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A PARENT'S PERSPECTIVE OF LIVING WITH A CHILD WITH ADHD

Attention deficit hyperactivity disorder (ADHD) brings challenges for the whole family, not just the child or children diagnosed with the disorder. The core symptoms of ADHD are inattention, hyperactivity, and impulsivity, characterised by fidgeting; difficulty paying attention, being easily distracted; always in motion, as if being driven by a motor; and difficulty controlling impulses which can lead to interrupting conversations and excessive talking.

Before our son was diagnosed with ADHD, we spent years at breaking point, emotionally and physically, tired from the constant demands and physicality of living with a child who ignored our requests, was always in motion, and impulsively reacting to internal desires and his external environment. We experienced feelings of insecurity as parents, questioning our parenting techniques. Were we being too hard in giving out consequences, or were we giving in to demands being made because of the screaming and shouting from our son when he didn't get his own way or pay attention to the instructions given. Both our sons experienced negative parenting more than positive and supportive parenting from us because

of the intense and disruptive emotions swirling around.

Our eldest son experienced bullying when playing with his younger brother; simple games could lead to him being hit repeatedly because of a perceived offence, an apology not timeously given, or pain caused through an accident. He also received numerous consequences from us for irritating or distracting his younger brother when we needed focus and attention, especially in moments of pressure to get to school, appointments, or even to sit down at the dinner table just so that dinner could finish within an hour.

As parents our ability to communicate with each other regressed as we became accusatory and judgemental towards one another. We saw in each other the parent we didn't want to be. We found ourselves arguing over our parenting more than partnering together to get the best results for the family, especially in the stressful moments of trying to communicate with our son when he wasn't listening to instructions or was behaving in an inappropriate manner.

As a family we found ourselves isolated, not wanting to attend events or meet up with friends just in case there was an incident, and our son

threw a 'tantrum', which was how we viewed his behaviour at the time. We noticed that there were issues within his class at school where he was being isolated, and negative and disruptive behaviour was being highlighted by his classmates. We were called into meetings with the principal and teacher to discuss his oppositional behaviour, inability to sit still, and walking out of the classroom when he desired.

In April 2022 we were given a pamphlet on the indicators of ADHD and our son ticked almost all the boxes. We felt the enormity of the potential diagnosis and yet have never experienced such relief. Finally, we understood what our son was experiencing and had something we could work with, in managing his behaviour; and towards, in getting him the help he needed. The process took some time and due to his age, the doctors were not comfortable to initiate medication until he was six years old. Diagnosing a child younger than six years old is more complicated due to the developmental changes that are happening as well as limited attention span.

We decided to approach the diagnosis through more

comprehensive evaluations by experienced professionals in the field. We had him assessed by an educational psychologist and had psychometric testing done to determine whether he presented with any other cognitive difficulties. He attended occupational therapy sessions weekly, which helped him with emotional regulation and sensory integration.

Throughout this process we researched various medical treatment options for ADHD. We worked with the school on how to manage his behaviour there, with the help of his occupational therapist. With all the research and with the input from various medical practitioners and parents who are living with a child with ADHD our parenting techniques changed, and our understanding of ADHD grew. Initially, the stigma attached to children with ADHD concerned us, until we realised how prevalent ADHD is in South Africa. Throughout this process we experienced some strong opinions from various people related to the pros and cons of medication, diet, and parenting techniques.

While waiting and researching ADHD, and the effects of Ritalin, we had numerous and strong discussions between ourselves on whether we should give our son ADHD medication or not when he turned 6 years old. We had different opinions on the way forward, which was indicative of

public sentiment.

Our general practitioner was extremely helpful in the information and support he gave us throughout this process. After all the results from the psychometric testing reflected combined type for ADHD, he assisted with prescribing ADHD medication for our son when he turned six years old. Initially he prescribed a month's trial of medication, which gave us the opportunity to continue discussing and exploring our options. However, once we saw the improvement in our son's behaviour, we decided to continue with the medication, and at each stage that a higher dosage was required, there was a ten-day trial period at the increased dosage before continuing for a month. When it became clear that our son required a higher dosage than he was willing to prescribe, he suggested it would be best to see a psychiatrist who would then be able to assist with the correct dosage for ADHD and who could prescribe medication for the anxiety our son had been experiencing as well. This highlights the importance of a general practitioner's role in the process of managing our child's condition.

The improvement in our son and family since the beginning of this journey has been significant. He has gained the ability to better interact with other children socially and within the classroom, he pays closer attention in class to instructions given,

his academics and art has improved quite noticeably as he is able to focus for a longer period, and he is able to follow requests more effectively. Our family life has improved, the emotional turmoil has gone, and we have all learnt to work together to help him through the difficulties he still experiences due to ADHD and anxiety to bring about the best outcome in any given situation. He still struggles when the medication wears off and the anxiety is high, but with the help of continued occupational therapy and his weekly psychotherapy sessions he is learning how to manage his emotions and own expectations as well as learn self-awareness in the process. We have learnt ways to support him and have all learnt a better way of interacting during moments of disruptive behaviour.

ADHD is a disorder and can be treated. We acknowledge that this is how our son is wired and processes the information that he sees, hears, and feels, and recognise that the medication he receives helps him to focus and learn at school, interact with his peers, and regulate his emotions and thoughts. It is also important that, any parent who is living with a child with ADHD be equipped with the knowledge and understanding of their role in managing their child's difficulties.

References available on request. **MHM**

