

Understanding ADHD in a Joint Family Setting: A Case Study of Reyansh's Development, Challenges, and Interventions

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Abstract

The child in this study exhibits a combination of high Attention Deficit Hyperactivity Disorder (ADHD) and mild symptoms of Autism Spectrum Disorder. This case study examines ADHD in a seven-year-old student named Reyansh, who displays traits of inattention, hyperactivity, and impulsivity. His inattentive behaviors include difficulty sustaining focus, being easily distracted, disorganization, struggling to follow instructions, and forgetfulness. His hyperactive tendencies manifest as fidgeting, restlessness, excessive running or climbing, difficulty engaging in quiet activities, and a constant sense of being "on the go." His impulsivity is evident in impulsive decision-making, interrupting others, difficulty waiting for his turn, and blurting out answers.

This study highlights that there is no single known cause of ADHD; rather, several factors may trigger symptoms. These include environmental factors, stress, anxiety, poor sleep, an inadequate diet, tasks requiring sustained attention, overstimulation, and excessive technology use. By exploring Reyansh's case in detail, this study aims to shed light on the broader implications of ADHD and the need for comprehensive treatment approaches.

Keywords: ADHD, mild autism, joint family, lack of attention, feeling of being neglected.

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common mental disorders affecting children. Symptoms include inattention (difficulty keeping focus), hyperactivity (excess movement inappropriate for the setting), and impulsivity (hasty acts

without prior thought). ADHD is considered a chronic and debilitating disorder, impacting individuals in many aspects of their lives, including academic and professional achievements, interpersonal relationships, and daily functioning. If left untreated, ADHD can lead to poor self-esteem and social difficulties in children. Adults with ADHD may experience low self-worth, increased sensitivity to criticism, and heightened self-criticism, often stemming from a lifetime of receiving critical feedback.

An estimated 8.4% of children and 2.5% of adults have ADHD. The disorder is often first identified in school-aged children when it disrupts classroom behavior or schoolwork. ADHD is more commonly diagnosed in boys than girls due to differences in symptom presentation. Boys typically exhibit hyperactivity and externalizing behaviors, whereas girls tend to display inattentiveness.

Symptoms

Many children may struggle with sitting still, waiting their turn, paying attention, being fidgety, and acting impulsively. However, children with ADHD exhibit symptoms of hyperactivity, impulsivity, disorganization, and inattention that are significantly greater than expected for their age or developmental level. These symptoms cause significant distress and create problems at home, school, and in relationships. The symptoms are not due to defiance or a lack of understanding of tasks or instructions.

There are three main types of ADHD:

1. Predominantly inattentive presentation
2. Predominantly hyperactive/impulsive presentation
3. Combined presentation

A diagnosis is made based on the presence of persistent symptoms over a period of time, typically observed over six months. ADHD can be diagnosed at any age, though it begins in childhood. Symptoms must appear before the age of 12 and be present in multiple settings (e.g., home and school) to confirm the diagnosis.

Inattentive Type

Inattentiveness refers to difficulties with staying on task, focusing, and organizing activities. For a diagnosis of this type of ADHD, six (or five for individuals aged 17 and older) of the following symptoms must occur frequently:

- Fails to pay close attention to details or makes careless mistakes in school or work.
- Has trouble staying focused on tasks or activities.
- Appears not to listen when spoken to directly.
- Fails to follow through on instructions and does not complete tasks.
- Struggles with organization and time management.
- Avoids or dislikes tasks requiring sustained mental effort.
- Frequently loses items necessary for tasks.
- Is easily distracted by external stimuli.
- Often forgets daily tasks and responsibilities.

Hyperactive/Impulsive Type

Hyperactivity includes excessive movement, fidgeting, and difficulty staying still, while impulsivity refers to hasty decision-making and acting without considering consequences. For a diagnosis of this type of ADHD, six (or five for individuals aged 17 and older) of the following symptoms must occur frequently:

- Fidgets with hands or feet or squirms in seat.
- Cannot stay seated when expected.
- Runs or climbs in inappropriate situations.
- Has difficulty engaging in quiet activities.
- Appears to be constantly "on the go."
- Talks excessively.
- Blurts out answers before questions are completed.

- Struggles to wait for their turn.
- Interrupts or intrudes on others.

Combined Type

This type is diagnosed when criteria for both inattentive and hyperactive/impulsive types are met. ADHD is typically diagnosed by mental health providers or primary care physicians. A comprehensive evaluation includes symptom descriptions from patients, caregivers, and teachers, as well as psychiatric and medical history assessments. Sometimes, further psychological testing is recommended.

Several conditions can mimic ADHD, including learning disorders, mood disorders, anxiety, substance use, head injuries, and thyroid conditions. ADHD often coexists with conditions like oppositional defiant disorder, anxiety disorders, and learning disabilities. A thorough psychiatric evaluation is essential, as there are no specific blood tests or imaging studies for ADHD diagnosis.

Case of Reyansh

Reyansh, a seven-year-old boy from a joint family, has been experiencing various developmental and behavioral challenges.

Developmental History

Reyansh's motor milestones were attained appropriately for his age. However, his speech development was delayed. He started speaking at 3.5 years old, requiring speech therapy and schooling interventions. Initially, he could say single words by age two, but he later regressed. He has a strong memory for past events.

Family Pattern

Reyansh lives in a joint family. He plays with his cousin but exhibits excessive cuddling behavior, which continues despite being discouraged. He struggles with restlessness and inattention at home but improves with medication. His parents note that he has become less fearful. While he can use non-verbal communication, he struggles with pointing gestures.

School History

Initially, teachers had no complaints about Reyansh. However, he has recently become more mischievous and fights with classmates. His physical behavior has become aggressive, and his academic performance has deteriorated. His preschool academic performance was already below average.

Treatment History

Reyansh has been undergoing treatment at Brainwise for the past 1.5 months, showing signs of improvement.

Methodology

This case study utilizes a detailed approach to examining Reyansh's ADHD, focusing on his symptoms, family background, school experiences, and treatment history.

Data Collection

To ensure an accurate understanding of Reyansh's ADHD, multiple methods were employed, including:

1. Assessment – Parental psychological counseling, pharmacotherapy, school counseling for inclusive education, special education for pre-learning skills, behavior therapy, and parental training.
2. Behavioral Observations – Reyansh appears his stated age, maintains eye contact, but exhibits high distractibility. His motor behavior is restless, and his mood is generally cheerful but with low reactivity. He uses verbal communication but occasionally repeats words.

Diagnostic Tools

1. Behavior Assessment System for Children (BASC-3) – A comprehensive rating scale assessing children's emotions and behaviors.
2. BASC-3 Behavioral and Emotional Screening System (BESS) – A quick and systematic tool for identifying behavioral and emotional strengths and weaknesses in children.

By evaluating Reyansh's case, this study aims to contribute to a broader understanding of ADHD and the necessity of early intervention and tailored treatment plans.

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