were significantly associated with financial self-efficacy and/or financial well-being were retained in the final model, including women's education (men's financial well-being: β = .120, p = .025), women's income (women's financial self-efficacy: β = .116, p = .016), men's income (women's financial self-efficacy: β = .220, p < .001; men's financial self-efficacy: β = .214, p = .001), and men's employment (women's financial self-efficacy: β = -.240, p < .001; men's financial self-efficacy: β = -.145, p = .016).

Women's ADHD symptom levels were significantly associated with their own financial self-efficacy (β = -.377, p < .001) but not their husband's financial self-efficacy (β = -.090, p = .087). Men's ADHD symptoms were significantly associated with their own (β = -.360, p < .001) but not their wives' (β = -.096, p = .126) financial self-efficacy. In other words, women and men with higher levels of ADHD symptoms reported lower financial self-efficacy (*actor effects*, hypothesis 2a) as expected, but no significant crossover effects of individuals' ADHD symptoms to their partners' financial self-efficacy (*partner effects*, hypothesis 2b) were found. In exploring actor and partner associations between individuals' financial self-efficacy and their own and their partner's financial well-being, women's financial self-efficacy was significantly associated with their own (β = .595, p < .001) and their husbands' (β = .282, p < .001) financial well-being, and men's financial self-efficacy was significantly associated with their own (β = .493, p < .001) and

their wives' (β = .168, p = .026) financial well-being. Thus, women and men who reported higher levels of financial self-efficacy at T1 reported feeling higher levels of financial well-being at T2 (*actor effects*) as did their partners (*partner effects*). The model demonstrated significant within-couple correlations of ADHD symptoms (r = .215, p = .001), financial self-efficacy (r = .426, p < .001), and financial well-being (r = .311, p < .001).

In contrast to the first APIM (see Figure 2.2), the APIMeM that added financial self-efficacy as a mediator (see Figure 2.3) demonstrated no significant direct effects between individuals' ADHD symptoms and their own or their partners' financial well-being. However, there were significant indirect actor and partner effects (see Table 2.3). In terms of actor effects (hypothesis 3a), there were strong indirect effects of individuals' ADHD symptoms on their own financial well-being at T2 through individuals' own financial self-efficacy at T1 for both women and men (women's ADHD → women's financial self-efficacy → women's financial well-being: β = -.22, 95% Confidence Interval [*CI*] = -.310 – -.148; men's ADHD → men's financial self-efficacy → men's financial well-being: β = -.18, 95% 95% *CI* = -.258 – -.115). In other words, individuals reporting higher levels of ADHD symptoms were more likely to report lower self-efficacy, and thus also report lower financial well-being. In terms of partner effects (hypothesis 3b), individuals' ADHD symptom levels crossed over to affect their partners' financial well-being through individuals' own financial self-efficacy (women's ADHD → women's financial self-efficacy → men's financial well-being: β = -.11, 95% *CI* = -.177 – -.052; men's ADHD → men's financial self-efficacy → women's financial well-being: β = 0.06, 95% *CI* = -.125 – -.012). Thus, when women and men reported higher levels of ADHD symptoms, they also tended to report lower financial self-efficacy at T1, which was associated with lower financial well-being of their partner at T2.

Discussions, Limitations, and Implications

Guided by Couples and Finances Theory (CFT; Archuleta, 2008; Archuleta & Burr, 2015), this study explored how individuals' ADHD symptom levels may affect their own and their partners' subjective financial well-being. It also examined whether such associations may be mediated by individuals' and their partners' financial self-efficacy, a link posited by Bandura's (1977) theory of self-efficacy. The APIM results found negative associations between individuals' ADHD symptom levels and their financial well-being (*actor effects*), as well as negative associations between women's ADHD symptom levels and their husbands' financial well-being (*partner effects*). The APIMeM, which included financial self-efficacy as a mediator, found that individuals' ADHD symptom levels were indirectly associated with their own and their partners' financial well-being through individuals' own financial self-efficacy. The results of this study shed light on how ADHD can affect individual and couple financial well-being.

Though extant literature had identified negative links between ADHD and financial well-being (Norvilitis et al., 2021) and general self-efficacy (Newark et al., 2016), this study fills an important gap by establishing links between ADHD and financial self-efficacy. Extant literature had previously uncovered negative associations between ADHD and general self-efficacy (Waite et al., 2022) and domain-specific self-efficacy (Mana et al., 2022; Williamson & Johnston, 2019), which are influenced by individuals' cognitive bias (e.g., tendency toward negative or positive mental framing) as well as their past experiences (Schmidt-Barad et al., 2023). ADHD is associated with a more negative cognitive bias (Schmidt-Barad et al., 2023) and a greater likelihood of past negative financial experiences (Beauchaine et al., 2017, 2020), leading me to hypothesize that ADHD symptoms would be negatively associated with financial self-efficacy. Finding evidence for this link contributes to the body of literature exploring associations between

ADHD and self-efficacy (e.g., Mana et al., 2022; Martin et al., 2017; Newark et al., 2016) as well as literature exploring variations in financial self-efficacy across demographic and contextual characteristics (e.g., Furrebøe & Nyhus, 2022; Rothwell et al., 2016).

A significant contribution of this study is the empirical evidence supporting financial self-efficacy as a mediating mechanism through which individuals' ADHD symptoms affect their financial well-being. This finding contributes to theoretical literature by supporting the application of Bandura's (1977) theory of self-efficacy to the financial domain. Perhaps more notably, this finding suggests that financial self-efficacy may be a potential point of intervention for improving the financial well-being of individuals and couples with ADHD. More research is needed to explore interventions targeting financial self-efficacy as a way to improve the subjective financial well-being of ADHD populations.

My study also considered whether the effects of individuals' ADHD symptoms could cross over to affect their partners' financial well-being. Based on the CFT presumption of within-couple interdependence and research indicating crossover effects of ADHD on partners (Ghahramanzadeh et al., 2021), I hypothesized that individuals' ADHD symptoms would affect their partners' financial well-being in the direct effects APIM (see Figure 2.2). This hypothesis was only partially supported in that I found one significant crossover effect: higher ADHD symptoms in women were negatively associated with their husband's financial well-being. However, the results of the APIMeM (see Figure 2.3), which included financial self-efficacy as a mediator, showed that individuals' ADHD symptoms were associated with their partners' financial well-being through individuals' own financial self-efficacy. These indirect crossover effects were true for both men and women. These results suggest that ADHD symptoms can affect individuals' belief in their ability to handle financial management tasks, which are in turn

associated with individuals' and their partners' financial well-being. This additional key finding may support future research and intervention efforts to support ADHD couples; namely, that supporting individuals' financial self-efficacy may lead to improved financial well-being for both partners in the couple.

Contrary to my hypothesis, I did not find crossover effects of ADHD on partners' financial self-efficacy. Namely, ADHD symptoms were significantly associated with individuals' own –but not their partners' – financial self-efficacy. Because ADHD symptoms have been known to affect the well-being of both individuals and their partners (e.g., (Ghahramanzadeh et al., 2021), I hypothesized that individuals' ADHD symptoms would similarly cross over to affect their partners' self-efficacy. However, my findings indicate that ADHD symptoms are only linked with individuals' *own* financial self-efficacy, which in turn is associated with individuals' and their partners' well-being. Thus, individual self-efficacy may be a critical mechanism linking ADHD to self and partner well-being.

There are several opportunities for future research to build upon my findings. First, as my study found support for the application of Bandura's (1977) theory of self-efficacy to the financial domain, future research may explore whether financial management behaviors mediate the link between financial self-efficacy and financial well-being that was found in this study. Because financial management practices are a core component of CFT, exploring how financial management behavior may associate with couples' financial self-efficacy and financial well-being would contribute to the growing body of CFT-related literature. Further, future research using a longitudinal dataset with more than two time points could examine associations of change over time theorized by Bandura (1977) in the financial domain. Specifically, future research could explore whether increases in financial self-efficacy may spur individuals to

engage in more positive financial behaviors, thereby leading to improvements in financial well-being over time. This exploration could extend to couples' use of financial roles posited in CFT (e.g, shared or divided responsibility for financial management tasks; Archuleta, 2008). It is possible that among couples, links between financial self-efficacy, behavior, and well-being may vary within and between partners in relation to their particular financial role. For example, Ward and Lynch (2019) found that the longer a couple assigned a primary financial management role to an individual, the less financially literate their partner became. Such findings suggest that increases in individuals' financial self-efficacy and behavior could lead to decreased financial self-efficacy in their partner. Thus, analysis of longitudinal datasets may uncover nuanced variations of how individuals and their partners can influence one another as their own financial self-efficacy, behavior, and well-being change over time.

Finally, there has been no research, to my knowledge, on same-sex ADHD couples, and the limited extant research on same-sex couples' finances tends to focus on objective financial well-being (e.g., income, Martell & Nash, 2020; Schneebaum & Badgett, 2019), level of couple financial integration (e.g., Burgoyne et al., 2011; Klawitter, 2008), and financial power within couples (e.g., Burns et al., 2008). Future research on ADHD, couples, and finances thus may choose to include same-sex couples for better generalizability to the broader public and to contribute to the body of knowledge regarding whether within-couple financial dynamics vary between different-sex and same-sex couples. Additionally, extant literature indicates that cohabiting couples are significantly less likely to combine finances than married couples (Gray & Evans, 2008), yet recent research highlights that cohabiting couples often partially integrate their finances (Pepin, 2022). While the sample used in this study consisted of married couples, it is possible that similar financial dynamics may be present among unmarried couples who fully or

partially integrate their finances (e.g., cohabiting, engaged). Future research efforts could explore the financial dynamics of a variety of types of committed couples as compared to married couples, and whether these dynamics vary in association with their level of financial integration.

Implications for Practice

The recognition of financial self-efficacy as a mediating link between ADHD and financial well-being highlights an opportunity to support ADHD couples' financial well-being. Self-efficacy is, in general, a malleable construct that has been demonstrated to respond to intervention (e.g., cognitive-behavioral group counseling, Bramham et al., 2009; Muhammdamin & Rahman, 2020). In order to improve the financial self-efficacy of ADHD couples, researchers and practitioners may want to consider tailoring interventions that utilize solution-focused questioning or cognitive-behavioral approaches, both of which can be effective with ADHD populations (Karakaya & Ozgur, 2019; Young et al., 2020). Solution-focused questioning in particular has been found to promote self-efficacy among an ADHD sample (Karakaya & Ozgur, 2019). The solution-focused intervention used by Karakaya and Ozgur (2019) consisted of six interviews during which participants set goals, identified positive resources or experiences, brainstormed solutions and potential obstacles, and reinforced positive changes. Participants who received the intervention reported significantly higher self-efficacy afterward than those who did not receive the intervention (Karakaya & Ozgur, 2019). In addition to applicability to ADHD populations, both solution-focused questioning and cognitive behavioral therapy approaches have been recommended for use in financial settings (Archuleta et al., 2015; Nabeshima & Klontz, 2015).

The findings from this study may also lead to practical implications for financial professionals specifically. First, while my results demonstrate the influence of ADHD symptoms

on couples' financial well-being, it is not common practice for financial professionals to request that clients disclose their personal mental health information (e.g., Durband et al., 2019; Grable et al., 2022). In lieu of directly asking clients about their ADHD symptoms, I suggest that financial professionals may want to consider expanding the type of client information beyond typical factors directly associated with financial counseling (e.g., income, household structure, debts; Durband et al., 2019). Grable et al. (2022), suggest that financial planners consider four client characteristics that can influence how they handle their money: 1) temperament and personality, 2) attitudes, beliefs, values, and behaviors, 3) financial knowledge and experience, and 4) socioeconomic descriptors. My findings suggest that financial professionals may glean useful information by asking about clients' *belief* in their ability to manage their finances well (i.e. financial self-efficacy), as ADHD symptoms are strongly associated with lower financial self-efficacy, and it is largely through financial self-efficacy that ADHD appears to affect subjective financial well-being. Financial professionals could also ask about specific ways in which ADHD tends to affect finances. For example, financial professionals may ask about clients' and their partners' awareness of when bills are received and due (Koerts et al., 2023), frequency of job changes (Beauchaine et al., 2017), or impulsive spending (Bangma et al., 2020). Attunement to such details could support financial professionals' efforts to tailor recommendations to clients' unique needs without directly inquiring about clients' mental health symptoms or diagnoses.

Second, given the additional challenges adults with ADHD experience in considering and communicating financial information (Koerts et al., 2021), financial professionals may find that their working alliance can be strengthened by attending to clients' pace and unique needs in integrating information. For example, financial professionals may choose to use visualizations

(e.g., graphs, illustrations) or use a whiteboard to track important details, thereby reducing the amount of working memory (a component of executive functioning, Barkley, 2012) required to process financial information (Almuwaiziri et al., 2023). Financial professionals may also utilize techniques from solution-focused questioning to identify types of resources that may support the client's processing of information (e.g., videos, podcasts) and further tailor recommendations.

Finally, financial professionals may further draw upon solution-focused questioning methods to promote clients' financial self-efficacy. A key component of solution-focused questioning is the assumption that the current problem is not *always* a problem (Archuleta et al., 2015). Financial professionals can help clients create space for positive change by inquiring about times when the problem has been less of an issue for the client, which can help clients recognize positive past experiences or resources. Further, they could help clients recognize possible obstacles and brainstorm ways to overcome them, then reviewing how these solutions worked at the next session. This iterative conversational process, similar to the series of interviews conducted by Karakaya and Ozgur (2019), can help clients shift from feeling "stuck" to feeling – and acting – efficacious.

Conclusion

Overall, this study suggests that ADHD may affect the financial well-being of individuals and their partners through negatively affecting individuals' financial self-efficacy. My results shed light on a potential point of intervention for supporting the financial well-being of ADHD couples: addressing financial self-efficacy. Future research exploring possible interventions may consider tailoring existing approaches that can improve self-efficacy among ADHD populations and have been used in financial settings (i.e., solution-focused questioning and cognitive behavioral approaches) to focus on improving the financial self-efficacy of ADHD populations.

In the meantime, financial professionals may find that their interactions with their clients can benefit from gathering more extensive client information, tailoring resources to their clients' unique needs, and integrating solution-focused questioning into their client interactions.

Chapter 2 References

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CHAPTER 2: TABLES AND FIGURES

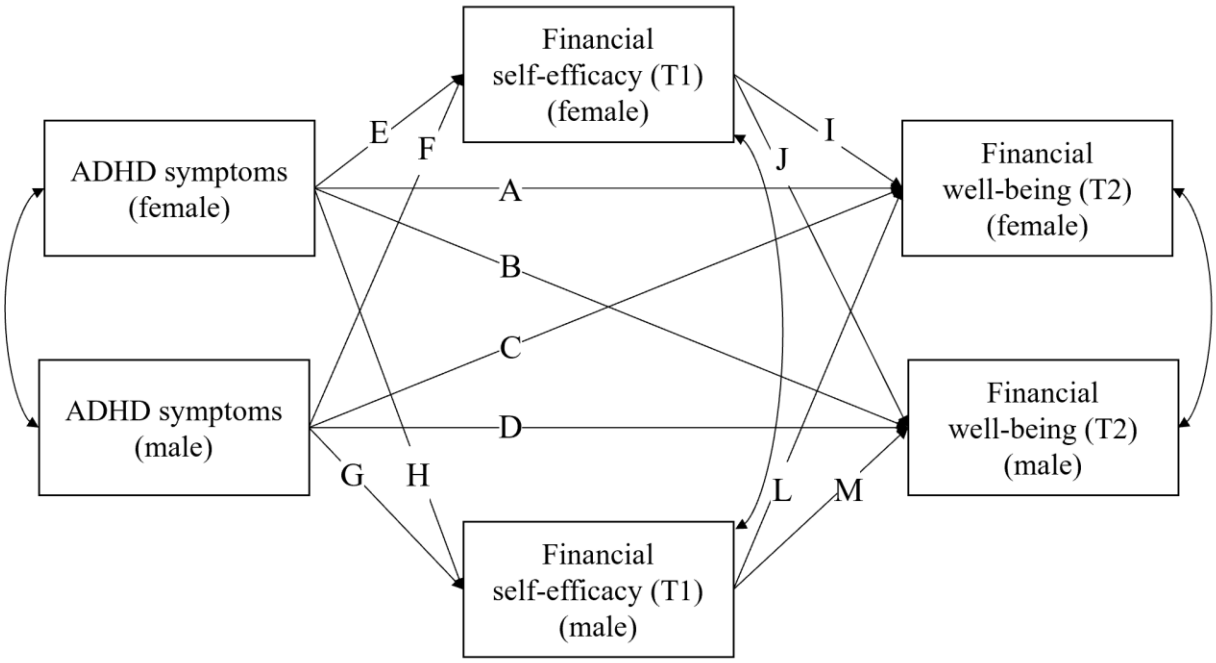

Figure 2.1. *Hypothesized Final Model*

Note: RQ1 tests paths A – D. RQ2 examines paths E – H. RQ3 examines all paths for direct and indirect effects.

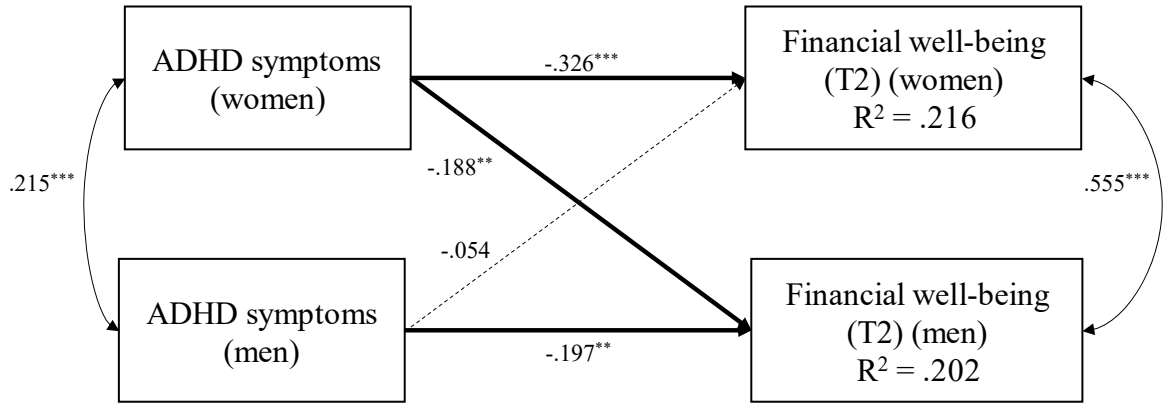

Figure 2.2. *APIM of ADHD Symptoms to Financial Well-being (RQ1)*

** $p < .01$. *** $p < .001$. Significant direct paths bolded. Broken lines represent nonsignificant associations. Standardized coefficients are shown after controlling for men's employment and men's income. $\chi 2(0) = .000$, $p < .001$, CFI = 1.00, RMSEA = .000 (fully recursive model; fit indices are not interpretable).

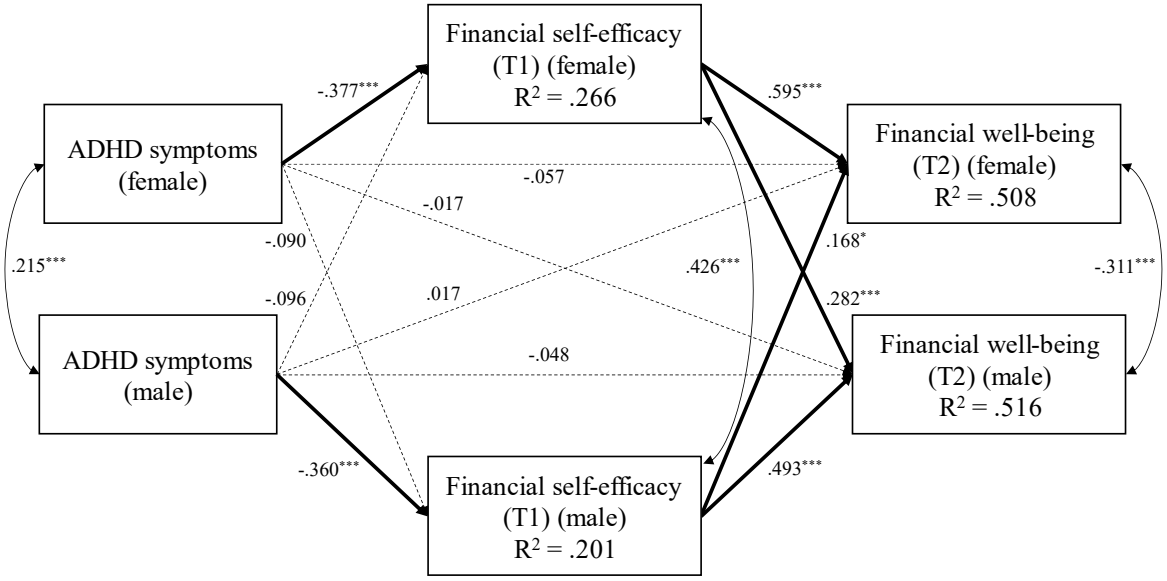

Figure 2.3. *APIMeM of ADHD Symptoms, Financial Self-Efficacy, and Financial Well-Being*

Note: * $p < .05$. *** $p < .001$. Significant paths bolded. Standardized coefficients are shown after controlling for men's and women's income and men's employment.

$\chi 2(10) = 17.184$, $p = .07$, CFI = .985, RMSEA = .051.

Table 2.1. *Final Sample by Gender (n = 560)*

	Women (*n* = 280)			Men (*n* = 280)		
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing
Age	41.00	10.94	0	43.36	12.47	1
Relationship length	14.35	10.04	15	14.31	9.96	19
Marriage length	11.39	9.69	8	11.39	9.69	3
# residential children < age 18 in home (couple)	1.75	1.75	0			
0	90	32.14%				
1	44	15.71%				
2	70	25.00%				
3	38	13.57%				
4 or more	38	13.57%				
Sexual orientation			1			6
Not heterosexual [a]	12	4.30%		5	1.82%	
Heterosexual	267	95.70%		269	98.18%	
Race [b]			5			6
White	157	57.09%		155	56.57%	
Black or African American	100	36.36%		103	37.59%	
Other	18	6.55%		16	5.84%	
Ethnicity			0			1
Not Hispanic or Latino	252	90.00%		260	93.19%	
Hispanic or Latino	28	10.00%		19	6.81%	
Educational attainment			0			3
High school diploma or less	25	8.93%		64	23.10%	
Associate degree, certification, or some college	99	35.36%		107	38.63%	
Bachelor’s degree or higher	156	55.71%		106	38.27%	

Table 2.1. *Continued*

	Women (*n* = 280)			Men (*n* = 280)		
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing
Employment status			0			2
Not employed outside the home	77	27.50%		42	15.11%	
Temporary or variable employment	15	5.36%		7	2.52%	
Part-time employment	36	12.86%		14	5.04%	
Full-time employment	152	54.29%		215	77.34%	
Income (last 30 days)			0			2
No earnings in the past 30 days	55	19.64%		16	5.76%	
$1–$499	14	5.00%		8	2.88%	
$500–$1,000	22	7.86%		13	4.68%	
$1,001–$2,000	49	17.50%		35	12.59%	
$2,001–$3,000	44	15.71%		61	21.94%	
$3,001–$4,000	40	14.29%		47	16.91%	
$4,001–$5,000	35	12.50%		34	12.23%	
More than $5,000	21	7.50%		64	23.02%	
Program attendance	90.45	25.51	0	90.19	25.59	1

Note: [a] While the final sample consisted of different-sex couples, some individuals identified as gay (*n* = 2), lesbian (*n* = 1), bisexual (*n* = 11), or preferred to self-identify (*n* = 3).

Table 2.2. *Correlations Between Variables of Interest*

	Range	Mean	SD	1	2	3	4	5	6
1. ADHD (women)	0 – 21	9.00	3.92	--					
2. ADHD (men)	0 – 23	8.30	3.95	.22**	--				
3. FSE (women)	1 – 7	4.16	1.42	-.42**	-.23**	--			
4. FSE (men)	1 – 7	4.38	1.41	-.17**	-.39**	.49**	--		
5. FWB (women)	25 – 95	58.87	13.15	-.34**	-.15*	.69**	.48**	--	
6. FWB (men)	14 – 95	60.31	13.96	-.23**	-.25**	.54**	.66**	.62**	--

Note: * $p < .05$ **. $p < .01$. FSE = Financial self-efficacy (T1). FWB = Financial well-being (T2).

Table 2.3. *Indirect Effects in the APIMeM*

	β	BC 95% CI
Female ADHD → Female FSE → Female FWB	-0.22***	[-0.310, -0.148]
Male ADHD → Male FSE → Male FWB	-0.18***	[-0.258, -0.115]
Female ADHD → Female FSE → Male FWB	-0.11**	[-0.177, -0.052]
Male ADHD → Male FSE → Female FWB	-0.06*	[-0.125, -0.012]
Female ADHD → Male FSE → Female FWB	-0.015	[-0.047, 0.00]
Male ADHD → Female FSE → Male FWB	-0.057	[-0.133, 0.015]
Female ADHD → Male FSE → Male FWB	-0.044	[-0.097, 0.005]
Male ADHD → Female FSE → Female FWB	-0.027	[-0.071, 0.004]

Note: FSE = Financial self-efficacy (T1). FWB = Financial well-being (T2). BC 95% CI = Bias-corrected 95% Confidence Interval.

CHAPTER 2: SUPPLEMENTAL TABLES

Supplemental Table 2.1. *Bivariate Correlations*

	1	2	3	4	5	6	7	8	9	10
1. ADHD		-.39**	-.25**	-.19**	.18**	.00	.08	-.02	-.10	-.09
2. FSE	-.42**		.66**	.02	.07	.02	-.08	.17**	.07	.03
3. FWB	-.34**	.69**		.11	.06	.17*	-.14*	.23**	.14	.03
4. Age	-.17**	.24**	.21**		-.07	.01	-.33**	-.05	.54**	.04
5. RaceW	.05	.02	-.01	-.08		-.01	.01	-.03	.09	.03
6. Edu	-.03	.07	.162*	.07	-.11		.13*	.36**	.09	.19**
7. Emp	-.11	.07	.08	-.01	-.03	.18**		.45**	-.16**	-.06
8. Inc	-.17**	.24**	.22**	.13*	-.01	.33**	.68**		.11	.04
9. MarLen	-.06	.17**	.18**	.59**	.08	.08	.06	.14*		.03
10. ProgAtt	-.06	.12*	.14*	.06	.03	.24**	-.05	.04	.01	

Note: Intracorrelations for women (n = 280) are presented below the diagonal, and intracorrelations for men (n = 280) are presented above the diagonal. * $p < 0.05$. ** $p < 0.01$. FSE = Financial self-efficacy (T1). FWB = Financial well-being (T2). RaceW = race (white). Edu = Educational attainment. Emp = employment. Inc = income (last 30 days). MarLen = marriage length. ProgAtt = program attendance.

APPENDIX 2A: SAMPLE

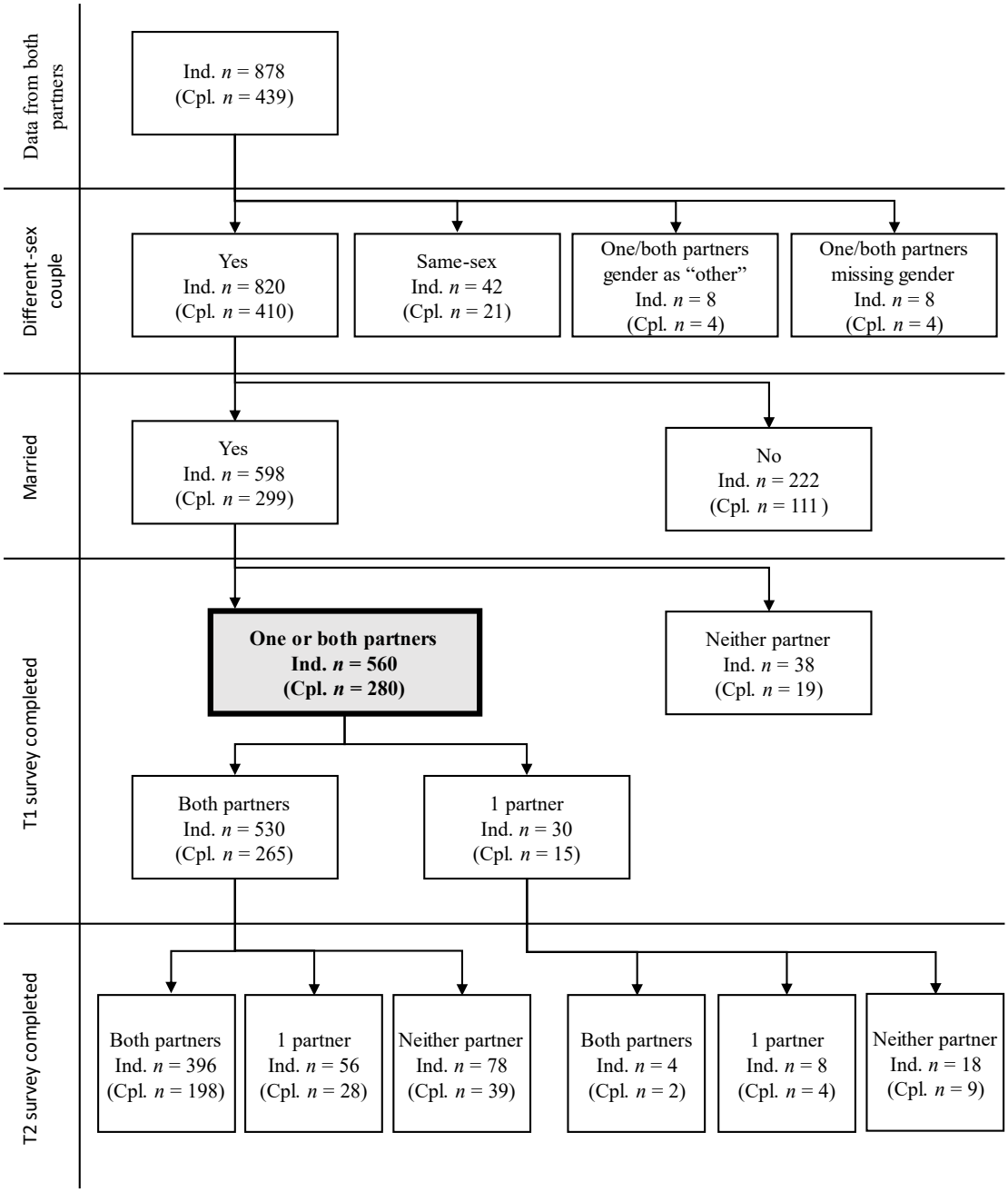

Figure 2A.1. *Sample Tree*

Table 2A.1. *Demographic Characteristics of Final Sample (n = 280 couples, 560 individuals)*

	M/n	*SD*/%	Missing
Age	42.18	11.78	1
Relationship length	14.33	9.99	35
Marriage length	11.39	9.68	6
# residential children < age 18 in home			0
0	180	32.14%	
1	88	15.71%	
2	140	25.00%	
3	76	13.57%	
4 or more	76	13.57%	
Gender			0
Female	280	50.00%	
Male	280	50.00%	
Other	0	0.00%	
Sexual orientation			7
Not heterosexual [a]	17	3.07%	
Heterosexual	536	96.93%	
Race [b]			11
White	312	56.83%	
Black or African American	203	36.98%	
Other	34	6.19%	
Ethnicity			1
Not Hispanic or Latino	512	91.59%	
Hispanic or Latino	47	8.41%	
Educational attainment			3
High school diploma or less	89	15.98%	
Associate degree, certification, or some college	206	36.98%	
Bachelor’s degree or higher	262	47.04%	

Table 2A.1. *continued*

	M/n	*SD*/%	Missing
Employment status			2
Not employed outside the home	119	21.33%	
Temporary or variable employment	22	3.94%	
Part-time employment	50	8.96%	
Full-time employment	367	65.77%	
Income (last 30 days)			2
No earnings in the past 30 days	71	12.72%	
$1–$499	22	3.94%	
$500–$1,000	35	6.27%	
$1,001–$2,000	84	15.05%	
$2,001–$3,000	105	18.82%	
$3,001–$4,000	87	15.59%	
$4,001–$5,000	69	12.37%	
More than $5,000	85	15.23%	
Program attendance	90.32	25.53	1

Note: [a] While the final sample consisted of different-sex couples, some individuals identified as gay (n = 2), lesbian (n = 1), bisexual (n = 11), or preferred to self-identify (n = 3). [b] "Other" racial category refers to respondents who identified as Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, Multiracial, or Other.

Table 2A.2. *Comparison of Excluded versus Final Sample*

	Excluded Sample (Ind. *n* = 318; Cpl. *n* = 159)			Final Sample (Ind. *n* = 560; Cpl. *n* = 280)					
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing	χ^2/F	df	p
Age	36.05	10.40	4	42.18	11.78	1	59.091		<.001*
Relationship length	6.21	7.51	22	14.33	9.99	35	148.215		<.001*
Marriage length	9.68	9.72	259	11.39	9.68	6	1.655		.199
# residential children < age 18	1.35	1.49	15	1.75	1.75	3	23.627		<.001*
Gender			4			0	9.031	2	.011*
Female	170	54.14%		280	50.00%				
Male	140	44.59%		280	50.00%				
Other	4	1.27%		0	0.00%				
Sexual orientation			15			7	50.663	1	<.001*
Not heterosexual	51	16.83%		17	3.07%				
Heterosexual	252	83.17%		536	96.93%				
Race			13			11	23.148	2	<.001*
White	121	39.67%		312	56.83%				
Black or African American	159	52.13%		203	36.98%				
Other [a]	25	8.20%		34	6.19%				

Table 2A.2. *continued*

	Excluded Sample (Ind. *n* = 318; Cpl. *n* = 159)			Final Sample (Ind. *n* = 560; Cpl. *n* = 280)					
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing	χ^2/F	df	p
Ethnicity			5			1	0.803	1	.370
Not Hispanic or Latino	281	89.78%		512	91.59%				
Hispanic or Latino	32	10.22%		47	8.41%				
Educational attainment			10			3	17.576	2	<.001*
High school diploma or less	85	27.60%		89	15.98%				
Associate degree, certification, or some college	107	34.74%		206	36.98%				
Bachelor's degree or higher	116	37.66%		262	47.04%				
Employment status			5			2	3.176	3	.365
Not employed outside the home	70	22.36%		119	21.33%				
Temporary or variable employment	16	5.11%		22	3.94%				
Part-time employment	37	11.82%		50	8.96%				
Full-time employment	190	60.70%		367	65.77%				

Table 2A.2. *continued*

	Excluded Sample (Ind. *n* = 318; Cpl. *n* = 159)			Final Sample (Ind. *n* = 560; Cpl. *n* = 280)					
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing	χ^2/F	df	p
Income (last 30 days)			6			2	25.276	7	<.001*
No earnings in the past 30 days	42	13.46%		71	12.72%				
$1–$499	21	6.73%		22	3.94%				
$500–$1,000	32	10.26%		35	6.27%				
$1,001–$2,000	66	21.15%		84	15.05%				
$2,001–$3,000	49	15.71%		105	18.82%				
$3,001–$4,000	51	16.35%		87	15.59%				
$4,001–$5,000	17	5.45%		69	12.37%				
More than $5,000	34	10.90%		85	15.23%				
Current marital status			0			0	643.404	2	<.001*
Married	60	18.87%		560	100.00%				
Engaged	88	27.67%		0	0.00%				
Neither married nor engaged	170	53.46%		0	0.00%				

Table 2A.2. *continued*

	Excluded Sample (Ind. *n* = 318; Cpl. *n* = 159)			Final Sample (Ind. *n* = 560; Cpl. *n* = 280)					
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing	χ^2/F	df	p
Different-sex couple			0			0	109.363	1	<.001*
No	58	18.24%		0	0.00%				
Yes	260	81.76%		560	100.00%				
Program attendance	69.11	41.79	2	90.32	25.53	1	86.775		<.001*

Note: [a] "Other" racial category refers to respondents who identified as Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, Multiracial, or Other.

Table 2A.3. *Missingness of Study Variables in Final Sample (n = 560 individuals)*

	Valid *N*	Missing	% Missing
ADHD symptom level	536	24	4.3%
Financial self-efficacy (T1)	538	22	3.9%
Financial well-being (T2)	415	145	25.9%
Age	559	1	0.2%
Race	549	11	2.0%
Educational attainment	557	3	0.5%
Employment status	558	2	0.4%
Income (last 30 days)	558	2	0.4%
Marriage length	554	6	1.1%
% of workshops completed	559	1	0.2%

Table 2A.4 *Missingness of Study Variables in Final Sample (by Gender)*

	Women (*n* = 280)			Men (*n* = 280)		
	Valid *N*	Missing	% Missing	Valid *N*	Missing	% Missing
ADHD symptom level	272	8	2.9	264	16	5.7
Financial self-efficacy (T1)	274	6	2.1	264	16	5.7
Financial well-being (T2)	215	65	23.2	200	80	28.6
Age	280	0	.0	279	1	.4
Race	275	5	1.8	274	6	2.1
Highest education attained	280	0	.0	277	3	1.1
Employment status	280	0	.0	278	2	.7
Income (last 30 days)	280	0	.0	278	2	.7
% of workshops participant completed	280	0	0.0%	279	1	0.4%
Marriage length (couple-level)	554	6	1.1	277		

APPENDIX 2B: MEASURES

Table 2B.1. *Measure Items for ADHD Symptom Level (n = 560 individuals)*

	Valid *N*	Missing	*M*	*SD*	*MD*	Min–Max
How often do you have difficulty concentrating on what people are saying to you even when they are speaking to you directly?	541	19	1.46	1.00	1	0–4
How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	539	21	.69	.88	0	0–4
How often do you have difficulty unwinding and relaxing when you have time to yourself?	540	20	1.77	1.19	2	0–4
When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish them themselves?	540	20	1.59	1.07	2	0–4
How often do you put things off until the last minute?	538	22	2.11	1.07	2	0–4
How often do you depend on others to keep your life in order and attend to details?	540	20	1.08	1.02	1	0–4

Note: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Very Often

Source: Ustun, B., Adler, L. A., Rudin, C., Faraone, S. V., Spencer, T. J., Berglund, P., Gruber, M. J., & Kessler, R. C. (2017). The World Health Organization adult Attention-Deficit/Hyperactivity Disorder self-report screening scale for DSM-5. *JAMA Psychiatry, 74*(5), 520. https://doi.org/10.1001/jamapsychiatry.2017.0298

Table 2B.2. *Measure Items for Financial Self-Efficacy at T1 (n = 560 individuals)*

	Valid *N*	Missing	*M*	*SD*	*MD*	Min-Max
It is hard to stick to my spending plan when unexpected expenses arise. (reverse-coded)	536	24	3.74	1.74	3	1–7
It is challenging to make progress toward my financial goals. (reverse-coded)	537	23	3.82	1.76	3	1–7
When unexpected expenses occur, I usually have to use credit. (reverse-coded)	538	22	4.30	1.81	4	1–7
When faced with a financial challenge, I have a hard time figuring out a solution. (reverse-coded)	538	22	4.80	1.59	5	1–7
I lack confidence in my ability to manage my finances. (reverse-coded)	538	22	5.05	1.77	5	1–7
I worry about not having enough money for my future. (reverse-coded)	535	25	3.91	1.99	3	1–7

Note: 1 = Never True, 2 = Almost Never True, 3 = Rarely True, 4 = Neutral, 5 = Sometimes True, 6 = Usually True, 7 = Always True

Source: Lown, J. M. (2011). Development and validation of a financial self-efficacy scale. *Journal of Financial Counseling and Planning*, *22*(2), 12.

Table 2B.3. *Measure Items for Financial Well-Being at T2 (n = 560 individuals)*

	Valid *N*	Missing	M	SD	MD	Min–Max
I could handle a major unexpected expense. [a]	428	132	2.42	1.13	2	0–4
I am securing my financial future. [a]	428	132	2.45	1.07	2	0–4
Because of my money situation, I feel like I will never have the things I want in life. (reverse-coded) [a]	427	133	2.76	1.12	3	0–4
I can enjoy life because of the way I'm managing my money. [a]	427	133	2.43	1.05	2	0–4
I am just getting by financially (reverse-coded).[a]	427	133	2.57	1.25	3	0 – 4
I am concerned that the money I have or will save won't last (reverse-coded).[a]	425	135	2.40	1.21	2	0 – 4
Giving a gift for a wedding, birthday, or other occasion would put a strain on my finances for the month (reverse-coded).[b]	428	132	2.95	1.02	3	0 – 4
I have money left over at the end of the month. [b]	430	130	2.60	1.16	3	0 – 4
I am behind with my finances (reverse-coded).[b]	429	131	3.01	1.15	3	0 – 4
My finances control my life (reverse-coded).[b]	428	132	2.77	1.20	3	0–4

Note: [a] Items 1 – 6: 0 = Not at all, 1 = Very little, 2 = Somewhat, 3 = Very well, 4 = Completely.

[b] Items 7 – 10: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Always.

Source: Consumer Financial Protection Bureau. (2015). *Measuring financial well-being: A guide to using the CFPB Financial Well-Being Scale*.

https://files.consumerfinance.gov/f/201512_cfpb_financial-well-being-user-guide-scale.pdf

Table 2B.4. *Reliabilities*

	Valid *N*	Women	Valid *N*	Men
ADHD symptom level	272	.685	264	.730
Financial self-efficacy (T1)	271	.880	261	.883
Financial well-being (T2)	215	.927	201	.922

APPENDIX 2C: MISSINGNESS

Table 2C.1. *Comparing Participants With versus Without ADHD Scores*

	ADHD Score Present (N = 536)		ADHD Score Missing (N = 24)				
	M/N	*SD*/%	M/N	*SD*/%	χ^2/F	df	*p*-value
Age	42.07	11.66	44.63	14.20	1.08	1	.299
Gender					2.786	1	.095
Female	272	50.75%	8	33.33%			
Male	264	49.25%	16	66.67%			
Other	0	0.00%	0	0.00%			
Sexual orientation					0.796	1	.372
Not heterosexual	17	3.21%	0	0.00%			
Heterosexual	512	96.79%	24	100.00%			
Race					11.657	2	.003**
White	304	57.90%	8	33.33%			
Black or African American	192	36.57%	11	45.83%			
Other	29	5.52%	5	20.83%			
Ethnicity					0.545	1	.460
Not Hispanic or Latino	491	91.78%	21	87.50%			
Hispanic or Latino	44	8.22%	3	12.50%			
Educational attainment					4.582	2	.101
High school diploma or less	82	15.38%	7	29.17%			
Associate degree, certification, or some college	196	36.77%	10	41.67%			
Bachelor's degree or higher	255	47.84%	7	29.17%			

Table 2C.1. *continued*

	ADHD Score Present (*N* = 536)		ADHD Score Missing (*N* = 24)				
	M/N	*SD*/%	M/N	*SD*/%	χ^2/F	df	*p*-value
Employment status					4.934	3	.177
Not employed outside the home	111	20.79%	8	33.33%			
Temporary or variable employment	22	4.12%	0	0.00%			
Part-time employment	50	9.36%	0	0.00%			
Full-time employment	351	65.73%	16	66.67%			
Income (last 30 days)					6.594	7	.472
No earnings in the past 30 days	68	12.73%	3	12.50%			
$1–$499	22	4.12%	0	0.00%			
$500–$1,000	32	5.99%	3	12.50%			
$1,001–$2,000	83	15.54%	1	4.17%			
$2,001–$3,000	98	18.35%	7	29.17%			
$3,001–$4,000	84	15.73%	3	12.50%			
$4,001–$5,000	65	12.17%	4	16.67%			
More than $5,000	82	15.36%	3	12.50%			
Program attendance	91.00	24.29	75.00	43.14	9.16	1	.003**

Table 2C.2. *Comparing Participants With versus Without CFPB Scores at T2*

	CFPB T2 Score Present (*N* = 416)		CFPB T2 Score Missing (*N* = 144)				
	M/N	*SD*/%	M/N	*SD*/%	χ^2/F	df	*p*-value
Age	42.27	11.36	41.92	12.94	0.09	1	.763
Gender					1.832	1	.176
Female	215	51.68%	65	45.14%			
Male	201	48.32%	79	54.86%			
Other	0	0.00%	0	0.00%			
Sexual orientation					6.954	1	.008**
Not heterosexual	8	1.94%	9	6.38%			
Heterosexual	404	98.06%	132	93.62%			
Race					5.688	2	.058
White	243	59.71%	69	48.59%			
Black or African American	139	34.15%	64	45.07%			
Other	25	6.14%	9	6.34%			
Ethnicity					3.168	1	.075
Not Hispanic or Latino	375	90.36%	137	95.14%			
Hispanic or Latino	40	9.64%	7	4.86%			
Educational attainment					26.469	2	<.001***
High school diploma or less	56	13.53%	33	23.08%			
Associate degree, certification, or some college	137	33.09%	69	48.25%			
Bachelor's degree or higher	221	53.38%	41	28.67%			

Table 2C.2. *continued*

	CFPB T2 Score Present (*N* = 416)		CFPB T2 Score Missing (*N* = 144)				
	M/N	*SD*/%	M/N	*SD*/%	χ^2/F	df	*p*-value
Employment status					3.929	3	.269
Not employed outside the home	91	21.93%	28	19.58%			
Temporary or variable employment	20	4.82%	2	1.40%			
Part-time employment	36	8.67%	14	9.79%			
Full-time employment	268	64.58%	99	69.23%			
Income (last 30 days)					5.848	7	.558
No earnings in the past 30 days	58	14.01%	13	9.03%			
$1–$499	16	3.86%	6	4.17%			
$500–$1,000	27	6.52%	8	5.56%			
$1,001–$2,000	62	14.98%	22	15.28%			
$2,001–$3,000	71	17.15%	34	23.61%			
$3,001–$4,000	63	15.22%	24	16.67%			
$4,001–$5,000	50	12.08%	19	13.19%			
More than $5,000	67	16.18%	18	12.50%			
Program attendance	98.26	8.23	67.22	40.51	218.62	1	<.001***

CHAPTER 3

SELF-EFFICACY AS A MEDIATOR BETWEEN ADHD AND COUPLES' RELATIONAL AND FINANCIAL WELL-BEING[5,6]

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Abstract

Adults with ADHD, who comprise nearly 5% of the U.S. adult population, experience a myriad of risks to their well-being across a variety of domains (e.g., occupational, social). Guided by Couples and Finances Theory (Archuleta, 2013; Archuleta & Burr, 2015) and Bandura's (1977) theory of self-efficacy, this study explored links between ADHD, self-efficacy, and well-being of couples in the relational and financial domains. Results of the APIM and APIMeM constructed in this study indicate that among different-sex married couples, ADHD symptoms were associated with individuals' own well-being through self-efficacy in each domain. Individuals' ADHD symptoms were also associated with partners' financial well-being through individuals' financial self-efficacy, while only men's ADHD symptoms were associated with their spouses' couple satisfaction (through men's relational self-efficacy). Given that self-efficacy can be improved in the general population as well as ADHD populations, study findings may provide direction regarding potential intervention opportunities. Further, practitioners supporting individuals and couples with ADHD symptoms may elect to support the self-efficacy of their clients through solution-focused questioning, gleaning a greater breadth and depth of information about their clients, and providing appropriate referrals.

Keywords: attention-deficit/hyperactivity disorder, financial well-being, financial self-efficacy, relational self-efficacy, couple satisfaction

Introduction

Adult Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurological condition that impairs self-regulation of emotion, attention, and behavior and affects nearly 5% of the U.S. adult population (Kessler et al., 2006; Ramsay, 2020). Adults with ADHD face documented challenges across a myriad of domains, including mental/emotional health (Das et al., 2012), educational and occupational success (e.g., DuPaul et al., 2021; Halmøy et al., 2009), and social relationships (Barbaresi et al., 2013; Harpin et al., 2016; Michielsen et al., 2015). In particular, adults with ADHD encounter challenges when navigating romantic couple relationships, including difficulty with communication (Wymbs, 2021), poorer conflict management (Canu et al., 2014; Kahveci Oncu & Tutarel-Kislak, 2021), and lower emotional intimacy (Ben-naim et al., 2017; Betchen, 2003). Moreover, among committed couples, negative effects of individuals' ADHD symptoms can cross over to affect the well-being of their partners (Ghahramanzadeh et al., 2021). Cumulatively, these challenges lead to heightened risks of relationship dissolution (Ersoy & Topçu Ersoy, 2019; Kahveci Oncu & Tutarel-Kislak, 2021; Kooij, 2018) for couples wherein one or both partners has ADHD ("ADHD couples").

Another domain that can be affected by ADHD is personal finance. Individuals with ADHD earn lower average incomes (Fletcher, 2014) and face significantly higher necessary expenses (e.g., healthcare, Schein et al., 2022). On a day-to-day basis, ADHD can impair financial decision-making (Bangma et al., 2020; Koerts et al., 2021) and financial behavior (e.g., timely bill payment, Beauchaine & Ben-David, 2020; saving enough, Pelham et al., 2020). Overall, difficulties with making and managing money contribute to the lower subjective

financial well-being reported by ADHD adults (Norvilitis et al., 2021). Unlike research establishing the crossover effects of ADHD on both partners in romantic relationships, no studies to date have explored whether ADHD can similarly cross over to affect the financial well-being of both partners in committed couple relationships. Additionally, though couples' satisfaction with their relationships and finances tend to be associated (Archuleta et al., 2011), research has not yet identified potential mechanisms through which ADHD may affect individuals' – and perhaps partners' – relationship satisfaction and subjective financial well-being. This dearth of empirical research leaves researchers and practitioners (e.g., financial professionals, couple therapists, educators) stymied in their efforts to support the relational and financial well-being of ADHD couples.

One potential such mechanism is self-efficacy, which refers to an individual's belief in their ability to engage in necessary tasks toward a desired goal (Bandura, 1977). Self-efficacy can be explored as a general construct or in specific life domains (e.g., relationships, finances) and is theorized (Bandura, 1977) and demonstrated (e.g., Newark et al., 2016) to be a significant driver of positive behavior and desired outcomes. In other words, when individuals perceive themselves to be able to behave in ways that lead to healthy couple relationships, or "relationship self-efficacy," they are more likely to attain and maintain healthy couple relationships (Riggio et al., 2013). Similarly, when individuals perceive themselves to be capable of managing their finances ("financial self-efficacy"), they are more likely to have positive financial management behaviors that contribute to financial well-being (Dare et al., 2023; Lown, 2011). Self-efficacy is a potential mechanism for how ADHD affects relationship and financial well-being in large part because ADHD is associated with lower general and domain-specific self-efficacy (Mana et al.,

2022; Newark et al., 2016; Schmidt-Barad et al., 2023). Moreover, the association between self-efficacy and behavior is even stronger for those with ADHD (Martin et al., 2017).

Exploring how ADHD affects individuals' and partners' outcomes through self-efficacy across relationship and financial domains may provide researchers, professionals, and clinicians opportunities to support ADHD couples. The current study seeks to identify associations between individuals' ADHD and their own and their partners' relationship and financial self-efficacy. Further, this study tests whether relationship self-efficacy and financial self-efficacy mediate the associations between individuals' ADHD symptoms and their own and their partners' couple satisfaction and perceived financial well-being. Guided by Couples and Finances Theory (CFT; Archuleta, 2013; Archuleta & Burr, 2015), the results of this study aim to contribute to the quickly-growing body of literature exploring how couple relationships, couple finances, and individual partner characteristics are associated.

Literature Review

ADHD and Self-Efficacy

Attention-Deficit/Hyperactivity Disorder (ADHD) is conceptualized as a disorder that impairs executive functions, which are developmental capacities that collectively enable self-regulation of behavior toward goals (Barkley, 2012). Extant literature overwhelmingly recognizes links between ADHD and poorer executive functioning (e.g., Alderson et al., 2013; Fuermaier et al., 2013; Shiels & Hawk, 2010; Silverstein et al., 2020). In addition to affecting executive functioning directly, ADHD negatively affects individuals' *belief* in their ability to engage in necessary tasks toward a desired goal, or "self-efficacy" (Bandura, 1977; Newark et al., 2016). Self-efficacy is theorized (Bandura, 1977) and demonstrated (Martin et al., 2017) to be a key driver of whether one will initiate and persist in necessary tasks, even when the tasks or

circumstances become difficult. Self-efficacy is influenced by past experiences as well as how those experiences were cognitively framed or understood (Newark et al., 2016). ADHD increases the likelihood of past negative experiences in many domains (e.g., social, Michielsen et al., 2015; academic, DuPaul et al., 2021). ADHD can also negatively affect cognitive framing of past experiences. For example, a study of 319 adults (135 with self-reported ADHD) found that not only did severity of ADHD symptoms make it more difficult to recall positive memories, it also made it easier to recall negative memories (Schmidt-Barad et al., 2023). ADHD can thus negatively affect general self-efficacy (Martin et al., 2017; Newark et al., 2016), and domain-specific forms of self-efficacy (e.g., academic, Tabassam & Grainger, 2002; parenting, Williamson & Johnston, 2019). Additionally, self-efficacy appears to be a disproportionately influential driver of behavior for ADHD populations than the general population (Martin et al., 2017). Overall, self-efficacy may be a key component of how ADHD affects daily functioning and long-term outcomes, and thus may be a potential point of intervention for supporting the relationships and financial health of couples with ADHD.

ADHD and Couples

Family Systems Theory (FST), an application of von Bertalanffy's (1969) General Systems Theory to the family unit, posits that the behavior and outcomes of members of a family system (i.e., romantic couples) are *interdependent*, or mutually influential, over time. It is largely through interdependence that individual characteristics (e.g., ADHD symptoms) affect how partners interact with one another (i.e., "couple functioning"). For example, ADHD-associated life stressors and emotional dysregulation may reduce an individual's ability to communicate in healthy ways (e.g., Wymbs, 2021), thereby leading to more frequent and severe conflict in the couple relationship (Canu et al., 2014; Kahveci Oncu & Tutarel-Kislak, 2021; Wymbs, 2021).

Consequently, compared to non-ADHD couples, ADHD couples generally experience lower emotional intimacy (Ben-naim et al., 2017; Betchen, 2003), lower relationship quality and satisfaction (e.g., Bruner et al., 2015; Pollock et al., 2017), and less relationship stability (e.g., Anh-Luu & Sara, 2022; Katzman et al., 2017; Wymbs et al., 2021). Cumulatively, those with ADHD are less likely to attain and maintain a healthy couple relationship.

A significant driver of achieving and maintaining a healthy relationship (e.g., reporting high relationship satisfaction, quality, and/or stability) is relationship self-efficacy, or one's belief that they can successfully engage in the positive relationship behaviors that will lead to satisfying and stable relationships (Weiser & Weigel, 2016). Developing positive relationship self-efficacy makes it more likely that one will act in ways that promote healthy relationships (Weiser & Weigel, 2016). For example, relationship self-efficacy has been shown to predict partners' efforts to nurture emotional intimacy with one another, foster a shared couple identity, share assets, and maintain a sense of commitment to the relationship (Riggio et al., 2013). Relationship self-efficacy also leads to better couple communication and more positive relationship behaviors (Weiser & Weigel, 2016), which contribute to overall relationship satisfaction and quality (Laurenceau et al., 2005; Li et al., 2019).

As previously noted, self-efficacy is informed by past experiences as well as how those experiences were cognitively framed (Bandura, 1977). Extending this etiology to the romantic relationship domain highlights the influence of past relationship experiences (e.g., successful or unsuccessful relationship efforts) and memory bias (i.e., how those experiences are remembered) on relationship self-efficacy. Those who have had negative relationships and/or find it difficult to recall positive memories, such as those with ADHD (e.g., Schmidt-Barad et al., 2023; Wymbs et al., 2021), will likely report lower relationship self-efficacy. However, research has not yet

examined specific links between ADHD and relationship self-efficacy, leaving a potential opportunity for supporting the relationships of ADHD couples untouched.

ADHD and Finances

Adults with ADHD, in general, struggle to meet current and future financial needs that is evidenced by their difficulty with budgeting (Koerts et al., 2023) and higher rates of personal debt (Beauchaine et al., 2017). They may find themselves unable to make desired lifestyle choices, such as accessing healthcare (Norvilitis et al., 2021), possibly due to their higher necessary expenses (Schein et al., 2022). Finally, they are unlikely to report feeling secure in their finances, as they tend to earn lower salaries than their peers (Fletcher, 2014) and maintain lower savings (Bangma et al., 2020). Cumulatively, these indicators of objective financial well-being are associated with lower subjective financial well-being (Consumer Financial Protection Bureau, 2017). The Consumer Financial Protection Bureau (2015) offers a holistic, subjective conceptualization of financial well-being that includes individuals' perceptions of their ability to meet current and future financial needs, make desired lifestyle choices, and feel secure regarding their future finances. However, to the best of my knowledge, the direct association between ADHD and subjective financial well-being has only been explored in one study. Specifically, Norvilitis et al. (2021) found that among a sample of college students (N = 612), respondents with ADHD reported significantly lower financial well-being and engaged in behaviors (e.g., skipping meals, not seeking healthcare) consistent with their financial worries.

A key driver of financial well-being is an individual's financial self-efficacy, or their belief in their ability to engage in necessary financial tasks (e.g., sticking to a spending plan, figuring out solutions to financial challenges, Dare et al., 2022; Lown, 2011). Financial self-efficacy, like other forms of self-efficacy, is informed by previous financial experiences and

cognitive bias. As previously mentioned, those with ADHD tend toward negative memory bias (Schmidt-Barad et al., 2023). They are also more likely to have had negative past financial experiences (e.g., impounded property, Beauchaine & Ben-David, 2020). Research has yet to explore ties between ADHD and financial self-efficacy. However, a study of U.K adults (N = 488) who managed their household finances found that those who reported lower executive functioning also reported lower financial self-efficacy (Dare et al., 2023). Because ADHD is known to affect executive functioning (e.g., Barkley, 2012, 2022), it is expected that ADHD symptom levels would similarly affect financial self-efficacy. Moreover, because greater financial self-efficacy is associated with positive financial well-being (Dare et al., 2023), it is possible that financial self-efficacy may be a way through which ADHD affects financial well-being. This study explores not only whether these associations may exist for individuals, but also within and between partners in married couple relationships.

Couples and Finances

Couples and Finances Theory (CFT; Archuleta, 2013; Archuleta & Burr, 2015) is a framework that builds upon FST to explore how couples' relationships and finances can be intertwined over time. CFT presumes that just as partners in committed couple (particularly married) relationships evince interdependence in their relationship-related behavior, so too can they evince interdependence in their finances, which are often intertwined through money management choices, bank account structures, and shared assets/debts (Olson et al., 2023). Moreover, CFT conceptualizes that couples' behavior and outcomes in the two domains (i.e., couple relationship and finances) interact over time. Research based on CFT has supported these theorized links, demonstrating that marital satisfaction promotes positive financial management behaviors (Dew et al., 2020) and that married couples' financial management can affect their

relationship quality and stability (e.g., LeBaron et al., 2019; Olson et al., 2023; Saxey et al., 2022). Thus, among married couples, their relationship and financial satisfaction are strongly associated over time (Grable et al., 2007). The CFT also considers how individual partner characteristics (e.g., education level, gender, personality) may affect couples' relationships and finances. For example, financial behavior has been found to vary by gender (Kim et al., 2017) and education level (Archuleta et al., 2021), and relationship satisfaction is associated with individuals' and their partners' personality attributes (Weidmann et al., 2016). Moreover, the CFT presumes that couples' relationships and finances affect one another in a feedback loop, meaning that individual partner characteristics that directly affect finances may also indirectly affect the couple relationship (and vice versa).

The current study aims to further advance research exploring how individual partner characteristics can affect the couple and relationship subsystems proposed in the CFT. I consider ADHD symptoms as a novel individual partner characteristic that may influence relationship and/or financial functioning and outcomes of the couple. It is possible that the effects of ADHD symptoms on individual financial behavior may cross over to affect the couple relationship. For example, an individual's ADHD-driven impulsive spending may not only affect the individual's bank account, but also affect how their partner feels about their relationship. Indeed, unfairness and irresponsibility are common themes underlying how ADHD negatively affects marriages (Ersoy & Topçu Ersoy, 2019), and a recent study exploring topics of financial conflict found that issues of unfairness and irresponsibility were at the heart of couples experiencing worse relationship outcomes (Peetz et al., 2023). It is also possible that ADHD may affect couples' financial outcomes partly through affecting couple functioning. For example, the negative effect

of ADHD on couple communication may stymie the financial communication couples use to navigate periods of financial uncertainty (Romo, 2015).

Despite research demonstrating negative effects of ADHD on couple relationships and individuals' finances, as well as the interrelatedness of couples' relationships and their finances, research has not yet explored whether individuals' ADHD symptoms may affect both their own and their partner's perceptions of their relational and financial well-being. Furthermore, research has not yet explored whether self-efficacy – a significant driver of behavior that is known to be lower in ADHD populations – may mediate possible associations between ADHD and relational and financial well-being of individuals and their partners. Exploring these questions will provide clinicians (e.g., counselors, financial therapists) as well as prevention and intervention researchers with opportunities to support the financial and relational well-being of ADHD couples more effectively.

Current Study

This study draws upon Couples and Finance Theory (Archuleta & Burr, 2015) and Bandura's (1977) theory of self-efficacy to explore whether individuals' levels of ADHD symptoms (an individual partner characteristic) are associated with their own and their partners' couple satisfaction and financial well-being, as well as whether these associations may be mediated by relational and financial self-efficacy. Because ADHD symptoms have been documented to affect the relationship satisfaction of ADHD individuals (Bruner et al., 2015) and their partners (Ben-naim et al., 2017), I examine whether individuals' levels of ADHD symptoms at T1 are associated with their own and their partner's levels of couple satisfaction at T2 (approximately 16-20 weeks later) (RQ1a). Next, because ADHD symptoms affect individual perceived financial well-being (Norvilitis et al., 2021), and effects of ADHD symptoms are

known to affect partners, I explore whether individuals' levels of ADHD symptoms at T1 are associated with their own and their partner's perceived financial well-being at T2 (RQ1b).

Next, building on extant literature showing ADHD is associated with lower general self-efficacy (Newark et al., 2016) and domain-specific self-efficacy (e.g., Di Lonardo Burr & LeFevre, 2020), I explore associations between individuals' ADHD symptoms and their own and their partners' relationship self-efficacy at T1 (RQ2a) and financial self-efficacy at T1 (RQ2b). I then explore associations between individuals' relationship and financial self-efficacy and their own and their partner's couple satisfaction (RQ3a) and financial well-being (RQ3b). Finally, I explore whether individuals' ADHD symptoms are indirectly associated with their own and their partner's couple satisfaction and financial well-being at T2 through relationship and financial self-efficacy at T1 (RQ4).

Methods

Procedures

The sample consisted of participants in a federally-funded couple relationship enrichment (CRE) program in a southeastern U.S. state between 2021 and 2023 (Futris et al., 2024). Participants (n = 878) were recruited via print and online marketing, local outreach, and referrals. All participants self-selected into the program and identified as being at least 18 years old and in a committed couple relationship. During the recruitment and enrollment process, participants completed registration forms assessing individual and family demographic information, including an assessment of ADHD symptoms. Data on the relational and financial measures were collected from surveys administered to participants up to four weeks before beginning the program (T1) and six weeks after completion of the program (T2). Compensation was provided for completing the T1 surveys ($20) and T2 surveys ($25).

Sample

In alignment with research indicating differing experiences of ADHD symptoms related to gender (Ben-naim et al., 2017), I reduced the initial sample of 439 couples (*n* = 878 individuals; see Figure 3A.1) to 410 different-sex couples (*n* = 820 individuals) to examine distinguishable dyads (Cook & Kenny, 2005). This excluded 21 same-sex couples and 8 couples wherein one partner declared their gender as other or declined to state their gender. As data were not available regarding partners' comingling of finances (e.g., shared bank accounts, household expenses), and research suggests that cohabitating unmarried couples are significantly less likely to have integrated finances compared to married couples (Gray & Evans, 2008), the sample was further reduced to 299 married couples (*n* = 598 individuals). To allow for accurate estimation of missing data, the final sample consisted of 280 couples for whom at least one partner completed the T1 survey (*n* = 560 individuals). Missing data on outcome variables in the final sample ranged from 3.9% (T1) to 25.9% (T2).

Participants in the final sample consisted of 560 individuals representing 280 couples (see Table 3.1). Participants were, in general, middle-aged adults (women: *M* = 41.00, *SD* = 10.94; men: *M* = 43.36, *SD* = 12.47) identifying as heterosexual (women: 95.70%, men: 98.18%). The sample was majority white (women: 57.09%, men: 56.57%) followed by black/African-American (women: 36.36%, men: 37.59%), and not Hispanic or Latino (women: 90.00%, men: 93.19 %). Over half of women (55.71%) and over a third of men (38.27%) held a bachelor's degree or higher. Most participants worked full-time (women: 54.29%, men: 77.34%), but two-thirds of women (65.71%) and nearly half of men (47.85%) earned under $3,000 per month. Couples had been together an average of 14.33 years (*SD* = 9.99), married for 11.39 years (*SD* = 9.68), and over half (54.28%) had 1-3 residential children under 18 living in the home.

As summarized in Table 3A.2, analyses comparing participants excluded from the final sample (individual n = 318) to the final sample (individual n = 560) showed that those in the final sample tended to be more educated, older, and earned higher incomes. The final sample respondents were also more likely to be white, female, and/or heterosexual. The final sample of couples were more likely to be married, have been together longer, and had more children in the home. Finally, final sample respondents attended significantly more of the CRE program.

Measures

Below is a description of the measures used in this study. Full items are available in Appendix 3B.

ADHD symptoms. The Adult ADHD Self-Report Scale (ASRS-5; Ustun et al., 2017) was used to assess ADHD symptoms. The ASRS-5, which has been validated for the general population and clinical samples, assesses symptoms of ADHD in alignment with current DSM-5 diagnostic standards (Ustun et al., 2017). This six-item scale assessed current ADHD symptoms by using Likert-style scoring (0 = Never, 4 = Very Often). Sample items included, "How often do you have difficulty concentrating on what people are saying to you even when they are speaking to you directly" and "How often do you put things off until the last minute?" A sum score was computed with higher scores indicating higher levels of ADHD symptoms (α_{women} = .685; α_{men} = .730) for respondents who had responded to all six items (n = 536). If participants did not respond to all or some the ASRS-5 items (n = 24), their scores were marked as missing.[7] Scores are not indications of diagnostic status, and extant literature supports the value of

[7] Comparisons of those with ADHD scores versus those without ADHD scores found no significant between-group differences on measures of gender, sexual orientation, age, ethnicity, employment, educational attainment, or income. Individuals with ADHD scores were more likely to be white (57.90% versus 33.33%, $\chi^2(2) = 11.657$, p = .003), and attended, on average, more of the CRE program (91% versus 75%; F = 9.16, p = .003; see Table 3C.1).

modeling ADHD symptoms on a continuum in quantitative research (Liao, 2021; McLennan, 2016).

Relationship self-efficacy. Relationship self-efficacy was assessed at T1 using the Self-Efficacy in Romantic Relationships (SERR) Scale (Riggio et al., 2011). This 9-item Likert-style scale assesses individuals' belief in their ability to attain and maintain healthy and satisfying romantic relationships (e.g., "When I make plans in my romantic relationship, I am certain I can make them work," "Having a successful romantic relationship is very difficult for me"). Responses ranged from 1 (*Never True*) to 7 (*Always True*), and responses were reverse-coded when necessary. A mean score was calculated such that a higher score indicated higher relationship self-efficacy ($\alpha_{women} = .848$, $\alpha_{men} = .872$).

Couple satisfaction. Individuals' levels of relationship satisfaction was assessed at T2 using the Couple Satisfaction Index (CSI, Funk & Rogge, 2007), a 4-item scale that has been used to assess relationship satisfaction in extant literature (e.g., Saxey et al., 2023). The items, and corresponding response scales, included: "How happy are you with your relationship, all things considered?" (1 = *Extremely unhappy*, 7 = *Perfectly happy*); "I have a warm and comfortable relationship with my partner" (1 = *Not at all true*, 6 = *Completely true*); "How rewarding is your relationship with your partner?" and "In general, how satisfied are you with your relationship?" (1 = *Not at all*, 6 = *Completely*). A sum score was computed for respondents who answered all four items ($n = 414$), with higher scores suggesting higher relationship satisfaction ($\alpha_{women} = .931$, $\alpha_{men} = .877$). Respondents who did not complete the T2 survey ($n = 128$) or did not complete all or some of the CSI (N = 17) were coded as missing.[8]

[8] Analyses comparing participants missing CSI scores to those with CSI scores indicated no significant differences between groups on age, race, employment, income, or marriage length, but found significant differences between groups on measures of ethnicity ($t = 2.068$, $p = .039$), educational attainment ($t = 245.563$, $p < .001$) and program attendance ($t = 147.134$, $p < .001$, see Table 3C.2).

Financial self-efficacy. The Financial Self-Efficacy Scale (Lown, 2011) was used to measure participants' subjective assessment of their capability to engage in financial management tasks at T1. This six-item, Likert-style scale (1 = *Never True*, 7 = *Always True*) included such statements as, "It is hard to stick to my spending plan when unexpected expenses arise," and "When faced with a financial challenge, I have a hard time figuring out a solution." Responses were reverse-coded, and a mean score was created such that a higher score indicated higher financial self-efficacy ($\alpha_{women} = .880$, $\alpha_{men} = .883$).

Financial well-being. The Consumer Financial Protection Bureau (2015) Financial Well-Being Scale was used to represent participants' subjective financial well-being at T2. This 10-item Likert-style scale has been utilized to assesses respondents' view of their financial stability and freedom (e.g., Brenner et al., 2020; Patel & Wolfe, 2019). Participants rated how well the items described them or their situation (e.g., "I could handle a major unexpected expense," "I can enjoy life because of the way I'm managing my money," "My finances control my life"). Responses ranged from 0 (*Not at all*) to 4 (*Completely*), and responses were reverse-coded when appropriate. For participants who responded to all items in the scale ($n = 415$), a sum score (0 – 40) was computed, with higher sum scores indicating higher subjective financial well-being ($\alpha_{women} = .927$, $\alpha_{men} = .922$). If participants did not complete the T2 survey ($n = 128$) or did not complete all or some the CFPB scale ($n = 17$), scores were marked as missing.[9] The sum scores were transformed using the CFPB (2015) scoring instructions to account for mode of administration and age of respondent. The potential range of scores was 0 – 100.

[9] Analyses comparing participants missing CFPB scores to those with CFPB scores at T2 indicated no significant between-group differences on measures of age, gender, race, ethnicity, employment, or income. Participants with CFPB scores at T2 were more likely to be heterosexual (98.06% versus 93.62%, $F = 6.954$, $p = .008$), have a bachelor's degree or higher (53.38% versus 28.67%, $\chi^2(2) = 26.469$, $p < .001$), and attended, on average, more of the program (98.26% versus 40.51%, $F = 218.62$, $p < .001$; see Table 3C.3).

Covariates. Potential covariates of individual income, highest level of education attained, employment status, race, and age were chosen by reviewing research indicating significant associations with relationship self-efficacy (e.g., Riggio et al., 2013; Weiser & Weigel, 2016), couple satisfaction (e.g., Roberson et al., 2020; Saxey et al., 2023), financial self-efficacy (e.g., Brady et al., 2021; Dare et al., 2022; Lown, 2011), and financial well-being (e.g., Brenner et al., 2020; Lee et al., 2023) . Participants were asked how much money they made during the last 30 days (1 = No earnings in the past 30 days, 4 = $1,001–$2,000, 8 = More than $5,000) and the highest level of education attained (1 = No degree or diploma earned, 8 = Master's or other advanced degree). Employment status responses were recoded as (0) stay at home parent/not working, (1) temporary, occasional, or seasonal employment, (2) variable employment, (3) part-time employment, and (4) full-time employment averaging 35+ hours/week. Race was represented by a dichotomous variable comparing white (1; n = 312) to non-white (0; n = 248) participants; the latter group included participants who identified as Black (n = 214) as well as a low number of non-white, non-Black participants (n = 34).[10] Because this sample consisted of married couples who elected to participate in a CRE program, marriage length and CRE program attendance (i.e., proportion of the program modules completed by the participant) were also considered as potential covariates.

Analysis

To examine whether individuals' levels of ADHD symptoms were associated with their own and their partner's couple satisfaction and financial well-being (RQ1), I analyzed dyadic data using actor-partner interdependence models (APIMs) in a path model framework in MPlus

[10] Similar to Saxey et al., (2023), initial efforts to include three racial categories (white, black/African-American, and other) resulted in poor model fit. Unlike Saxey et al. (2023), I was able to explore race as a potential covariate by reducing it to a dichotomized variable as described.

v.8.0 (Muthén & Muthén, 1998). This form of path modeling examines variables that vary within and between a couple (Cook & Kenny, 2005). In an APIM, individuals' scores on the exogenous variables (i.e., level of ADHD symptoms) are used to explain variations in their own (*actor effect*) and their partners' (*partner effect*) scores on the endogenous variables (i.e., couple satisfaction and financial well-being). I then constructed a mediated APIM (APIMeM; Ledermann et al., 2011) to examine the remaining research questions (see Figure 3.1). Specifically, I used this APIMeM to examine associations between individuals' ADHD symptoms and their own and their partner's relationship and financial self-efficacy (RQ2), as well as associations between self- and partner relationship self-efficacy, financial self-efficacy, couple satisfaction, and financial well-being (RQ3). Further, I assessed whether individuals' ADHD symptoms were associated with their own and their partner's couple satisfaction and financial well-being through relationship and financial self-efficacy (RQ4). Bivariate correlations were examined to identify potential covariates (i.e., race, age, income, educational attainment, marriage length, and program participation) of outcome variables for both the APIM and APIMeM (see Supplemental Table 3.1). Statistically significant covariates were included in the initial models. To create more parsimonious models (e.g., Delgadillo, 2021; Wickrama et al., 2020), only covariates that were significantly associated with the outcome variables were retained in the final models.

To determine whether data were missing at random, Little's (1988) test for missing data was conducted using SPSS 29, and results determined the data to be missing completely at random ($\chi^2 = 10.956$, $df = 16$, $p = .812$). Final model fit was evaluated using goodness-of-fit indices for RMSEA (<.08) and CFI (near or above .95; Hu & Bentler, 1999), and missing data were accounted for using Full Information Maximum Likelihood. Statistical significance of

indirect effects linking ADHD with couple satisfaction and financial well-being was assessed using the bootstrapping method (Preacher & Hayes, 2008), which utilizes resampling (with 5,000 draws) to avoid the assumption of multivariate normality.

Results

Preliminary Analyses

The means, standard deviations, and ranges for the main variables of interest (i.e., ADHD symptom levels, relationship self-efficacy, couple satisfaction, financial self-efficacy, and financial well-being) for men and women are presented in Table 3.2. Paired-sample *t*-tests found significant gender differences, with women reporting significantly higher ADHD symptom levels than men ($t = 2.380$, $p = .018$), while men reported significantly higher financial self-efficacy than women ($t = 2.594$, $p = .010$). There were no significant differences by gender on measures of relationship self-efficacy ($t = -1.366$, $p = .173$), couple satisfaction ($t = -.910$, $p = .364$), or financial well-being ($t = -1.683$, $p = .094$).

APIM of ADHD, Couple Satisfaction, and Financial Well-Being

The APIM exploring direct associations between ADHD symptom levels, couple satisfaction, and financial well-being (RQ1) demonstrated good model fit ($\chi2(3) = 5.842$, $p = .120$, CFI = .986, RMSEA = .058). Only men's income was retained as a covariate in the model due to significant associations with men's financial well-being ($\beta = .127$, $p = .019$). The results of the APIM are illustrated in Figure 3.1 and reported in standardized coefficients, which can be interpreted as effect sizes (Grimm et al., 2017). Individuals' ADHD symptoms were not related to their own or their spouses' reports of couple satisfaction (RQ1a). There were, however, significant negative associations between individuals' ADHD symptoms and their own financial well-being at T2 (women: $\beta = -.317$, $p < .001$; men: $\beta = -.224$, $p = .001$), meaning that higher

levels of ADHD symptoms were associated with lower financial well-being among both men and women (actor effects; RQ1b). There were no statistically significant partner effects for ADHD symptoms on financial well-being (RQ1b). Spouses' levels of financial well-being were significantly correlated (r = .598, p < .001), as were their ADHD symptom levels (r = .215, p < .001).

APIMeM of ADHD, Financial Self-Efficacy, and Financial Well-Being

The final APIMeM exploring associations between ADHD symptoms, relational and financial self-efficacy, couple satisfaction, and financial well-being (RQ2–4) demonstrated good model fit ($\chi 2(27) = 50.527$, p = .004, CFI = .971, RMSEA = .056, see Figure 3.2). Covariates that were significantly associated with outcome variables were retained in the final model; specifically, women's education (men's financial well-being β = .142, p = .011), women's income (women's relationship self-efficacy β = .108, p = .041; women's financial self-efficacy β .111, p = .024), men's employment (women's financial self-efficacy β = -.185, p = .001), and men's income (women's financial self-efficacy β = .152, p = .006).

The APIMeM identified associations between ADHD and relational and financial self-efficacy (RQ2a). ADHD symptoms were negatively associated with relationship self-efficacy (RQ2a) through actor effects (women: β = -.244, p < .001; men: β = -.419, p < .001) and partner effects (women's ADHD → men's relationship self-efficacy; β = -.101, p = .038). Regarding associations between ADHD and financial self-efficacy (RQ2b), only significant actor effects emerged (women: β = -.380, p < .001; men: β = -.378, p < .001). Overall, this study's findings indicated that higher ADHD symptoms were associated with lower relational and financial self-efficacy for both genders. Additionally, there appeared to be crossover effects of women's

ADHD symptoms in that when women reported higher levels of ADHD symptoms, their partners reported feeling less efficacious in their couple relationship.

In exploring associations between relationship and financial self-efficacy and couple satisfaction (RQ3a), analyses showed significant positive actor effects for relationship self-efficacy and couple satisfaction (women: $\beta = .297$, $p < .001$; men: $\beta = .414$, $p < .001$). In other words, individuals who reported feeling efficacious in their relationships also generally reported feeling more satisfied with their couple relationships. There was also a statistically significant association between men's relationship self-efficacy and their wives' reports of couple satisfaction (partner effect; $\beta = .189$, $p = .034$), such that when men felt more efficacious in their relationships, their wives tended to report higher relationship satisfaction. There were no significant associations between individuals' financial self-efficacy and their own or their partners' couple satisfaction. Exploration of associations between relational and financial self-efficacy and financial well-being (RQ3b) identified significant actor and partner effects. Individuals' financial self-efficacy was positively associated with their own financial well-being (women: $\beta = .596$, $p < .001$; men: $\beta = .482$, $p < .001$) as well as their spouses' (women: $\beta = .230$, $p < .001$; men: $\beta = .164$, $p = .032$). This means when individuals felt more capable of handling their finances, they and their spouses were also more likely to report a greater sense of financial freedom and financial stability. There were no significant associations between relationship self-efficacy and financial well-being.

The results of the APIMeM indicate that when including relationship and financial self-efficacy, there were no significant direct associations between ADHD and couple satisfaction or financial well-being, aligning with the analysis of indirect paths, which indicated multiple paths involving efficacy that linked ADHD symptoms with individuals' and their spouses' relationship

and financial outcomes (RQ4). There were both significant indirect actor and partner effects in the model. Statistically significant indirect effects are shown in Table 3.4. Regarding actor effects, individuals' ADHD symptoms were indirectly associated with their own couple satisfaction through their own relationship self-efficacy (women: β = -.072, 95% Confidence Interval [*CI*] = -0.132 – -0.032; men: β = -.173, *CI* = -0.269 – -0.098). Similarly, individuals' ADHD symptoms were indirectly associated with their own financial well-being through their financial self-efficacy (women: β = -.226, *CI* = -0.314 – -0.150; men: β = -.182, *CI* = -0.265 – -0.119). Significant indirect partner effects also emerged. First, men's ADHD symptoms were indirectly associated with their wives' couple satisfaction through men's own relationship self-efficacy (β = -.079, *CI* = -0.164 – -0.006). Second, individuals' ADHD symptoms were indirectly associated with their spouses' financial well-being through their own financial self-efficacy (men's ADHD → men's financial self-efficacy → women's financial well-being: β = -.062, *CI* = -0.130 – -0.010; women's ADHD → women's financial self-efficacy → men's financial well-being: β = -.121, *CI* = -0.196 – -0.066). That is, compared to individuals with fewer ADHD symptoms, those with more ADHD symptoms generally had lower levels of financial self-efficacy. In turn, when individuals had lower financial self-efficacy, their spouses generally reported lower financial well-being. Altogether, these results demonstrate that individuals' ADHD symptoms may be related to relationship and financial outcomes because of self-efficacy. That is, self-efficacy may be the mechanism that explains how ADHD symptoms come to have implications for relationship and financial outcomes.

Discussion

Guided by Couples and Finances Theory (CFT; Archuleta, 2013; Archuleta & Burr, 2015) and Bandura's (1977) theory of self-efficacy, this study explored associations between

ADHD symptoms, self-efficacy, and well-being of couples across relational and financial domains. Analyses of dyadic data using an Actor-Partner Interdependence Model (APIM) found that ADHD symptoms were associated with individuals' own and their spouses' financial well-being as well as their own couple satisfaction. Further, analyses using a mediated APIM suggested that domain-specific self-efficacy may be a mediating mechanism through which individuals' ADHD symptoms are associated with their own relational and financial well-being, and, in some cases, the well-being of their spouses. Such findings provide key insights for researchers and practitioners (e.g., financial planners and counselors, couple therapists) endeavoring to support couples with ADHD. First, the current study contributes to the larger body of research exploring CFT by demonstrating that a previously-unexamined independent partner characteristic, ADHD symptoms, may affect couples' relationship and financial processes and outcomes. These results provide strong evidence for the inclusion of ADHD as an independent partner characteristic that can affect couples' relationship and financial outcomes, which were explored here using measures of couple satisfaction and subjective financial well-being. However, the nuanced findings of this study require attention to interpret and summarize.

In the APIM, which examined direct effects between individuals' ADHD symptoms and their own and their partners' couple satisfaction and financial well-being (RQ1), I found significant actor effects for financial well-being only. That is to say, women and men who reported higher ADHD symptom levels tended to report lower subjective financial well-being. This is consistent with extant literature showing the negative effects of ADHD on individual finances (e.g., Koerts et al., 2023; Norvilitis et al., 2021; Pelham et al., 2020). The lack of partner effects of ADHD symptoms on financial well-being was unexpected. Given that the sample consisted of married couples who, in general, tend to integrate their finances (e.g., joint bank

accounts, Olson et al., 2023), I expected that individuals' perceptions of their own financial well-being would be affected by their partners' ADHD symptoms which, in general, are associated with poorer financial behavior (Beauchaine et al., 2017) and long-term outcomes (Pelham et al., 2020). The APIM also contained another, and perhaps more surprising, result: there were no direct associations between individuals' ADHD symptoms and reports of their own or their partners' couple satisfaction. This finding is in direct contrast to literature establishing that individuals with ADHD as well as their partners tend to report lower relationship satisfaction than non-ADHD couples (Wymbs et al., 2021). Several possibilities emerge that may explain this discrepancy. First, a significant amount of extant literature on ADHD couples has included unmarried individuals (e.g., Canu et al., 2014; Pollock et al., 2017). Given that this sample was limited to married couples who had, on average, been married over a decade, it is possible that this study analyzed couples who were generally more satisfied with their relationships despite ADHD symptoms than samples utilized in other studies. Second, extant literature examining married ADHD couples (e.g., Ben-naim et al., 2017; Ersoy & Topçu Ersoy, 2019) has often utilized purposive sampling (e.g., psychiatric clinics, recruiting self-identified ADHD couples). In contrast, recruitment for this sample was not associated with ADHD. It is possible that participants in this study's sample differed in their levels and severity of symptoms as compared to samples that were obtained through purposive sampling. Finally, in contrast to extant literature comparing couples with versus without ADHD (e.g., Ben-naim et al., 2017), this study modeled ADHD as a continuous variable, which may have obscured differences between couples with versus without clinical diagnoses of ADHD (which was not explored in this study).

Self-efficacy has been documented to be a key driver of behavior and outcomes (e.g., Martin et al., 2017) and among ADHD populations, levels of self-efficacy tend to be lower

(Newark et al., 2016). The current findings reinforce the association between ADHD and lower relational and financial self-efficacy (RQ2). Specifically, compared to individuals with lower levels of ADHD symptoms, individuals with higher ADHD symptom levels reported feeling less capable of engaging in the behaviors necessary to attain and maintain healthy relationships and finances (actor effects). As well, when women reported higher levels of ADHD symptoms, their husbands reported poorer beliefs in their ability maintain healthy relationships (partner effects). However, there were no significant associations between men's ADHD symptoms and their wives' relationship self-efficacy. The unique associations between women's ADHD and their husbands' relationship self-efficacy corroborates extant literature on couples and ADHD (e.g., Ersoy & Topçu Ersoy, 2019; Robin & Payson, 2002), reinforcing that couples differ in how ADHD affects their relationship based on the gender of the ADHD partner. Although the current data do not lend themselves to clearly explaining these differences, one possible explanation may be linked to explicit or implicit gender role assumptions that influence relationships. For example, women are often stereotypically tasked with handling the "mental load," or cognitive labor, of a household (Daminger, 2019); cognitive labor refers to the many – often invisible – tasks associated with family life (e.g., meal planning, scheduling, shopping, anticipating household needs, childcare). Similarly, women tend to be held more accountable than men for maintaining the emotional climate within a relationship (i.e., "emotion work"; Erickson, 2005). However, women with ADHD symptoms that impair their executive functioning may be more likely to struggle performing this cognitive labor and emotion work, and in turn, may be perceived as less than ideal partners by their husbands. Weigel et al. (2016) found that the less individuals perceived their partners as "ideal," the less they tended to be invested in engaging in

positive relationship behaviors. Thus, husbands may then perceive themselves to be less able to attain and maintain a healthy relationship (i.e., low relationship efficacy).

Next, the findings showed that individuals' relationship self-efficacy was significantly associated with their own couple satisfaction, as was individuals' financial self-efficacy with their own financial well-being (RQ3). These findings support the application of Bandura's (1977) theory of self-efficacy within the domains of relationships and finances. More so, the findings suggest possible gender-specific, crossover (partner) effects. Specifically, when men reported higher relationship self-efficacy, their wives tended to report greater couple satisfaction (RQ3a). It is possible that women place greater importance on their husbands' relationship behavior (which is driven by self-efficacy; Weiser & Weigel, 2016) as they assess their own satisfaction with their relationship. Such a possibility would be supported by research indicating that women have more numerous and significant predictors of relationship satisfaction than men (Meskó et al., 2022). In the financial domain, crossover associations of individuals' financial self-efficacy and their partners' financial well-being (RQ3b) were significant for both genders. A potential explanation for this is that when individuals feel more efficacious, they tend to engage in more positive financial management behaviors (Asmin et al., 2021), which in turn leads them and their partners to feel more positive about their financial well-being (Sorgente et al., 2023).

Finally, in what may be the most important contribution of this study to the field, my results suggest that a linking mechanism through which ADHD can affect domain-specific outcomes (i.e., couple satisfaction and financial well-being) is self-efficacy in that domain (RQ4). In other words, higher self-efficacy in one domain did not result in better outcomes in the other domain. The domain-specific association between self-efficacy and well-being reinforces that domain-specific forms of self-efficacy are conceptually distinctive and represent the unique

tasks necessary to achieve and maintain desired outcomes in each domain (Lown, 2011; Riggio et al., 2011). This study also found that individuals' ADHD symptoms can also cross over to affect partners' couple satisfaction and financial well-being largely through affecting individuals' own domain-specific self-efficacy. That is to say, when men had higher ADHD symptoms, they tended to have lower relationship self-efficacy, which in turn was associated with lower couple satisfaction for their wives. Similarly, higher ADHD symptoms in both women and men were associated with lower financial self-efficacy, which in turn was associated with lower financial well-being for their partners. Overall, these findings suggest that while there are clear connections between individuals' ADHD symptoms, self-efficacy, and well-being in each domain, whether individuals' ADHD symptoms and self-efficacy can also affect their partners' well-being within a domain can vary by gender. Previous research exploring couples' relational and financial dynamics has differed in whether their findings vary by gender. While some have found that men and women affect one another differently (e.g., Dew et al., 2020; Saxey et al., 2023), other research has not found gender variance (e.g., Sorgente et al., 2023). Further exploring how couples' financial dynamics vary by partner gender, along with how individual partner characteristics like ADHD may uniquely contribute to these variations, is a topic that warrants future research.

Limitations and Future Research

This study provides a unique view of how ADHD symptoms can affect couples' relational and financial well-being. Still, this study is not without limitations. First, individuals' ADHD symptom levels were assessed using a validated screener that assesses current self-reported (i.e., subjective) symptoms. Scores on a validated ADHD screener are not to be misunderstood as substitutions for a clinical diagnosis (Ustun et al., 2017), which involves an in-

depth interview from a qualified professional (American Psychiatric Association, 2013). To prevent misinterpretations of my study results, I modeled ADHD symptom levels on a continuum, which is an approach utilized in extant literature (Liao, 2021). Though my use of the scores on a continuum avoids inferences of diagnostic status, it also prevents the study from comparing participants by ADHD diagnostic status. Future research would be needed to further replicate these findings among samples with diagnoses of ADHD. Second, the scales used for financial self-efficacy and financial well-being were strongly associated on an individual level (women: $\beta = .60$, $p < .001$; men: $\beta = .48$, $p < .001$), suggesting possible overlapping constructs. This possibility is supported by examining similarities between the scales themselves. For example, both measures include items related to confidence in current money management ability. As a result, the amount of variance explained by the APIMeM for financial well-being (women: $R^2 = .499$; men: $R^2 = .527$) is more than double the amount of variance explained by the APIMeM for couple satisfaction (women: $R^2 = .175$; men: $R^2 = .212$). Future research may benefit from utilizing measures that better distinguish financial self-efficacy and subjective financial well-being as fully distinct constructs.

Given that extant literature indicating that reports of relational and financial well-being vary by gender (e.g., Brenner et al., 2020; Weiser & Weigel, 2016), analyzing different-sex couples provided key insights regarding gendered differences of how ADHD symptoms affect partners' self-efficacy and well-being across relational and financial domains. However, the generalizability of these findings to the broader public is limited. The sample used in this study consisted of different-sex couples, partly due to the small number of same-sex couples otherwise eligible for the final sample (couple $n = 6$). It would be difficult to posit whether ADHD symptoms would affect couples' relational and financial processes similarly as it affected the

different-sex couples in my sample. There is no research, to my knowledge, about same-sex ADHD couple dynamics, and what information exists about same-sex couples' financial well-being tends to focus on objective financial measures like income (e.g., Schneebaum & Badgett, 2019) and level of financial integration (e.g., Burgoyne et al., 2011). Research on same-sex couple relationships in general, however, suggests that gender may influence same-sex and different-sex couples alike. For example, Ketcham and Bennett (2019) found that same-sex and different-sex cohabiting couples were similar in their couple stability (as measured by dissolution rates). However, when same-sex couples were further split into male-male and female-female relationships, female-female relationships faced heightened risks of relationship dissolution than did male-male or male-female relationships.

This sample was also reduced to married couples that, based on extant literature (Olson et al., 2023), were likely to have integrated their finances in part or in full. However, cohabiting unmarried couples often integrate their finances at least in part (Pepin, 2022) and thus may experience interdependence in their financial well-being. Because cohabiting couples are more likely to dissolve their relationships than married couples (Foran et al., 2022) and tend to integrate their finances to a lesser degree (Pepin, 2022), partners' financial self-efficacy and behavior may affect one another to a lesser degree. Future research could contribute to the body of research using CFT by providing a better understanding of whether couples' relational and financial dynamics vary by marital status and/or level of financial integration. Future research could also explore whether changes in self-efficacy would lead to changes in behavior and outcomes in each domain, as suggested by Bandura (1977), and how such changes may affect both individuals and their partners in the relational and financial domains posited by CFT (Archuleta, 2013; Archuleta & Burr, 2015).

Implications for Practice

This study provides unique insights for practitioners (e.g., financial planners, counselors, couples therapists) endeavoring to support the relational and financial well-being of ADHD couples. Specifically, the identification of self-efficacy as a mediator linking ADHD and relational and financial well-being has important implications because self-efficacy has been demonstrated to be responsive to intervention among the general population as well as with ADHD samples. For example, solution-focused questioning is one strategy that can be used to promote self-efficacy (Karakaya & Ozgur, 2019) and has been used to support relational (Smith et al., 2016) and financial well-being (Archuleta et al., 2015). Solution-focused questioning, which can be used in and outside of therapeutic settings, is an approach toward interacting with clients that promotes agency and decreases clients' feeling "stuck" in their problems (Smith et al., 2016). Toward this end, solution-focused questioning encourages clients to think about past positive experiences, recognize current resources or strengths, identify possible obstacles, brainstorm solutions, and try new approaches to solve the problem. It is important to highlight that individuals' *own* self-efficacy mediated links between their ADHD symptoms and their own and their partners' well-being. Thus, it may be central to learn about both partners when attempting to support couples and include the partner with higher ADHD symptoms and lower self-efficacy, particularly if utilizing an approach that focuses on building self-efficacy.

It may be appropriate to recognize that not all practitioners supporting ADHD couples are the same in that they are bound by varying codes of ethics and industry standards in their professional domain. Practitioners on the mental health side may find it routine to assess symptoms of ADHD or the relational self-efficacy of clients, while financial professionals find assessing their clients' financial self-efficacy and well-being to be straightforward. On the other

hand, financial professionals rarely glean information about their clients' mental health symptoms as a matter of standard practice (Durband et al., 2019) and mental health professionals often tend to avoid money-related discussions (Klontz & Britt, 2012). To address these industry-specific barriers, financial professionals may elect to monitor for indications of typical ways ADHD can affect financial behavior (e.g., impulsive spending, Bangma et al., 2020; difficulty knowing when bills are due, Koerts et al., 2023), while mental health professionals may choose to assess for self-oriented beliefs regarding ability to handle tasks across a variety of life domains, including finances. Practitioners may also refer clients to appropriate resources like professionals outside their home discipline (e.g., financial professionals may choose to refer clients to financial therapists or couple therapists) to support the relational and financial health of their couple clients. Some practitioners may have local options for psychoeducational programs geared toward couples that can support couples' relational and financial well-being like the TOGETHER program (Falconier, 2015). This program promotes couples' ability to attain and maintain healthy relationships and finances while coping with financial stress, and a recent randomized control trial of TOGETHER indicated significant improvements associated with program attendance (Falconier et al., 2023). Practitioners may also want to suggest that clients read the book *Love and Money* (2022), which contains exercises for couples to improve their relationship with each other and with their finances.

Conclusion

Nearly 5% of the U.S. adult population lives with ADHD (Kessler et al., 2006), a disorder that impairs self-regulation of emotion, attention, and behavior (American Psychiatric Association, 2013). In general, adults with ADHD experience risks to their well-being across a variety of domains (e.g., Barbaresi et al., 2013; Das et al., 2012; Halmøy et al., 2009). This study

adds to this growing body of literature by showing that ADHD symptoms also are associated with lower relational and financial well-being among couples. More so, the findings of the current study showed that self-efficacy – a driver of behavior and outcomes (Martin et al., 2017) that is generally lower among ADHD populations (Newark et al., 2016) – may explain the links between ADHD symptoms and relational and financial well-being. While ADHD has been linked to lower general self-efficacy (Martin et al., 2017; Newark et al., 2016) and domain-specific forms of self-efficacy (e.g., academic, Tabassam & Grainger, 2002), this study was the first to explore and find the effects of self-efficacy on relational and financial domain-specific outcomes. Consistent with CFT (Archuleta, 2013; Archuleta & Burr, 2015), the findings highlight the process through which individual partner characteristics (i.e., ADHD symptoms) can affect couples' relationships and their finances. Future research may further explore longitudinal associations between ADHD, couple relationships, and couple finances, including examining whether positive changes in self-efficacy may promote better relational and financial behavior and outcomes, thereby reducing the negative effects of ADHD on couple relationships and finances.

Chapter 3 References

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CHAPTER 3: TABLES AND FIGURES

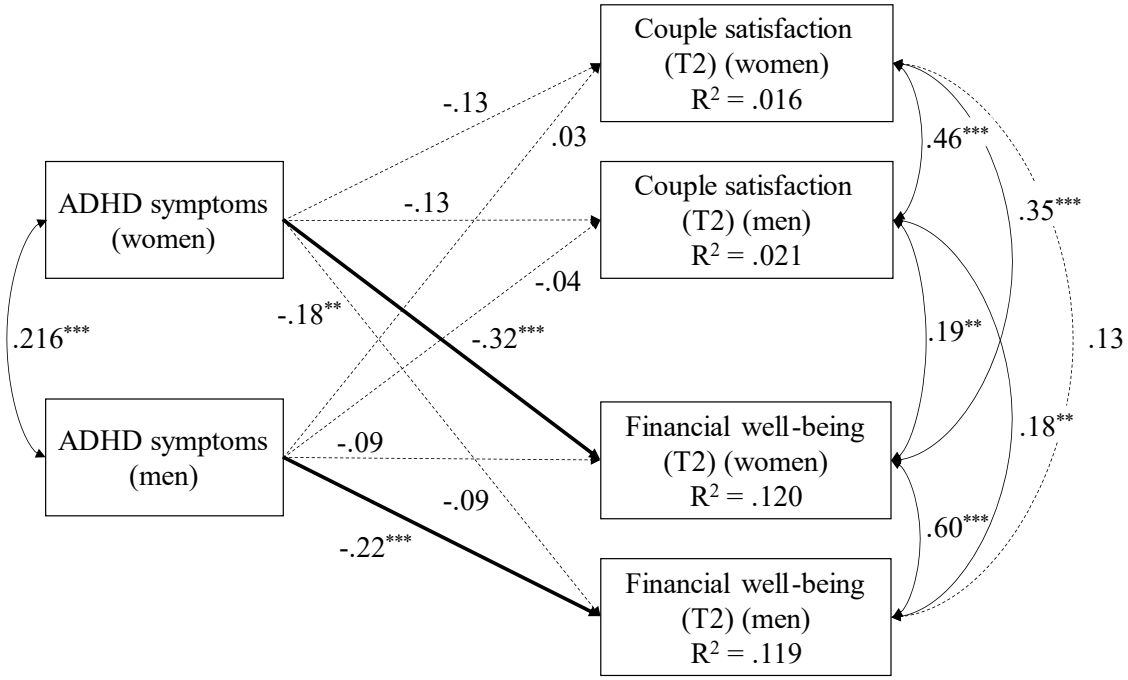

Figure 3.1. *APIM of ADHD Symptoms to Couple Satisfaction and Financial Well-Being*

Notes: $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$. Statistically significant direct paths bolded. Standardized coefficients are shown after controlling for men's income. $\chi 2(3) = 5.842$, $p = .120$, CFI = .986, RMSEA = .058.

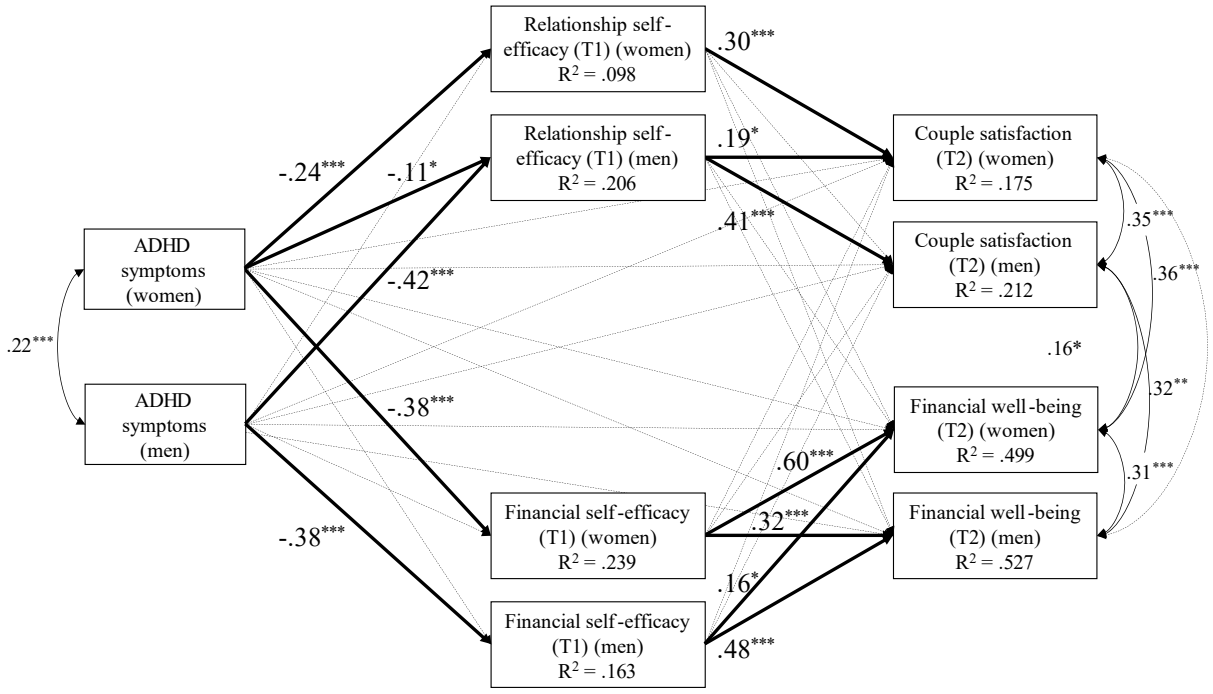

Figure 3.2. *APIMeM of Final Model*

Notes: * $p < .05$. ** $p < .01$. *** $p < .001$. Statistically significant paths bolded. Standardized coefficients are shown after controlling for men's and women's income, men's employment, and women's education. $\chi 2(27) = 50.527$, $p = .004$, CFI = .971, RMSEA = .056. Correlations of relationship self-efficacy (T1) [RSE] and financial self-efficacy (T1) [FSE]: RSE (women ↔ men): $r = 0.444$ $p < .001$; FSE (women ↔ men): $r = 0.433$, $p < .001$; RSE ↔ FSE (women): $r = 0.248$, $p < .001$; RSE ↔ FSE (men): $r = 0.217$, $p = .001$; RSE (women) ↔ FSE (men): $r = 0.175$, $p = .003$; FSE (women) ↔ RSE (men): $r = 0.134$, $p = .022$.

Table 3.1. *Demographic Characteristics of Final Sample (n = 280 couples, 560 individuals)*

	M/n	*SD*/%	Missing
Age	42.18	11.78	1
Relationship length	14.33	9.99	35
Marriage length	11.39	9.68	6
# residential children < age 18 in home			0
0	180	32.14%	
1	88	15.71%	
2	140	25.00%	
3	76	13.57%	
4 or more	76	13.57%	
Gender			0
Female	280	50.00%	
Male	280	50.00%	
Other	0	0.00%	
Sexual orientation			7
Not heterosexual [a]	17	3.07%	
Heterosexual	536	96.93%	
Race [b]			11
White	312	56.83%	
Black or African American	203	36.98%	
Other	34	6.19%	
Ethnicity			1
Not Hispanic or Latino	512	91.59%	
Hispanic or Latino	47	8.41%	
Educational attainment			3
High school diploma or less	89	15.98%	
Associate degree, certification, or some college	206	36.98%	
Bachelor’s degree or higher	262	47.04%	

Table 3.1. *continued*

	M/n	*SD*/%	Missing
Employment status			2
Not employed outside the home	119	21.33%	
Temporary or variable employment	22	3.94%	
Part-time employment	50	8.96%	
Full-time employment	367	65.77%	
Income (last 30 days)			2
No earnings in the past 30 days	71	12.72%	
$1–$499	22	3.94%	
$500–$1,000	35	6.27%	
$1,001–$2,000	84	15.05%	
$2,001–$3,000	105	18.82%	
$3,001–$4,000	87	15.59%	
$4,001–$5,000	69	12.37%	
More than $5,000	85	15.23%	
Program attendance	90.32	25.53	1

[a] While the final sample consisted of different-sex couples, some individuals identified as gay (*n* = 2), lesbian (*n* = 1), bisexual (*n* = 11), or preferred to self-identify (*n* = 3).

[b] "Other" racial category refers to respondents who identified as Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, Multiracial, or Other.

Table 3.2. *Correlations Between Variables of Interest*

	M	SD	Min–Max	1	2	3	4	5	6	7	8	9	10
1. ADHD (women)	9.04	3.99	0–21	--									
2. ADHD (men)	8.31	3.95	0–23	.22**	--								
3. RSE (women)	4.75	1.17	2–7	-.28**	-.15*	--							
4. RSE (men)	4.85	1.16	2–7	-.20**	-.44**	.48**	--						
5. CS (women)	19.55	4.85	4–25	-.13	.00	.39**	.29**	--					
6. CS (men)	20.06	4.60	4–25	-.13	-.06	.34**	.43**	.47**	--				
7. FSE (women)	4.15	1.42	1–7	-.42**	-.23**	.35**	.25**	.17*	.16*	--			
8. FSE (men)	4.38	1.41	1–7	-.17**	-.39**	.24**	.37**	.14*	.08	.49**	--		
9. FWB (women)	59.14	12.79	25–95	-.34**	-.15*	.27**	.22**	.36**	.23**	.69**	.48**	--	
10. FWB (men)	60.55	13.66	14–95	-.23**	-.25**	.15*	.26**	.15*	.22**	.55**	.66**	.62**	--

Notes: * $p < .05$. ** $p < .01$. RSE = Relationship self-efficacy (T1). CS = Couple satisfaction (T2). FSE = Financial self-efficacy (T1). FWB = Financial well-being (T2).

Table 3.3. *Indirect Effects in the APIMeM*

	β	BC 95% CI
Female ADHD → Female RSE → Female CS	-.072**	[-.132, -.032]
Female ADHD → Male RSE → Female CS	-.020	[-.059, -.001]
Female ADHD → Female FSE → Female CS	-.011	[-.067, .047]
Female ADHD → Male FSE → Female CS	-.002	[-.025, .011]
Male ADHD → Female RSE → Male CS	-.011	[-.044, .002]
Male ADHD → Male RSE → Male CS	-.173***	[-.269, -.098]
Male ADHD → Female FSE → Male CS	-.007	[-.041, .005]
Male ADHD → Male FSE → Male CS	.032	[-.031, .097]
Female ADHD → Female RSE → Male CS	-.032	[-.085, .002]
Female ADHD → Male RSE → Male CS	-.045	[-.100, -.004]
Female ADHD → Female FSE → Male CS	-.028	[-.090, .031]
Female ADHD → Male FSE → Male CS	.007	[-.005, .036]
Male ADHD → Female RSE → Female CS	-.024	[-.067, .009]
Male ADHD → Male RSE → Female CS	-.079*	[-.164, -.006]
Male ADHD → Female FSE → Female CS	-.003	[-.027, .011]
Male ADHD → Male FSE → Female CS	-.010	[-.084, .049]
Female ADHD → Female RSE → Female FWB	.001	[-.028, .028]
Female ADHD → Male RSE → Female FWB	-.002	[-.024, .015]
Female ADHD → Female FSE → Female FWB	-.226***	[-.314, -.150]
Female ADHD → Male FSE → Female FWB	-.014	[-.044, .001]
Male ADHD → Female RSE → Male FWB	.010	[-.003, .037]
Male ADHD → Male RSE → Male FWB	-.034	[-.092, .016]
Male ADHD → Female FSE → Male FWB	-.032	[-.078, .006]
Male ADHD → Male FSE → Male FWB	-.182***	[-.265, -.119]
Female ADHD → Female RSE → Male FWB	.029	[.000, .075]
Female ADHD → Male RSE → Male FWB	-.009	[-.034, .002]
Female ADHD → Female FSE → Male FWB	-.121***	[-.196, -.066]
Female ADHD → Male FSE → Male FWB	-.040	[-.092, .009]

Table 3.3. *continued*

	β	BC 95% CI
Male ADHD → Female RSE → Female FWB	.000	[-.010, .014]
Male ADHD → Male RSE → Female FWB	-.009	[-.067, .059]
Male ADHD → Female FSE → Female FWB	-.059	[-.135, .015]
Male ADHD → Male FSE → Female FWB	-.062*	[-.130, -.010]

Notes: Statistically significant indirect paths bolded. RSE = Relationship self-efficacy (T1). CS = Couple satisfaction (T2). FSE = Financial self-efficacy (T1). FWB = Financial well-being (T2).

Chapter 3: Supplemental Tables

Supplemental Table 3.1. *Bivariate Correlations*

	1	2	3	4	5	6	7	8	9	10	11	12
1. ADHD		-.44**	-.06	-.39**	-.25**	-.19**	.18**	.00	.08	-.02	-.10	-.09
2. RSE	-.28**		.43**	.37**	.26**	-.01	-.09	.00	-.10	-.02	-.01	.02
3. CS	-.13	.39**		.08	.22**	-.06	-.00	.02	-.03	-.01	-.06	-.12
4. FSE	-.42**	.35**	.17*		.66**	.02	.07	.02	-.08	.17**	.07	.03
5. FWB	-.34**	.27**	.36**	.69**		.11	.06	.17*	-.14*	.23**	.14	.03
6. Age	-.17**	-.01	.10	.24**	.21**		-.07	.01	-.33**	-.05	.54**	.04
7. RaceW	.05	-.03	-.02	.02	-.01	-.08		-.01	.01	-.03	.09	.03
8. Edu	-.03	.09	.16*	.07	.16*	.07	-.11		.13*	.36**	.09	.19**
9. Emp	-.11	.13*	.04	.07	.08	-.01	-.03	.18**		.45**	-.16**	-.06
10. Inc	-.17**	.22**	.06	.24**	.22**	.13*	-.01	.32**	.68**		.11	.04
11. MarLen	-.06	-.04	-.03	.17**	.18**	.59**	.08	.08	.06	.14*		.03
12. ProgAtt	-.06	.05	.06	.12*	.14*	.06	.03	.23**	-.05	.04	.01	

Note: Intracorrelations for women (n = 280) are presented below the diagonal, and intracorrelations for men (n = 280) are presented above the diagonal. * $p < 0.05$; ** $p < 0.01$. RSE = Relationship self-efficacy (T1), CS = Couple satisfaction (T2), FSE = Financial self-efficacy (T1), FWB = Financial well-being (T2), RaceW = race (white), Edu = Educational attainment, Emp = employment, Inc = income (last 30 days), MarLen = marriage length, ProgAtt = program attendance

APPENDIX 3A: SAMPLE

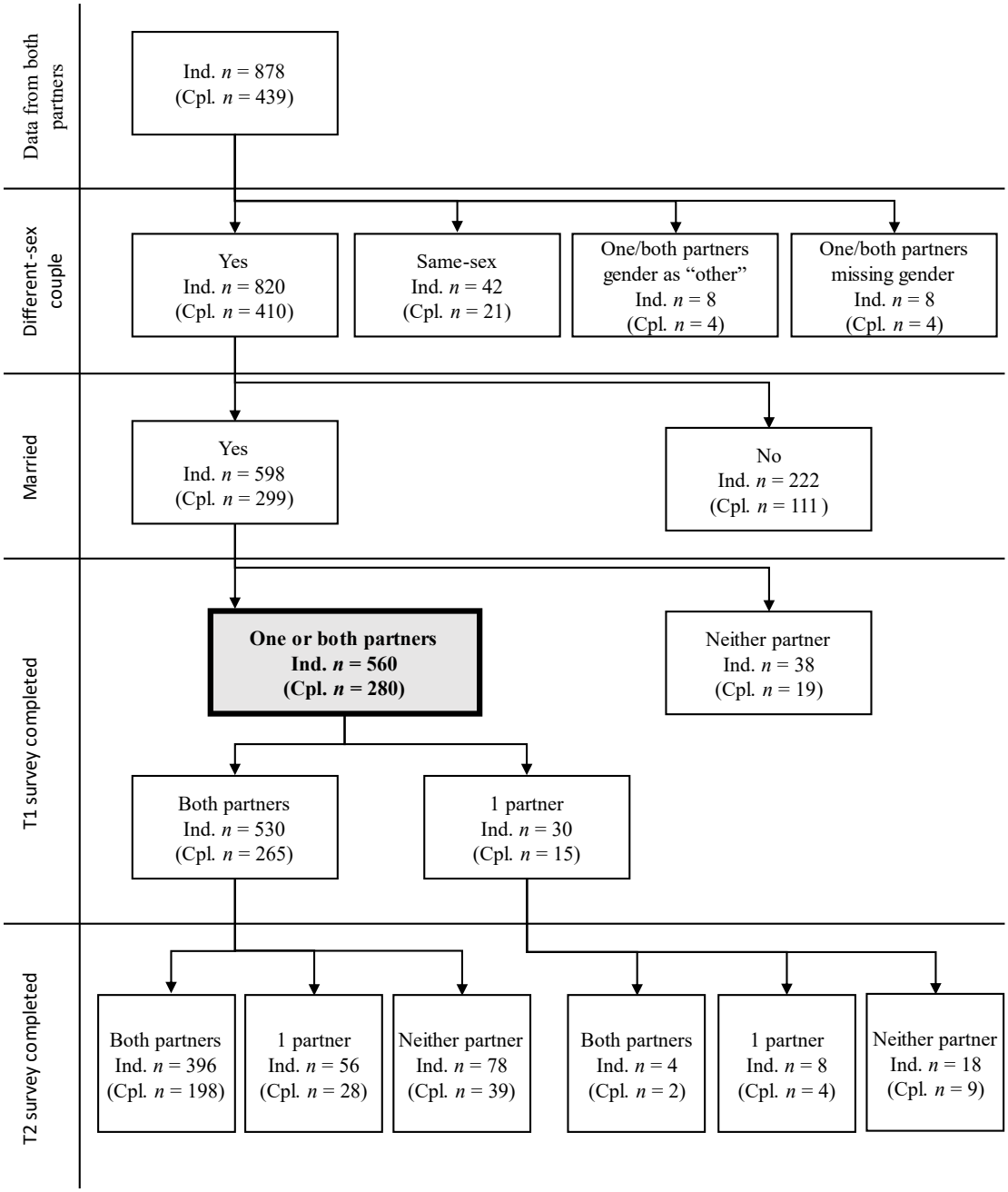

Figure 3A.1. *Sample Tree*

Table 3A.1. *Final Sample by Gender (N = 560)*

	Women (*n* = 280)			Men (*n* = 280)		
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing
Age	41.00	10.94	0	43.36	12.47	1
Relationship length	14.35	10.04	15	14.31	9.96	19
Marriage length	11.39	9.69	8	11.39	9.69	3
# residential children < age 18 in home (couple)	1.75	1.75	0			
0	90	32.14%				
1	44	15.71%				
2	70	25.00%				
3	38	13.57%				
4 or more	38	13.57%				
Sexual orientation			1			6
Not heterosexual [a]	12	4.30%		5	1.82%	
Heterosexual	267	95.70%		269	98.18%	
Race [b]			5			6
White	157	57.09%		155	56.57%	
Black or African American	100	36.36%		103	37.59%	
Other	18	6.55%		16	5.84%	
Ethnicity			0			1
Not Hispanic or Latino	252	90.00%		260	93.19%	
Hispanic or Latino	28	10.00%		19	6.81%	
Educational attainment			0			3
High school diploma or less	25	8.93%		64	23.10%	
Associate degree, certification, or some college	99	35.36%		107	38.63%	
Bachelor’s degree or higher	156	55.71%		106	38.27%	

Table 3A.1. *continued*

	Women (*n* = 280)			Men (*n* = 280)		
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing
Employment status			0			2
Not employed outside the home	77	27.50%		42	15.11%	
Temporary or variable employment	15	5.36%		7	2.52%	
Part-time employment	36	12.86%		14	5.04%	
Full-time employment	152	54.29%		215	77.34%	
Income (last 30 days)			0			2
No earnings in the past 30 days	55	19.64%		16	5.76%	
$1–$499	14	5.00%		8	2.88%	
$500–$1,000	22	7.86%		13	4.68%	
$1,001–$2,000	49	17.50%		35	12.59%	
$2,001–$3,000	44	15.71%		61	21.94%	
$3,001–$4,000	40	14.29%		47	16.91%	
$4,001–$5,000	35	12.50%		34	12.23%	
More than $5,000	21	7.50%		64	23.02%	
Program attendance	90.45	25.51	0	90.19	25.59	1

Note: [a] While the final sample consisted of different-sex couples, some individuals identified as gay (*n* = 2), lesbian (*n* = 1), bisexual (*n* = 11), or preferred to self-identify (*n* = 3).

Table 3A.2. *Comparison of Excluded versus Final Sample*

	Excluded Sample (Ind. *n* = 318; Cpl. *n* = 159)			Final Sample (Ind. *n* = 560; Cpl. *n* = 280)					
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing	χ^2/F	df	p
Age	36.05	10.40	4	42.18	11.78	1	59.091		<.001*
Relationship length	6.21	7.51	22	14.33	9.99	35	148.215		<.001*
Marriage length	9.68	9.72	259	11.39	9.68	6	1.655		.199
# residential children < age 18	1.35	1.49	15	1.75	1.75	3	23.627		<.001*
Gender			4			0	9.031	2	.011*
Female	170	54.14%		280	50.00%				
Male	140	44.59%		280	50.00%				
Other	4	1.27%		0	0.00%				
Sexual orientation			15			7	50.663	1	<.001*
Not heterosexual	51	16.83%		17	3.07%				
Heterosexual	252	83.17%		536	96.93%				
Race			13			11	23.148	2	<.001*
White	121	39.67%		312	56.83%				
Black or African American	159	52.13%		203	36.98%				
Other [a]	25	8.20%		34	6.19%				

Table 3A.2. *continued*

	Excluded Sample (Ind. *n* = 318; Cpl. *n* = 159)			Final Sample (Ind. *n* = 560; Cpl. *n* = 280)					
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing	χ^2/F	df	p
Ethnicity			5			1	0.803	1	.370
Not Hispanic or Latino	281	89.78%		512	91.59%				
Hispanic or Latino	32	10.22%		47	8.41%				
Educational attainment			10			3	17.576	2	<.001*
High school diploma or less	85	27.60%		89	15.98%				
Associate degree, certification, or some college	107	34.74%		206	36.98%				
Bachelor's degree or higher	116	37.66%		262	47.04%				
Employment status			5			2	3.176	3	.365
Not employed outside the home	70	22.36%		119	21.33%				
Temporary or variable employment	16	5.11%		22	3.94%				
Part-time employment	37	11.82%		50	8.96%				
Full-time employment	190	60.70%		367	65.77%				

Table 3A.2. *continued*

	Excluded Sample (Ind. *n* = 318; Cpl. *n* = 159)			Final Sample (Ind. *n* = 560; Cpl. *n* = 280)					
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing	χ^2/F	df	p
Income (last 30 days)			6			2	25.276	7	<.001*
No earnings in the past 30 days	42	13.46%		71	12.72%				
$1–$499	21	6.73%		22	3.94%				
$500–$1,000	32	10.26%		35	6.27%				
$1,001–$2,000	66	21.15%		84	15.05%				
$2,001–$3,000	49	15.71%		105	18.82%				
$3,001–$4,000	51	16.35%		87	15.59%				
$4,001–$5,000	17	5.45%		69	12.37%				
More than $5,000	34	10.90%		85	15.23%				
Current marital status			0			0	643.404	2	<.001*
Married	60	18.87%		560	100.00%				
Engaged	88	27.67%		0	0.00%				
Neither married nor engaged	170	53.46%		0	0.00%				

Table 3A.2. *continued*

	Excluded Sample (Ind. *n* = 318; Cpl. *n* = 159)			Final Sample (Ind. *n* = 560; Cpl. *n* = 280)					
	M/n	*SD*/%	Missing	M/n	*SD*/%	Missing	χ^2/F	df	p
Different-sex couple			0			0	109.363	1	<.001*
No	58	18.24%		0	0.00%				
Yes	260	81.76%		560	100.00%				
Program attendance	69.11	41.79	2	90.32	25.53	1	86.775		<.001*

Note: [a] "Other" racial category refers to respondents who identified as Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, Multiracial, or Other.

APPENDIX 3B: MEASURES

Table 3B.1. *Measure Items for ADHD Symptom Level (n = 560 individuals)*

	Valid *N*	Missing	*M*	*SD*	*MD*	Min–Max
How often do you have difficulty concentrating on what people are saying to you even when they are speaking to you directly?	541	19	1.46	1.00	1	0–4
How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	539	21	.69	.88	0	0–4
How often do you have difficulty unwinding and 0relaxing when you have time to yourself?	540	20	1.77	1.19	2	0–4
When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish them themselves?	540	20	1.59	1.07	2	0–4
How often do you put things off until the last minute?	538	22	2.11	1.07	2	0–4
How often do you depend on others to keep your life in order and attend to details?	540	20	1.08	1.02	1	0–4

Note: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Very Often

Source: Ustun, B., Adler, L. A., Rudin, C., Faraone, S. V., Spencer, T. J., Berglund, P., Gruber, M. J., & Kessler, R. C. (2017). The World Health Organization adult Attention-Deficit/Hyperactivity Disorder self-report screening scale for DSM-5. *JAMA Psychiatry*, *74*(5), 520. https://doi.org/10.1001/jamapsychiatry.2017.0298

Table 3B.2. *Measure Items for Relationship Self-Efficacy at T1 (n = 560 individuals)*

	Valid *N*	Missing	*M*	*SD*	*MD*	Min–Max
Failure in my romantic relationship only makes me want to try harder.	542	18	4.86	1.60	5	1–7
When I make plans in my romantic relationship, I am certain I can make them work.	543	17	5.29	1.32	6	1–7
I have difficulty focusing on important issues in my romantic relationship. (reverse-coded)	542	18	4.49	1.70	4	1–7
If I can't do something successfully in my romantic relationship the first time, I keep trying until I can.	543	17	5.17	1.33	5	1–7
I often feel helpless in dealing with the problems that come up in my romantic relationship. (reverse-coded)	541	19	4.59	1.79	5	1–7
I find it difficult to put effort into maintaining success in my romantic relationship. (reverse-coded)	542	18	4.81	1.78	5	1–7
I feel insecure about my ability to be a good romantic partner. (reverse-coded)	542	18	4.56	1.96	5	1–7
One of my problems is that I cannot come up with the energy to make my romantic relationship more successful. (reverse-coded)	542	18	4.62	1.84	5	1–7
Having a successful romantic relationship is very difficult for me. (reverse-coded)	538	22	4.91	1.75	5	1–7

Note: 1 = Never True, 2 = Almost Never True, 3 = Rarely True, 4 = Neutral, 5 = Sometimes True, 6 = Usually True, 7 = Always True

Source: Riggio, H. R., Weiser, D., Valenzuela, A., Lui, P., Montes, R., & Heuer, J. (2011). Initial validation of a measure of self-efficacy in romantic relationships. *Personality and Individual Differences, 51*(5), 601–606. https://doi.org/10.1016/j.paid.2011.05.026

Table 3B.3. *Measure Items for Couple Satisfaction at T2 (n = 560 individuals)*

	Valid *N*	Missing	*M*	*SD*	*MD*	Min–Max
How happy are you with your relationship, all things considered? [a]	428	132	5.08	1.62	6	1–7
I have a warm and comfortable relationship with my partner. [b]	428	132	4.96	1.27	5	1–6
How rewarding is your relationship with your partner? [c]	428	132	4.87	1.24	5	1–6
In general, how satisfied are you with your relationship? [c]	426	134	4.90	1.18	5	1–6

Note: [a] 1 = Extremely Unhappy, 2 = Fairly Unhappy, 3 = A little Unhappy, 4 = Happy, 5 = Very Happy, 6 = Extremely Happy, 7 = Perfectly Happy. [b] Item 2: 1 = Not at all true, 2 = A little true, 3 = Somewhat true, 4 = Mostly true, 5 = Almost completely true, 6 = Completely true. [c] Items 3 and 4: 1 = Not at all, 2 = A little, 3 = Somewhat, 4 = Mostly, 5 = Almost completely, 6 = Completely.

Source: Funk, J. L., Rogge, R. D., Gordon, A. M., Impett, E. A., Kogan, A., Oveis, C., & Keltner, D. (2012). Couples Satisfaction Index. *To Have and to Hold: Gratitude Promotes Relationship Maintenance in Intimate Bonds*, *103*(2), 257–274.

Table 3B.4. *Measure Items for Financial Self-Efficacy at T1 (n = 560 individuals)*

	Valid *N*	Missing	*M*	*SD*	*MD*	Min-Max
It is hard to stick to my spending plan when unexpected expenses arise. (reverse-coded)	536	24	3.74	1.74	3	1–7
It is challenging to make progress toward my financial goals. (reverse-coded)	537	23	3.82	1.76	3	1–7
When unexpected expenses occur, I usually have to use credit. (reverse-coded)	538	22	4.30	1.81	4	1–7
When faced with a financial challenge, I have a hard time figuring out a solution. (reverse-coded)	538	22	4.80	1.59	5	1–7
I lack confidence in my ability to manage my finances. (reverse-coded)	538	22	5.05	1.77	5	1–7
I worry about not having enough money for my future. (reverse-coded)	535	25	3.91	1.99	3	1–7

Note: 1 = Never True, 2 = Almost Never True, 3 = Rarely True, 4 = Neutral, 5 = Sometimes True, 6 = Usually True, 7 = Always True

Source: Lown, J. M. (2011). Development and validation of a financial self-efficacy scale. *Journal of Financial Counseling and Planning*, *22*(2), 12.

Table 3B.5. *Measure Items for Financial Well-Being at T2 (n = 560 individuals)*

	Valid *N*	Missing	M	SD	MD	Min–Max
I could handle a major unexpected expense. [a]	428	132	2.42	1.13	2	0–4
I am securing my financial future. [a]	428	132	2.45	1.07	2	0–4
Because of my money situation, I feel like I will never have the things I want in life. (reverse-coded) [a]	427	133	2.76	1.12	3	0–4
I can enjoy life because of the way I'm managing my money. [a]	427	133	2.43	1.05	2	0–4
I am just getting by financially (reverse-coded).[a]	427	133	2.57	1.25	3	0 – 4
I am concerned that the money I have or will save won't last (reverse-coded).[a]	425	135	2.40	1.21	2	0 – 4
Giving a gift for a wedding, birthday, or other occasion would put a strain on my finances for the month (reverse-coded).[b]	428	132	2.95	1.02	3	0 – 4
I have money left over at the end of the month. [b]	430	130	2.60	1.16	3	0 – 4
I am behind with my finances (reverse-coded).[b]	429	131	3.01	1.15	3	0 – 4
My finances control my life (reverse-coded).[b]	428	132	2.77	1.20	3	0–4

Note: [a] Items 1 – 6: 0 = Not at all, 1 = Very little, 2 = Somewhat, 3 = Very well, 4 = Completely.

[b] Items 7 – 10: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Always.

Source: Consumer Financial Protection Bureau. (2015). *Measuring financial well-being: A guide to using the CFPB Financial Well-Being Scale*.

https://files.consumerfinance.gov/f/201512_cfpb_financial-well-being-user-guide-scale.pdf

Table 3B.6 *Reliabilities*

	Valid *N*	Women	Valid *N*	Men
ADHD symptom level	272	.685	264	.730
Relationship self-efficacy (T1)	269	.848	265	.872
Couple satisfaction (T2)	222	.931	203	.877
Financial self-efficacy (T1)	271	.880	261	.883
Financial well-being (T2)	215	.927	201	.922

APPENDIX 3C: MISSINGNESS

Table 3C.1. *Comparing Participants With versus Without ADHD Scores*

	ADHD Score Present (*N* = 536)		ADHD Score Missing (*N* = 24)				
	M/N	*SD*/%	M/N	*SD*/%	χ^2/F	df	*p*-value
Age	42.07	11.66	44.63	14.20	1.08	1	.299
Gender					2.786	1	.095
Female	272	50.75%	8	33.33%			
Male	264	49.25%	16	66.67%			
Other	0	0.00%	0	0.00%			
Sexual orientation					0.796	1	.372
Not heterosexual	17	3.21%	0	0.00%			
Heterosexual	512	96.79%	24	100.00%			
Race					11.657	2	.003**
White	304	57.90%	8	33.33%			
Black or African American	192	36.57%	11	45.83%			
Other	29	5.52%	5	20.83%			
Ethnicity					0.545	1	.460
Not Hispanic or Latino	491	91.78%	21	87.50%			
Hispanic or Latino	44	8.22%	3	12.50%			
Educational attainment					4.582	2	.101
High school diploma or less	82	15.38%	7	29.17%			
Associate degree, certification, or some college	196	36.77%	10	41.67%			
Bachelor’s degree or higher	255	47.84%	7	29.17%			

Table 3C.1. *continued*

	ADHD Score Present (*N* = 536)		ADHD Score Missing (*N* = 24)				
	M/N	*SD*/%	M/N	*SD*/%	χ^2/F	df	*p*-value
Employment status					4.934	3	.177
Not employed outside the home	111	20.79%	8	33.33%			
Temporary or variable employment	22	4.12%	0	0.00%			
Part-time employment	50	9.36%	0	0.00%			
Full-time employment	351	65.73%	16	66.67%			
Income (last 30 days)					6.594	7	.472
No earnings in the past 30 days	68	12.73%	3	12.50%			
$1–$499	22	4.12%	0	0.00%			
$500–$1,000	32	5.99%	3	12.50%			
$1,001–$2,000	83	15.54%	1	4.17%			
$2,001–$3,000	98	18.35%	7	29.17%			
$3,001–$4,000	84	15.73%	3	12.50%			
$4,001–$5,000	65	12.17%	4	16.67%			
More than $5,000	82	15.36%	3	12.50%			
Program attendance	91.00	24.29	75.00	43.14	9.16	1	.003**

Table 3C.2. *Comparing Participants With versus Without CFPB Scores at T2*

	CFPB T2 Score Present (*N* = 416)		CFPB T2 Score Missing (*N* = 144)				
	M/N	*SD*/%	M/N	*SD*/%	χ^2/F	df	*p*-value
Age	42.27	11.36	41.92	12.94	0.09	1	.763
Gender					1.832	1	.176
Female	215	51.68%	65	45.14%			
Male	201	48.32%	79	54.86%			
Other	0	0.00%	0	0.00%			
Sexual orientation					6.954	1	.008**
Not heterosexual	8	1.94%	9	6.38%			
Heterosexual	404	98.06%	132	93.62%			
Race					5.688	2	.058
White	243	59.71%	69	48.59%			
Black or African American	139	34.15%	64	45.07%			
Other	25	6.14%	9	6.34%			
Ethnicity					3.168	1	.075
Not Hispanic or Latino	375	90.36%	137	95.14%			
Hispanic or Latino	40	9.64%	7	4.86%			
Educational attainment					26.469	2	<.001***
High school diploma or less	56	13.53%	33	23.08%			
Associate degree, certification, or some college	137	33.09%	69	48.25%			
Bachelor's degree or higher	221	53.38%	41	28.67%			

Table 3C.2. *Comparing Participants With versus Without CFPB Scores at T2*

	CFPB T2 Score Present (*N* = 416)		CFPB T2 Score Missing (*N* = 144)				
	M/N	*SD*/%	M/N	*SD*/%	χ^2/F	df	*p*-value
Employment status					3.929	3	.269
Not employed outside the home	91	21.93%	28	19.58%			
Temporary or variable employment	20	4.82%	2	1.40%			
Part-time employment	36	8.67%	14	9.79%			
Full-time employment	268	64.58%	99	69.23%			
Income (last 30 days)					5.848	7	.558
No earnings in the past 30 days	58	14.01%	13	9.03%			
$1–$499	16	3.86%	6	4.17%			
$500–$1,000	27	6.52%	8	5.56%			
$1,001–$2,000	62	14.98%	22	15.28%			
$2,001–$3,000	71	17.15%	34	23.61%			
$3,001–$4,000	63	15.22%	24	16.67%			
$4,001–$5,000	50	12.08%	19	13.19%			
More than $5,000	67	16.18%	18	12.50%			
Program attendance	98.26	8.23	67.22	40.51	218.62	1	<.001***

Table 3C.3. *Comparing Participants With versus Without CS Scores at T2*

	CS T2 Score Present (*N* = 425)		CS T2 Score Missing (*N* = 135)				
	M/N	*SD*/%	M/N	*SD*/%	χ^2/F	df	*p*-value
Age	42.31	11.41	41.78	12.90	0.21	1	.650
Gender					3.523	1	.061
Female	222	52.24%	58	42.96%			
Male	203	47.76%	77	57.04%			
Other	0	0.00%	0	0.00%			
Sexual orientation					2.891	1	.089
Not heterosexual	10	2.38%	7	5.30%			
Heterosexual	411	97.62%	125	94.70%			
Race					2.346	2	.309
White	244	58.65%	68	51.13%			
Black or African American	147	35.34%	56	42.11%			
Other	25	6.01%	9	6.77%			
Ethnicity					3.631	1	.057
Not Hispanic or Latino	383	90.33%	129	95.56%			
Hispanic or Latino	41	9.67%	6	4.44%			
Educational attainment					34.536	2	<.001*
High school diploma or less	55	13.00%	34	25.37%			
Associate degree, certification, or some college	140	33.10%	66	49.25%			
Bachelor's degree or higher	228	53.90%	34	25.37%			

Table 3C.3. *continued*

	CS T2 Score Present (*N* = 425)		CS T2 Score Missing (*N* = 135)				
	M/N	*SD*/%	M/N	*SD*/%	χ^2/F	df	*p*-value
Employment status					2.547	3	.467
Not employed outside the home	96	22.64%	23	17.16%			
Temporary or variable employment	18	4.25%	4	2.99%			
Part-time employment	38	8.96%	12	8.96%			
Full-time employment	272	64.15%	95	70.90%			
Income (last 30 days)					9.046	7	.249
No earnings in the past 30 days	58	13.71%	13	9.63%			
$1–$499	17	4.02%	5	3.70%			
$500–$1,000	29	6.86%	6	4.44%			
$1,001–$2,000	62	14.66%	22	16.30%			
$2,001–$3,000	69	16.31%	36	26.67%			
$3,001–$4,000	67	15.84%	20	14.81%			
$4,001–$5,000	54	12.77%	15	11.11%			
More than $5,000	67	15.84%	18	13.33%			
Program attendance	98.26	8.16	65.11	40.99	247.78	1	.000

CHAPTER 4

DISCUSSION & CONCLUSION

General Discussion

Attention-deficit/hyperactivity disorder (ADHD), which is a neurological disorder that affects self-regulation of attention, emotion, and/or behavior (American Psychiatric Association, 2013), affects nearly 5% of the adult U.S. population (Kessler et al., 2006; Ramsay, 2020). As noted in Chapter 1, ADHD affects individuals' daily lives and long-term outcomes across many domains (e.g., physical and mental health, Nigg, 2013; educational attainment, Pelham et al., 2020; social functioning, Canu et al., 2008). Among couples wherein one or both partners lives with ADHD ("ADHD couples"), the effects of individual ADHD can affect both partners (Ghahramanzadeh et al., 2021). This dissertation focused on how ADHD symptoms can affect two key life domains: finances and couple relationships. Extant literature has found associations between ADHD and poorer financial behavior (Beauchaine et al., 2017) and financial well-being (Norvilitis et al., 2021) for individuals. Research has also established connections between ADHD and poorer relationship behavior (e.g., communication, conflict management, Wymbs et al., 2021) and relationship quality (Kahveci Oncu & Tutarel-Kislak, 2021; Knies et al., 2021) for couples. However, despite known associations between couples' relationships and their finances, no research to date has explored associations between ADHD, couple relationships, and couple finances. Researchers and practitioners (e.g., couple therapists, financial planners, financial counselors) wanting to support ADHD couples are stymied by a lack of research shedding light

on whether and how ADHD may affect couples' relational and financial behavior and well-being.

Guided by Couples and Finances Theory (CFT, Archuleta, 2013; Archuleta & Burr, 2015) and Bandura's (1977) theory of self-efficacy, I constructed a theoretical model of how ADHD may affect relational and financial self-efficacy, behavior, and well-being (see Figure 1.1 in Chapter 1). This model relied upon the framework of the CFT in recognizing independent partner characteristics (i.e., ADHD) that can affect the couple and financial subsystem. However, I augmented the couple and financial subsystems to include the associations between self-efficacy, behavior, and outcomes posited by Bandura. Both models can be used to explain changes over time which, though not explored in my dissertation studies, are accounted for in the bidirectionality of paths I, J, N, and M as well as paths Q and R in the conceptual model (see Figure 1.1). Similar to CFT, I presumed, but did not visually detail, how these associations could vary and interact between members of a couple in order to produce a more visually parsimonious model. I then used this conceptual model as a foundational model for the two studies that constitute the bulk of this dissertation.

The two studies in this dissertation were aimed at providing initial evidence for associations between ADHD symptoms and relational and financial well-being as well as examining a potential mediator – self-efficacy – that may explain these associations. The results of these studies advance research by demonstrating that ADHD symptoms can have implications not only for individuals' own financial well-being, but also their partners' financial well-being. Moreover, these studies demonstrated that ADHD symptoms affect the relational and financial well-being of individuals and couples through affecting self-efficacy in each domain, which

highlights the importance to practitioners of promoting self-efficacy in supporting the financial and relational well-being of ADHD couples.

Overview of Studies

In the first study, which was presented in Chapter 2, I used dyadic data collected from a sample of different-sex married couples to examine whether ADHD symptom levels were associated with individuals' own and their partners' subjective financial well-being by constructing an actor-partner interdependence model (APIM). I then used a mediated APIM (APIMeM) to examine whether financial self-efficacy of individuals and their partners mediated such associations. A key finding of Chapter 2 was that ADHD was negatively associated with individuals' financial well-being through their own financial self-efficacy. Additionally, the first study found that individuals' ADHD symptom levels were associated with their partners' financial well-being through individuals' own financial self-efficacy.

In the second study, presented in Chapter 3, I drew upon the CFT more deeply as I examined whether ADHD symptoms were associated with individuals' relational quality and financial well-being using an APIM. Further, I examined whether relational and financial self-efficacy may mediate such associations using an APIMeM. The results of the APIM indicated that ADHD symptoms were associated with individuals' own, but not their partners', financial well-being (*actor effects* only), There were no significant associations between individuals' ADHD symptoms and their own or their partners' couple satisfaction. Explorations of associations in the APIMeM found actor effects within each domain: (1) individuals' ADHD symptoms were associated with their own relational self-efficacy, which was in turn associated with their own couple satisfaction, and (2) ADHD symptoms were associated with individuals' own financial self-efficacy, which was also associated with financial well-being. Moreover,

examination of indirect effects found that ADHD symptoms were associated with well-being through self-efficacy within each domain. There were also some direct partner effects found in the APIMeM: women's ADHD symptoms were negatively associated with their husbands' relationship self-efficacy, and men's relationship self-efficacy was associated with their wives' couple satisfaction. Financial self-efficacy of both men and women were positively associated with their spouses' financial well-being. Examination of indirect effects found significant indirect associations between individuals' ADHD symptoms and their spouses' financial well-being through individuals' own financial self-efficacy, which demonstrates that the results of the first study (Chapter 2) remained consistent even when including measures assessing the couple relationship. In examining partner effects for couple satisfaction, however, only one partner effect emerged: men's ADHD symptoms were associated with their wives' couple satisfaction through men's relationship self-efficacy.

The two studies contribute multiple novel findings to the larger bodies of literature exploring how ADHD may affect individual and couple well-being. First, these studies established associations between ADHD symptoms and relational and financial self-efficacy. While a unique contribution to the literature, these results are in alignment with research indicating negative associations between ADHD and self-efficacy (e.g., Newark et al., 2016; Williamson & Johnston, 2019), relationship behaviors (e.g., Ben-naim et al., 2017; Wymbs et al., 2021), and financial behaviors (e.g., Bangma et al., 2020; Koerts et al., 2023). Moreover, the results of the second study suggest that when women have more ADHD symptoms, their husbands may feel lower relationship self-efficacy. A potential explanation for this association is that ADHD may uniquely prevent women from engaging in gender-associated couple relationship roles (Robin & Payson, 2002), thereby leading their husbands to perceive

themselves as less successful in their relationship efforts. Such an explanation would be supported by Weigel et al. (2016), who found that the less individuals perceived their partners to fit a description of their "ideal" partner, the less likely individuals were to engage in positive relationship behaviors. In this way, the unique impact ADHD may have on gender roles assigned to women may affect how much their husbands believe themselves to be able – and actually try– to attain and maintain healthy romantic relationships.

It should be noted that the concept of relationship self-efficacy was originally intended to refer to individuals' perceptions of their ability to attain and maintain healthy relationships in general rather than their ability to attain and maintain a healthy relationship with a specific partner (Riggio et al., 2011). The results of Chapter 3, however, found that men's relationship self-efficacy was associated with their wives' levels of ADHD symptoms in addition to their own. It is possible that the crossover associations of women's ADHD symptoms to their partners' relationship self-efficacy may be partly related to the unique characteristics of this sample. The bulk of research on relationship self-efficacy to date has been conducted on younger adults who tended to be unmarried or newlyweds (e.g., Riggio et al., 2013; Weiser & Weigel, 2016; Weisskirch, 2017). My sample, in contrast, consisted of married couples who had, on average, been married over a decade. Additionally, very little research has been conducted on relationship self-efficacy by using dyadic samples (e.g., Baker & McNulty, 2015; Johnson & Anderson, 2015). To my knowledge, only one study (Johnson & Anderson, 2015) has explored predictors of relationship self-efficacy in dyadic samples. Johnson and Anderson (2015) analyzed a large sample of different-sex committed couples who were largely married or cohabiting, and had been together, on average, nearly a decade. They found that that both partners' relationship self-efficacy was predicted by the level of couple conflict in the previous

year (modeled as a latent construct derived from both partners' reports). Their results, as well as the results of this dissertation, suggest that some individuals may indeed think of their current partner or relationship when reporting on relationship self-efficacy. It is possible that individuals' relationship self-efficacy may be informed by their current partner or relationship to varying degrees based on how committed individuals are to their relationship (e.g., married, cohabiting, dating) or how long they have been with their current partner. Such a topic would be ideal for future research to explore.

My findings also indicated that self-efficacy was associated with the well-being of individuals and their partners. Specifically, individuals' self-efficacy in both the relational and financial domain was positively associated with their own relational and financial well-being (actor effects). Moreover, my studies found partner effects in the financial domain in that individuals' financial self-efficacy was associated with their spouses' financial well-being. In the couple relationship domain, however, I found associations only between men's relationship self-efficacy and their wives' couple satisfaction. Though previous research has established associations between partners' relationship behavior and couple satisfaction (Dew & Jackson, 2018) regardless of gender, the results of the second study suggest that the couple satisfaction of women in particular may be tied to how strongly their husbands believe they can engage in positive relationship behavior. Extant literature demonstrates that those who report higher relationship self-efficacy also engage in more positive relationship behaviors (Weiser & Weigel, 2016), and women's couple satisfaction has been shown to be tied to their partners' relationship behavior (Dew & Jackson, 2018). Thus, the link from men's relationship self-efficacy to their wives' couple satisfaction may be through men's own relationship behavior. More perplexing, however, is the lack of discovering significant associations between women's relationship self-

efficacy and their husbands' couple satisfaction. Research conducted by Meskó et al. (2022) may be relevant; in examining predictors of relationship satisfaction for men and women, they found that men estimated their romantic relationship satisfaction differently than women. For example, they found that men's relationship satisfaction was more positively associated with intimacy and more negatively affected by having children than women, while women's relationship satisfaction was more positively associated with commitment and couple coping than men. Additionally, men and women significantly differed in how their relationship satisfaction was affected by using sex as a coping mechanism: men viewed it positively, while women viewed it negatively. Thus, it is possible that women's relationship self-efficacy may not be closely linked to the types of relationship behaviors that appear to uniquely inform men's relationship satisfaction (e.g.., intimacy, using sex as coping).

A central finding of these two studies is the recognition of self-efficacy as a mechanism through which individual ADHD symptoms were associated with individual and partner relational and financial well-being. Overall, my findings indicated that ADHD can affect individuals' belief in their ability to successfully handle financial management tasks (e.g., paying bills on time, managing cash flow) that lead to individuals' and their partners' feeling financially free and secure (e.g., subjective financial well-being). Because self-efficacy can be addressed with a variety of interventions (Karakaya & Ozgur, 2019; Muhammdamin & Rahman, 2020), enhancing financial self-efficacy may be one strategy for improving the financial well-being of ADHD individuals and couples. Similarly, enhancing the relationship self-efficacy of individuals may contribute to more positive relationship behaviors and overall couple satisfaction (Weiser & Weigel, 2016) including couples with ADHD. However, associations between ADHD and partner couple satisfaction found in Chapter 3 were limited to one gender; men's ADHD

symptoms were associated with their wives' couple satisfaction through men's relationship self-efficacy. Thus, potential interventions for improving couple satisfaction among different-sex couples with ADHD may benefit from paying close attention to the relationship self-efficacy (and thus relationship behavior) of men.

Another key finding of these studies was that self-efficacy only mediated the associations between ADHD and well-being within a domain (e.g., relational or financial). In other words, ADHD was associated with financial well-being only through financial self-efficacy, and associated with couple satisfaction only through relationship self-efficacy. This is consistent with extant literature suggesting domain-specific forms of self-efficacy are not universally interchangeable; rather, they refer to necessary tasks to achieve desired outcomes in the referenced domain (Lown, 2011; Riggio et al., 2011). To return to my conceptual model (Figure 1.1), I posited that self-efficacy would affect behavior in each domain (paths G and H), which would then affect well-being within (paths I and J) and across (paths M and N) domains. Because the available dataset contained information on participants' relational, but not financial, behavior, I functionally absorbed behavior into self-efficacy, meaning I tested associations between self-efficacy in one domain and well-being in the other (paths N and M, Figure 1.1). The cross-domain associations between relational and financial behavior and well-being posited in my model (paths M and N) were based on extant CFT research findings connecting financial behavior with relationship quality (LeBaron et al., 2019, path N) and financial well-being with relationship behavior (Wheeler et al., 2019, path M). My studies did not find cross-domain associations between self-efficacy and well-being. However, because my two studies did not directly assess behavior, it is difficult to ascertain whether the lack of cross-domain associations between self-efficacy and well-being support or contradict extant CFT research. However, the

significant associations between financial well-being and couple satisfaction found in Chapter 3 support CFT and corroborate extant literature (e.g., Cohen et al., 2010; Grable et al., 2007).

Implications for Future Research and Practice

The findings from the current studies provide insight on how ADHD, couple relationships, and couple finances may be associated. What follows is a call for future research to explore how this research could be expanded by adding constructs and time in evaluating larger, more diverse samples as well as implications for practitioners (e.g., financial planners, financial counselors, couple therapists) who support the well-being of ADHD couples.

Implications for Research

These studies were, to my knowledge, the only research to date exploring individual ADHD symptoms and relational self-efficacy, financial self-efficacy, or partner financial well-being. The second study was also novel in examining how ADHD may affect individuals and couples' relationships and finances concurrently. Most importantly, these studies examined whether and how self-efficacy may mediate the associations between ADHD and well-being in terms of couple relationships and finances. Still, more research is needed to fully understand how ADHD may affect couples' experiences across domains. For example, while this study utilized a validated screener for ADHD symptoms that has been found to be reliable across a variety of samples (e.g., Baggio et al., 2021; Bastiaens & Galus, 2018; Ustun et al., 2017), ADHD symptom levels are not representative of clinical diagnoses. I chose to model ADHD symptoms as a continuous variable rather than creating a dichotomous variable based on a threshold score above which respondents would be "likely" to have ADHD (Ustun et al., 2017) for two reasons. First, dichotomizing participant responses into a dichotomized threshold score could have led to inadvertent inferences regarding the diagnostic status of the participants. In contrast, using

participants' scores as a continuous variable makes it clear that these scores represent symptom levels rather than diagnostic status. Second, modeling this variable as a continuous variable captures full (e.g., linear) associations between ADHD symptoms and the outcome variables of this dissertation (i.e., relational and financial self-efficacy and well-being). This approach has precedent in peer-reviewed research (Liao, 2021; McLennan, 2016) and allows the researcher to notice associations between variables of interest and subclinical symptoms of ADHD, which have been demonstrated to affect finances (Vörös & Lukovszki, 2021) and couple relationships (Overbey et al., 2011). Another common method used in ADHD-focused research is using purposive sampling methods to recruit a sample of individuals with easily confirmed ADHD diagnoses (e.g., recruiting through healthcare facilities, Ersoy & Topçu Ersoy, 2019). While this approach may offer value in their clarity regarding diagnostic status, it also runs the risk of excluding marginalized populations (e.g., racial minorities, women) who are less likely to be screened and/or diagnosed with ADHD (Adamis et al., 2022). No peer-reviewed research on the effects of ADHD on couple relationships, to the best of my knowledge, relies solely on individuals' self-reported ADHD diagnostic status.[11]

As both Bandura's (1977) theory of self-efficacy and CFT (Archuleta, 2013; Archuleta & Burr, 2015) include behavior (or "couple relationship characteristics" and "financial management practices" in CFT), future research would benefit from directly assessing respondents' self-reports of financial and relational behavior. Adding assessments of these constructs would enable researchers to evaluate whether self-efficacy leads to well-being through

[11] Self-reported ADHD diagnostic status information was available in the current dataset, so I compared ADHD symptom levels between those who said they had been diagnosed with ADHD (n = 48) to those who said they had not (n = 480) using independent samples t-tests. As expected, those who reported having been diagnosed with ADHD had significantly higher ADHD symptom levels (M = 11.94, SD = 4.67) than those who had not (M = 8.36, SD = 3.71, $p < .001$), with large effect sizes (Cohen's d = -.942).

behavior, thereby more robustly evaluating Bandura's model while directly assessing components of CFT. Assessing financial management behavior could be accomplished by administering the Financial Management Behavior Scale (Dew & Xiao, 2011), which has been used in a multitude of research efforts (e.g., Okamoto et al., 2023; Wheeler & Brooks, 2023). Researchers may also choose to inquire about types and level of responsibility for financial management tasks within the relationship (e.g., perceived financial management responsibility, see Hargrove et al., n.d.). In assessing couples' relationship behavior, however, researchers' particular research questions may be essential for choosing an assessment instrument. Assessments for relationship behavior include the Couple Relationship Skills Inventory (CRSI, Adler-Baeder et al., 2022), the Communication Patterns Questionnaire (Crenshaw et al., 2017), and the Couple Management Scale (Mannarini et al., 2017). As previously mentioned, the dataset I used in Chapters 2 and 3 had measures of relationship behavior, including the CRSI; however, because the dataset did not contain comparable information on participants' financial behavior, the inclusion of relational and financial behavior was beyond the scope of the present study.

Additionally, because Bandura's (1977) theory of self-efficacy and CFT (Archuleta, 2013; Archuleta & Burr, 2015) both suggest that changes in behavior would lead to changes in well-being over time, future research could consider assessing self-efficacy, behavior, and well-being across domains over time. It would be expected that increases in self-efficacy would lead to improved behavior, which would then lead to better well-being. Because self-efficacy is informed by past experiences as well as how those experiences are cognitively framed, the new "past experiences" created by improvements in behavior, coupled with the positive cognitive bias resulting from improved well-being (Rickard & Vella-Brodrick, 2014), would lead to

greater self-efficacy. Thus, improvements in self-efficacy could theoretically create a cycle of improved behavior, well-being, and self-efficacy over time. However, to more thoroughly explore CFT, research may also want to examine how such processes may occur between partners as well as within- and across relational and financial domains.

Finally, two adjustments could be made to improve generalizability. First, these studies excluded unmarried couples from the final analytic sample in order to presume a level of financial integration between partners (an integral component of CFT), thereby limiting the ability to apply findings to the broader public. Future research could assess couples' level of financial integration (e.g., shared bank accounts, household expenses), thereby allowing future research to expand the types of couples being examined, such as including unmarried but cohabiting couples, who tend to integrate their finances at least partially (Pepin, 2022). It could also enable researchers to analyze how couples' relational and financial dynamics may vary in relation to their level of financial integration,

Second, future research could recruit a pool of respondents with a significant portion of non-different-sex couples (e.g., same sex couples, couples wherein one or both partners identify as neither male nor female). There is no research, to my knowledge, regarding same-sex ADHD couple relationships. Research exploring associations between ADHD and individuals' gender identity or sexual orientation are limited both in number and in generalizability (Young et al., 2023), which hinders the ability to examine how ADHD symptoms may affect couple dynamics irrespective of stereotypical gender roles. Research regarding non-heterosexual relationships and couple finances are slightly more numerous, but largely focus on objective indicators of financial well-being (e.g., income, Martell & Nash, 2020; Schneebaum & Badgett, 2019), same-sex couples' financial power dynamics (Burns et al., 2008), and tendency toward financial

integration (e.g., Burgoyne et al., 2011; Klawitter, 2008). There is, in my estimation, insufficient research to infer whether associations between ADHD symptoms, self-efficacy, and well-being across relational and financial domains would be the same between different-sex and non-different-sex couples. However, these couples do exist, and researchers and practitioners alike may desire to recognize any unique needs or dynamics as they support their relational and financial well-being.

Implications for Practice

Financial professionals (e.g., financial planners and counselors), mental health professionals (e.g., couple therapists), and financial therapists likely work with couples with high levels of ADHD symptoms. As such, practitioners are well-positioned to support the financial and relational well-being of these clients. However, in order to discuss implications for practice, it is essential to acknowledge that these practitioners operate within their home disciplines that have unique scopes of practice determined by codes of ethics, state and federal regulations, and/or industry norms. As such, many practitioners perceive their scope of practice to be limited to one domain and thus feel hesitant to engage with client concerns or characteristics outside that domain. In truth, should a couples' presenting issue be clearly outside the practitioners' home discipline, the ethical approach would be to refer the couple to the appropriate source of support (e.g., a financial professional should not engage in premarital counseling, nor should a mental health professional provide investment advice). However, because the findings of my dissertation highlight the negative effects of ADHD on relational and financial well-being as well as the mediating role of self-efficacy, practitioners may want to pay close attention to indications that clients experience low self-efficacy. They could do so by attuning to information outside their home discipline and making appropriate adjustments to how they work with their

clients. Additionally, when working with clients individually, they could attune to information regarding their clients' partners or encourage them to bring their partners to future meetings.

Financial professionals may expand the amount and type of client information they collect at intake beyond what is typically gathered (e.g. family structure, income, net worth; Durband et al., 2019). Though the results of this dissertation as well as previous research indicate clear evidence of associations between ADHD and financial well-being, gathering information about clients' mental health would be a significant deviation from industry norms (e.g., Durband et al., 2019; Grable et al., 2022). I suggest that financial professionals interested in improving their support of ADHD clients may want to refer to Grable et al. (2022), who recommend that financial professionals understand clients' 1) temperaments and personality types, 2) beliefs, attitudes, values, and behaviors, 3) financial experience and knowledge, and 4) socioeconomic characteristics. If possible, gathering this information from both partners in a couple relationship would be ideal. Financial professionals could ask about clients' financial self-efficacy by inquiring about clients' beliefs in their ability to engage in positive financial behavior ("beliefs" and "behaviors") over time. They could also inquire about ways ADHD commonly affects finances, such as awareness of when bills are due ("financial knowledge, Koerts et al., 2023) and impulsive spending (Bangma et al., 2020). Clients may share about their own and their partners' temperament or personality type when discussing their work history, and financial professionals can listen for the frequency of job changes as a potential indicator of ADHD symptoms (Beauchaine et al., 2017). By attuning to details such as these, financial professionals may be better able to tailor recommendations to their clients' needs.

Mental health professionals, on the other hand, may feel themselves hesitant to engage with the topic of financial behavior and well-being in the therapy space. This may be in part due

to a higher likelihood of being personally "money avoidant" (as compared to financial professionals, Klontz & Britt, 2012). It may also relate to interpretations of scope of practice that vary by designation (e.g., marriage and family therapist, social worker, counselor) and state. For example, in some states the scope of practice may be limited to diagnosing and treating mental health disorders that are listed in the DSM-5 (e.g. marriage and family therapists in Kansas; Marriage and Family Therapists Licensure Act, 2023), leading therapists to avoid issues that are not immediately related to a mental health diagnosis. Despite clear ties between relational and financial well-being (e.g., Grable et al., 2007), mental health professionals can tend to refrain from asking about "money issues." I suggest that there are multiple ways to assess for relevant information while staying within an appropriate scope of practice. First, mental health professionals may ask about clients' subjective reports of financial anxiety (e.g., Lee et al., 2023) or distress (e.g., the InCharge Financial Distress Scale, Prawitz et al., 2006), and, if working with couples, their couple financial conflict (Couple Financial Conflict Scale, Ford et al., in press). Second, should mental health professionals notice symptoms of ADHD in their clients, they could follow up with questions regarding how their ADHD symptoms affect domain-specific self-efficacy, tasks, and outcomes – and include the financial domain as an area of assessment. Mental health professionals who are willing and able to provide couple therapy services may extend invitations to work with the couple together if appropriate and relevant to their clients' presenting issues. Though mental health professionals may not be willing or able to provide tangible financial advice (e.g., cash flow recommendations) to clients, they may recognize clients' impairments and support their clients in accessing appropriate resources or referrals.

Another key take-away from this dissertation for practitioners, regardless of home discipline, was the finding that the well-being of individuals and their partners can be affected by

ADHD through individuals' own self-efficacy. Thus, efforts to support the well-being of couples with ADHD would be better optimized by offering targeted support to partners with low self-efficacy. However, individuals with low self-efficacy may not initially attend or persist in attending meetings with helping professionals (Selzler et al., 2019), even if their partners attend. When they do attend, they may be less likely to be engaged in the process (Selzler et al., 2019). Thus, practitioners should pay close attention to their processes when beginning work with couples. Split alliances, or when members of a couple differ in their views of the process and the professional (Pinsof & Catherall, 1986), can undermine the likelihood of positive results (Friedlander et al., 2019). To counteract the phenomenon of split alliances in initial couple intake sessions, Janusz et al. (2021) suggest that professionals focus on connecting equally with each member of the couple. They also recommend that professionals treat the couple as a single unit. One example of treating the couple as a single unit would be hearing and integrating each partner's goals for the professional process or their well-being into a cohesive couple-level goal ("The two of you would like to feel more secure and satisfied in your relationship" or "It sounds like having sufficient retirement savings without sacrificing family time now is a goal you share").

Another aspect of my dissertation relevant to practitioners is that self-efficacy is a key mechanism through which ADHD affects relational and financial well-being. This finding allows practitioners to tie into research supporting the use of two modalities that are utilized related to finances (Archuleta et al., 2015; Nabeshima & Klontz, 2015) and relationships (Smith et al., 2016; Wymbs & Molina, 2015): solution-focused questioning and cognitive-behavioral approaches. Each of these has been demonstrated to be effective with clients with ADHD (Karakaya & Ozgur, 2019; Young et al., 2020). A central component of solution-focused

questioning is the view that the current problem is not always a problem (Archuleta et al., 2015). The process of solution-focused questioning enhances clients' sense of personal agency, helps clients recognize past positive experiences and current or future resources, supports clients in brainstorming possible obstacles and solutions, and cheering on efforts in an iterative fashion (Karakaya & Ozgur, 2019). In fact, practitioners could draw upon the methods of solution-focused questioning in their meetings with clients. An example of this could be asking clients about how they prefer to interact with information, then utilizing that approach in session. Many people with ADHD function better when information is presented sequentially and visually (Melgar et al., 2021), thus professionals could make use of whiteboards or index cards on a table. If working with couples, presenting information in a way that is helpful to the partner with lower self-efficacy can help the couple engage more actively in the topic together. My own clinical experience has taught me that offering the use of whiteboards to my clients by handing them the marker can help them in organizing their thoughts and feelings in session. This approach may also be helpful because it reduces the tax on working memory, which is a form of executive functioning that is impacted by ADHD (Barkley, 2022). Further, practitioners may encourage clients to make more expansive use of types of resources they find engaging (e.g., videos, podcasts) providing the resources contain reputable information. The process of solution-focused questioning, in general, helps clients shift from feeling "stuck" to feeling capable. I would recommend that all professionals consider how they could use the style of solution-focused questioning in how they interact with clients, especially those who show indications of ADHD.

Cognitive-behavioral approaches, on the other hand, work by helping clients recognize how clients' beliefs lead them to react to circumstances or events in maladaptive ways (Beck, 2011). An example of this could be when someone with ADHD receives an overdue bill notice.

Such an event may trigger a negative thought or feeling related to a core belief of, “I’m just bad with money,” thereby leading to poorer financial behaviors in the future. Mental health professionals can choose to address the core belief during the treatment process. However, as Klontz et al. (2015) note, financial professionals would simply acknowledge the presence of clients’ beliefs, supporting clients’ coping efforts, and helping clients develop strategies to improve their well-being. One tool that can be useful for recognizing clients’ money-related beliefs is the Klontz Money Script Inventory (Klontz et al., 2011), which can be used by mental health and financial professionals. As mentioned previously, however, should clients’ concerns be specifically related to their couple relationship, the use of solution-focused questioning or cognitive-behavioral approaches by financial professionals would not be advised. Instead, practitioners of any discipline could support the well-being of ADHD couples through maintaining a list of recommended resources or referrals. Examples could include financial literacy programs, psychoeducational couples’ relationship enrichment programs, videos, podcast episodes, articles, and books. Moreover, practitioners may elect to refer clients to reputable financial or mental health professionals who may be better equipped to assist the clients with the issue at hand.

Conclusion

This dissertation has highlighted not only connections between ADHD, relationships, and finances for couples, but also the essential role individual self-efficacy can play. Overall, these results suggest that ADHD can affect individuals’ and their partners’ relational and financial well-being through individual self-efficacy. Future research may build upon the initial findings of these studies to explore how such associations may vary by demographic characteristics and across time. Still, practitioners (e.g., financial and mental health professionals) may already

glean useful insights that support the integration of existing techniques (e.g., solution-focused questioning and cognitive behavioral approaches) as they improve their efforts to support the well-being of ADHD couples.

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