

ŠKOLA JE NAJVEĆI IZAZOV I POTREBAN JE DRUKČIJI PRISTUP: ISKUSTVO ŠKOLOVANJA OSNOVNOŠKOLSKIH DJEČAKA S ADHD-OM IZ PERSPEKTIVE MAJKI 'SCHOOL IS THE BIGGEST CHALLENGE, AND A DIFFERENT APPROACH IS NEEDED': PERSPECTIVES OF MOTHERS OF BOYS WITH ADHD ON THEIR SONS' ELEMENTARY SCHOOL EXPERIENCES

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Sažetak: Posljednjih nekoliko desetljeća istraživanja kontinuirano potvrđuju da svakodnevni naponi roditelja djece s deficitom pažnje/hiperaktivnim poremećajem (ADHD) koje ulažu u podršku djeci pri školovanju, značajno iscrpljuju njihove vremenske, psihološke i emocionalne resurse. Jednako tako, istraživanja kvalitativne metodologije redovito otvaraju ovu temu kao važno područje obiteljske dinamike te osobnog doživljaja opterećenosti djeteta i roditelja. Stoga je cilj ovog istraživanja opisati iskustvo svakodnevne u obiteljima dječaka s ADHD-om u kontekstu školovanja, iz roditeljske perspektive. U istraživanju je proveden polustrukturirani intervju s 14 majki dječaka osnovnoškolske dobi kojima je dijagnosticiran ADHD, a uključeni su u redovan sustav obrazovanja. Tematskom analizom izdvojeno je pet tema: 1. Jutarnji stampedo: Pripremanje za odlazak u školu; 2. Mi prodišemo kad škola završi: Iskustvo sa školovanjem djeteta s ADHD-om; 3. Cjelodnevna škola: Pisanje domaće zadaće; 4. Ja ne vjerujem u sustav, nego vjerujem u ljude: Podrška djetetu s ADHD-om u školi; 5. Znam da moje dijete nije savršeno. Ni ne treba biti: Roditeljsko zastupanje djeteta s ADHD-om u školi. Rezultati ukazuju na roditeljsko primjećivanje znatnih izazova koje dijete ima u organizaciji i izvršavanju svakodnevnih školskih obveza, teškoće u razumijevanju simptoma ADHD-a koji se odražavaju na školski rad, izrazit roditeljski angažman u podršci djetetu pri izvršavanju školskih obveza te posljedično iskustvo stresa,

Abstract: Over the past few decades, number of studies have confirmed that the daily efforts invested by parents of children with attention deficit/hyperactivity disorder (ADHD) in order to support their children during schooling can significantly exhaust their time, as well as their psychological and emotional resources. Similarly, qualitative studies have consistently reported that this is an important area of family dynamics, emphasising the personal experiences of school burden among both children and their parents. Therefore, this study aimed to describe the everyday life experiences of the families of boys diagnosed with ADHD in the context of schooling. A semi-structured interview was conducted with 14 mothers of elementary school-aged boys who were diagnosed with ADHD and included in the regular education system. The thematic analysis identified five themes: 1. The Morning Stampede: Getting ready to leave for school; 2. We start breathing when the school is over: Experience with schooling a child with ADHD; 3. Full-day school: Doing homework; 4. I don't believe in the system, but in people: Support for a child with ADHD in school; 5. I know my child is not perfect. Nor should it be: Parental advocacy for a child with ADHD at school. The results indicated significant challenges in the context of organising and completing the child's everyday school and homework as a result of the symptoms of ADHD. Participants described the need for significant parental involvement in supporting the child and helping with the completion of

emocionalnu i fizičku iscrpljenost, zabrinutost za djetetovu budućnost, nužnost samoedukacije te osjećaj odgovornosti za zastupanje djeteta u školskom okruženju.

Ključne riječi: ADHD, roditeljstvo, izvršne funkcije, neurorazličnost, zastupanje

UVOD

Deficit pažnje/poremećaj hiperaktivnosti (u nastavku teksta: ADHD od engl. *Attention Deficit/Hyperactivity Disorder*) medicinski je naziv za neurorazvojni poremećaj samoregulacije koji je dominantno posljedica sporijeg sazrijevanja mozgovnih struktura zaduženih za izvršne funkcije i neadekvatnog metabolizma neurotransmitera (Barkley, 2015., DSM-5). Posljedični usporjeni razvoj samoregulacije djeteta očituje se u bihevioralnim područjima voljnog upravljanja pažnjom (hipo- ili hiperpažnja), pojačanoj tjelesnoj aktivnosti (hiperaktivnosti) i teškoćama u regulaciji ponašanja (impulzivnosti i socijalnom ponašanju). Ovi izazovi postaju posebno vidljivi s polaskom djeteta u školu, a istraživači dosljedno ukazuju na: (1) ograničeni kapacitet radnog pamćenja i kognitivnu tromost kako bi se pratila nastava i upute nastavnika te vodile bilješke tijekom školskog sata, (2) nefleksibilnu pažnju podložnu distrakcijama, u smislu teškoća pri usmjeravanju pažnje kako bi se započelo sa školskim zadatkom i održavanju pažnje kroz dulje vrijeme te dovršilo školski zadatak, zatim (3) nerazvijene organizacijske sposobnosti i slabija orijentiranost u vremenu potrebnom za organiziranje školskog pribora i planiranje vremena za učenje, kao i (4) reguliranje motoričkog nemira (npr. teškoće pri mirnom sjedenju za vrijeme nastave), (5) impulzivnom ponašanju (motoričkom, emocionalnom, verbalnom) te prilagođavanju socijalnim zahtjevima u školi (dosReis, Barksdale, Sherman, Maloney i Charach, 2010; Katusic i sur., 2011; Taanila i sur. 2014; Tamm i sur., 2016). Posljedično se navedeni simptomi ADHD-a, ali i osobito manjkavosti u sustavu podrške odražavaju na slabije obrazovno postignuće u odnosu na kognitivne kapacitete djeteta te nižu srednju vrijednost školskih ocjena od njihovih neurotipičnih vršnjaka (Taanila i sur., 2014; Arnold, Hodgkins, Kahle, Madhoo, & Kewley, 2020).

school-related duties. Furthermore, they highlighted the stress, emotional, and physical exhaustion experienced, their concern for the child's future, as well as the necessity for parental self-education and assumed responsibility for advocating for the child in the school environment.

Keywords: ADHD, parenting, executive functions, neurodiversity, advocacy

INTRODUCTION

Attention deficit/hyperactivity disorder (ADHD) is the medical term used to describe a neurodevelopmental disorder of self-regulation. It is predominantly a consequence of the slower maturation of brain structures responsible for executive functions, as well as inadequacies in neurotransmitter metabolism (Barkley, 2015; American Psychiatric Association [APA], 2022). Under-developed self-regulation manifests itself in the areas of attention regulation (hypo- or hyperfocus), increased physical activity (hyperactivity), and behaviour regulation (impulsivity and social behaviour). These challenges become particularly visible as the child enters school, and previous research has consistently pointed to: (1) limited working memory capacity and sluggish cognitive tempo (SCT), which makes it difficult to follow the lecture and teacher's instructions, as well as take notes during school hours, (2) inflexible attention susceptible to distractions, difficulties in directing attention in order to engage in a school task, difficulties in maintaining attention for a longer time period and completing a school task, (3) underdeveloped organisational skills and weaker time orientation in order to be able to organise school materials and plan time for studying, as well as (4) difficulties in regulating motor restlessness (e.g., sitting still during classes), (5) impulsive behaviour (motor, emotional, verbal) and difficulties in adapting to social demands at school (dosReis, Barksdale, Sherman, Maloney & Charach A, 2010; Katusic et al., 2011; Taanila et al. 2014; Tamm et al., 2016). As a result, the above-mentioned ADHD symptoms, along with deficiencies in the social support system, are reflected in poorer academic achievement in relation to the child's cognitive capacities and lower mean value of school grades than their neurotypical peers (Taanila et al., 2014; Arnold, Hodgkins, Kahle, Madhoo & Kewley, 2020).

ADHD kao oblik neurorazličitosti pripada skupini „nevidljivih poteškoća“ koje su i dalje podložne društvenom nerazumijevanju, predrasudama, diskriminaciji i stigmi, a javljaju se zbog društvenog nepoznavanja i nerazumijevanja uzroka djetetovog ponašanja, odnosno pripisivanja takvog ponašanja pretjerano popustljivom odgoju (Mueller, Fuermaier, Koerts & Tucha 2012; Lebowitz, 2016; Bisset i sur., 2022). Posljednjih trideset godina cijeli niz istraživanja potvrđuje da se roditelji djece s ADHD-om svakodnevno suočavaju s teretom značajnih izazova u odgoju, ali i vlastitim emocionalnim opterećenjem (frustracijom, iscrpljenošću, depresijom, osjećajem krivnje i samoprijedora, trajnom zabrinutošću za budućnost djeteta), obiteljskim nerazumijevanjem i međupartnerskim sukobima te manjkom podrške od strane stručnjaka, obitelji ili zajednice (Cosser, 2005; Hallberg, Klingberg, Reichenberg & Möller, 2008; Joseph, Khetarpal, Wilson, & Molina, 2022), koji značajno iscrpljuju njihove resurse.

Metaanaliza koju su proveli Theule, Wiener, Rogers i Marton (2011) potvrđuje da roditelji dječaka s ADHD-om doživljavaju više roditeljskog stresa nego roditelji nekliničkih kontrolnih skupina te da je ozbiljnost simptoma ADHD-a povezana s roditeljskim stresom. Jednako tako, pri usporedbi s roditeljima djece tipičnog razvoja, roditelji djece s ADHD-om imaju osjećaj slabije roditeljske kompetencije i održavanja reda u domaćinstvu, smanjeno zadovoljstvo u braku i narušeno mentalno zdravlje, što značajno snižava njihovu kvalitetu života (Perez Algorta i sur., 2018; Schiltz i sur., 2022; Ben-Naim, Gill, Laslo-Roth & Einav, 2019; Martin, Papadopoulos, Chellew, Rinehart & Sciberras, 2019; Zhao i sur., 2019; Piscitello i sur., 2022.) McDougall, Hay i Bennett (2006) objašnjavaju kako su odgoj i briga za dijete s ADHD-om naročito stresni zbog konstantnog nadzora koji je nužan nad ovom djecom, brige za sigurnost djeteta, otežane komunikacije zbog manjka pozornosti koju je dijete u stanju obraćati na roditeljske upute i pozive, impulzivnog ponašanja (fizičkog, emocionalnog i kognitivnog) zbog kojeg je dijete sklono djelovati bez razmišljanja, pretjerano emocionalno reagirati te

ADHD, as a form of neurodiversity, belongs to a group of “invisible disabilities” that are susceptible to social misunderstanding, prejudice, discrimination, and stigma, especially due to social insensitivity and lack of understanding regarding the causes of the child’s behaviour, i.e., attributing such behaviour to an overly indulgent upbringing (Mueller, Fuermaier, Koerts & Tucha 2012; Lebowitz, 2016; Bisset et al., 2022). In a series of studies conducted over the past thirty years, parents of children with ADHD have reported facing significant challenges in parenting, a substantial emotional burden (frustration, exhaustion, depression, feelings of guilt and self-blame, constant worry for the child’s future), family misunderstandings and inter-partner conflicts, as well as a lack of support from professionals, extended family, or the community (Cosser, 2005; Hallberg, Klingberg, Reichenberg & Möller, 2008), all of which poses daily burdens and significantly depletes their resources.

A meta-analysis conducted by Theule, Wiener, Rogers & Marton (2011) confirmed that parents of boys with ADHD experience more parental stress than parents in non-clinical control groups, and that the severity of ADHD symptoms is associated with parental stress. Similarly, compared to parents of typically developing children, parents of children with ADHD reported feeling less parental competence and ability to maintain household order, as well as reduced marital satisfaction and impaired mental health, which consequently significantly reduces their quality of life (Perez Algorta et al., 2018; Schiltz et al., 2022; Ben-Naim, Gill, Laslo-Roth & Einav, 2019; Martin, Papadopoulos, Chellew, Rinehart & Sciberras, 2019; Zhao et al., 2019; Piscitello et al., 2022). McDougall Hay & Bennett (2006) explained how raising and caring for a child with ADHD can be particularly stressful due to the constant supervision that is necessary for these children, the heightened concern for the child’s safety, difficulties in communication with the child due to their dysregulated attention (especially paying attention to parental instructions), as well as difficulties in handling the impulsive behaviour of the child (physical, emotional and cognitive), where the child tends to

izražavati necenzurirane verbalne opaske. U istraživanju na velikom uzorku od 1600 roditelja djece s ADHD-om (Montes i Montes, 2021) o njihovoj uključenosti u obrazovanje djeteta u usporedbi s drugom roditeljima, zaključili su da je vjerojatnije da će roditelji djece s ADHD-om ulagati više vremena u komunikaciju o školi i o problemima u ponašanju, u poučavanje djeteta vještinama upravljanja vremenom te provjeravanje i pomaganje djetetu sa zadaćom.

Istraživanja koja primjenjuju kvalitativnu metodologiju opisuju osobna iskustva roditeljstva djece s ADHD-om, a školovanje djeteta pojavljuje se kao tema u većini istraživanja. Primjerice, autorice Harazni i Alkaissi (2016) razgovarale su s majkama djece s ADHD-om i njihovim učiteljima te izvješćuju da su majke psihološki i emocionalno opterećene cijelo vrijeme školovanja djeteta i svakodnevnom brigom za obitelj i domaćinstvo te da ne dobivaju primjerenu podršku (supružnika, šire obitelji, škole i društva općenito). Jednako tako ovaj rad ističe da ni učitelji nisu dovoljno educirani o ADHD-u te im manjka resursa i podrške. U fenomenološkom istraživanju životnog iskustva roditelja djece s ADHD-om, Long (2022) je opisala koliko je školovanje djeteta važno za svakodnevnu obiteljsku dinamiku, kroz čak dvije teme koje su se bavile *strategijama za pomoć djetetu pri učenju* te važnosti *partnerstva škole i obitelji*.

Unatoč eksponencijalnom rastu istraživanja koja se provode u svijetu, a koja uključuju osobe s ADHD-om, njihove članove obitelji te nastavnike, u Hrvatskoj su takva istraživanja iznimno rijetka. U literaturi ne nailazimo na podatke o točnoj prevalenciji ADHD-a u Hrvatskoj (ni dječaka/mladića, a još manje djevojčica, djevojaka i žena), ne znamo kako izgleda svakodnevica ovih obitelji i s kojim se izazovima suočavaju roditelji, posebno u kontekstu školovanja svoje djece, za koje sva istraživanja naglašavaju koliko je izazovno i opterećeno stresom za dijete i cijelu obitelj. S obzirom na važnost obrazovanja za dugoročne životne ishode, vrijedno je istražiti upravo ovo područje svakodnevnog života. Dodatno je nužno istaknuti da je u Hrvatskoj farmakološka terapija kao oblik tretmana za ADHD rijetko metoda izbora i najče-

act without thinking, reacts with excessive emotions, and expresses uncensored verbal remarks. In a large-scale study involving 1,600 parents of children with ADHD, Montes and Montes (2021) concluded that parents of children with ADHD are likely to invest more time in communicating about school and behaviour problems, as well as in teaching their child time management skills, and checking and assisting with homework more than other parents.

Qualitative research studies describing the personal experiences of parenting children with ADHD have highlighted that the child's education appears as a recurrent theme. For example, Harazni and Alkaissi (2016) interviewed mothers of children with ADHD and their teachers, and reported that mothers are psychologically and emotionally burdened throughout the child's schooling with activities related to the daily care of the family and household and that they do not receive adequate support (from spouse, extended family, school, or society in general). This paper also pointed out that even the teachers are not sufficiently educated about ADHD and they themselves lack the necessary support and resources. In a phenomenological study of the life experiences of parents of children with ADHD, Long (2022) described how important a child's schooling is for everyday family dynamics and presented the data via the following themes: *strategies to assist the child with learning* and the *importance of school-family partnership*.

Despite the exponential growth in global research on this subject, including people with ADHD, their family members, and teachers, such research is extremely rare in Croatia. So far, there is little or no reference in the literature on the exact prevalence of ADHD in Croatia (in boys/young men, and even less in girls, adolescent/young women). Moreover, there is no data on what the daily life of these families looks like and what challenges the parents face, especially in the context of their children's education, despite the fact that research emphasizes how challenging and stressful it is for the child with ADHD and their entire family. Given the importance of education for long-term life outcomes, it is worth exploring this area of everyday life. Fur-

šće je opterećena nedostupnošću i predrasudama, iako metaanalize ukazuju na zaštitni učinak lijekova (kao dijela sveobuhvatnog, multimodalnog tretmana) na akademski uspjeh¹ (Boland i sur., 2020). Iako je poznato da dugoročna prognoza kvalitete života osobe s ADHD-om ovisi o pruženoj društvenoj i institucionalnoj podršci djetetu i obitelji (Ramos-Olazagasti, Castellanos, Mannuzza, & Klein, 2018), ne znamo u kojim je područjima ovim obiteljima u Hrvatskoj podrška potrebna te dobivaju li je u odgovarajućoj mjeri. Jedno od rijetkih istraživanja na hrvatskom jeziku koje su provele Baftiri i Osmančević Katkić (2016) ukazuje na neophodnost podrške i pomoći roditeljima neurorazličite djece, važnost dostupnosti i umrežavanja socijalnih, zdravstvenih i obrazovnih sustava, kao i kontinuirane podrške navedenih sustava, kako bi se smanjio roditeljski stres i olakšalo njihovo svakodnevno funkcioniranje.

CILJEVI ISTRAŽIVANJA

Cilj je ovog rada istražiti i opisati iskustvo svakodnevice u obiteljima dječaka s ADHD-om u kontekstu školovanja. U skladu s ciljem, oblikovana su sljedeća istraživačka pitanja: (a) Kako roditelji opisuju i doživljavaju aktivnosti koje se odvijaju kod kuće, a vezane su za školovanje djeteta (pripremu za odlazak u školu, školske obveze koje se odrađuju kod kuće); (b) Kako roditelji opisuju i doživljavaju djetetovo funkcioniranje u školi; (c) Kako roditelji opisuju podršku koju dijete dobiva u školi i kod kuće, vezano uz školske obveze.

METODOLOGIJA

Sudionici istraživanja

U istraživanje je uključen namjeran uzorak sudionika, roditelja dječaka s dijagnozom ADHD poremećaja. Prilikom odabira obitelji identificiran je kriterijski član, u ovom slučaju dječak kronološke dobi od osam do 11 godina s dijagnozom

thermore, in Croatia, pharmacological therapy as a form of treatment for ADHD is rarely the method of choice and is most often burdened by unavailability and prejudices, despite the fact that meta-analyses indicate the protective effect of medications (as part of a comprehensive, multimodal treatment) on academic success¹ (Boland et al., 2020). Although it is known that the long-term prognosis of the quality of life of a person with ADHD depends on social and institutional support provided to the children and their family (Ramos-Olazagasti, Castellanos, Mannuzza, & Klein, 2018), we lack information on the specific areas in which these families from Croatia require support and whether they receive it to an appropriate extent. One of the rare studies in the Croatian language, conducted by Baftiri and Osmančević Katkić (2017), highlighted the need to help and support parents of neurodiverse children, as well as the importance of the availability and networking of the social, health, and educational systems (including the continuous support of those systems) in order to reduce parental stress and relieve their daily burden.

RESEARCH OBJECTIVES

This study aimed to investigate and describe the everyday life experiences of the families of boys with ADHD in the context of schooling. Based on the objectives, the following research questions were formulated: (a) How do parents describe their experiences with educational/school-related activities of the child that are carried out at home (preparation for going to school, school duties that are done at home)?; (b) How do parents describe their child's functioning at school?; and (c) How do parents describe the support their child receives at school and at home, in the context of school obligations?

METHODOLOGY

Research participants

This study included a purposeful sample of participants, i.e., parents of boys diagnosed with ADHD.

¹ Osim na akademski uspjeh, metaanaliza ukazuje na snažan zaštitni učinak medikamentoznog liječenja ADHD-a na prevenciju nesreća i ozljeda te zaštitu mentalnog zdravlja.

¹ In addition to academic success, the meta-analysis indicated a strong protective effect of medication treatment of ADHD on the prevention of accidents and injuries, as well as the protection of mental health.

ADHD-a koju je postavio liječnik psihijatar ili klinički psiholog, a roditelji posjeduju dokument koji to dokazuje. Odluka o dobnim i rodnim kriterijima donesena je zbog učestalijeg dijagnosticiranja dječaka, najčešće u nižim razredima osnovne škole, a pri postavljanju kriterija željelo se izbjeći preklapanje simptoma ADHD-a s ponašanjem koje se pojavljuje u pubertetu. Stoga je odabran dobní raspon koji uključuje navedena dva kriterija - ranije dijagnosticiranje dječaka i prepubertetsku dob. Rodna pristranost bila je namjerna, jer se djevojčice (ako uopće) dijagnosticiraju kasnije, često tek u adolescenciji ili odrasloj dobi (Dakwar i sur., 2014) te imaju više internalizirane simptome koji su teže uočljivi (Fratlicelli i sur., 2022). U ovom istraživanju djeca sudjelujućih roditelja uključena su u redovan sustav obrazovanja, a nijedno dijete ne prima farmakološku terapiju za tretman ADHD-a.

U istraživanju je ukupno sudjelovalo 17 roditelja iz 14 obitelji, od toga 14 majki i tri oca. U svrhu homogenizacije uzorka u ovaj rukopis uključeni su samo rezultati dobiveni od majki koje se smatraju sudionicama ovog istraživanja. Svi sudionici žive na području grada Zagreba. Raspon dobi majki kreće se od 28 do 50 godina. Većinom imaju srednjoškolsko obrazovanje; pet je majki visokoobrazovano. U većini obitelji prisutna su oba roditelja; dvije majke žive u drugom stabilnom braku, jedna je majka samohrana. U trima obiteljima dijete je jedinac, u sedam je obitelji dvoje djece, dok je u četiri obitelji troje i više djece.

Postupak provedbe istraživanja

S obzirom na manjak istraživanja iskustva roditeljstva ove skupine roditelja, primjereno je primijeniti kvalitativan istraživački nacrt. U ovom se istraživanju željelo dobiti dublji uvid u doživljeno iskustvo svakodnevnog života roditelja djeteta s ADHD-om, stoga je primijenjen polustrukturirani intervju koji podrazumijeva pristup sudionicima kao iskustvenim ekspertima o temi i stoga im je nužno omogućiti i prepustiti *pričanje vlastite priče* (Smith i Osborn, 2008).

When selecting the family, a criterion member was identified; in this case, a boy, aged 8 to 11 years, who had been diagnosed with ADHD by a psychiatrist or clinical psychologist and had the valid documentation to confirm the diagnosis. Age and gender were considered as defining criteria for the inclusion of participants since there is a higher frequency of boys diagnosed with ADHD, with most of them being diagnosed in the early grades of elementary school; in addition, we wanted to be able to distinguish between ADHD symptoms and behaviour that could appear in puberty. Therefore, an age range was chosen that included these two criteria - early diagnosis of boys and pre-puberty age. The gender bias was intentional, because girls are diagnosed later (if at all), often only in adolescence or adulthood (Dakwar et al., 2014), and they have more internalised symptoms that are harder to notice (Fratlicelli et al., 2022). In the present study, the children of the participating parents were included in the regular education system and none of them had received pharmacological therapy for the treatment of ADHD.

A total of 17 parents from 14 families volunteered to participate in this research study, including 14 mothers and 3 fathers. In order to homogenise the sample, only the results obtained from the mothers were included in this manuscript and they are considered as participants in this research study. All participants live in the city of Zagreb in Croatia. The age range of the mothers falls between 28 to 50 years. Most of them had a high school education; 5 mothers were highly educated. In most families, both parents were present; two mothers lived in a second stable marriage and one mother was a single parent. In three families, the child with ADHD was an only child, in seven families, there were two children, and in four families, there were three or more children.

Research implementation procedure

Given the lack of research on the parenting experiences of this group of parents, it is appropriate to apply a qualitative research design. In the present study, a deeper insight into the daily life experiences of the parents of a child with ADHD was sought, therefore, a semi-structured interview was selected as a data gathering method. This implies

Roditeljima (obiteljima) se pristupilo preko stručnih suradnika u osnovnim školama grada Zagreba. Svakoj školi izravno je upućen poziv na sudjelovanje u istraživanju putem elektronske pošte na službene adrese osnovnih škola u gradu Zagrebu. Škole su odabrane nasumično sa službenog popisa škola grada Zagreba, pazeći na podjednaku zastupljenost redovnih osnovnih škola u različitim dijelovima grada. U konačnici, s obzirom na ograničene resurse ovog istraživanja, poziv je upućen ravnateljima i stručnoj službi 30 škola, što čini 35 % ukupnog broja osnovnih škola grada Zagreba, a odazvalo se ukupno 10 škola. Stručni suradnici (psiholog, logoped ili socijalni pedagog) kontaktirali su roditelje čija su djeca zadovoljavala kriterije uključivanja u uzorak te im prosljedili tekst informiranog pristanka. Ako su roditelji pristali na sudjelovanje, stručni suradnici prosljedili su istraživačici podatke o kontaktu za dogovor o susretu s roditeljem. Postupak istraživanja proveden je u skladu s preporukama Cridland, Jones, Caputi i Magee (2015). Prije započinjanja prikupljanja podataka, dobivena je suglasnost za provedbu istraživanja nadležnog etičkog povjerenstva Sveučilišta u Zagrebu.

Protokol intervjua pripremljen je unaprijed s otvorenim pitanjima usmjerenim na svakodnevno iskustvo sudionika. Intervju s roditeljem/ima proveden je na mjestu koje je najviše odgovaralo sudionicima, najčešće u prostoru mirnog, lokalnog ugostiteljskog objekta prema odabiru sudionika. Jedan razgovor vodio se na radnom mjestu majke, dok su se dva razgovora vodila u obiteljskom domu. Razgovor s roditeljem trajao je u rasponu od 70 do 150 minuta (prosječno 120 minuta). Svi razgovori zabilježeni su digitalnim snimačem glasa (diktafonom), uz prethodnu (pisanu i usmenu) suglasnost sudionika. Nakon svakog intervjua, zabilježena su opažanja vezana za kontekst i proces intervjua.

an approach where the participants are considered to be *experiential experts* on the topic, and therefore, it is necessary to allow them to tell their own stories (Smith & Osborn, 2008).

Parents (families) were approached through professional associates in elementary schools in the city of Zagreb. Each school was directly invited to participate in the research study by e-mail that was sent to the official addresses of elementary schools in the City of Zagreb. The schools were selected randomly using the official list of schools in the city of Zagreb, while paying attention to the equal representation of regular elementary schools in different parts of the city. Ultimately, given the limited resources of this research project, the invitation was sent to the principals and professional services of 30 schools, which constitutes 35% of the total number of elementary schools in Zagreb. Finally, a total of 10 schools responded. School professionals (psychologist, speech therapist, or social pedagogue) contacted the parents whose children met the criteria for inclusion in the sample and forwarded them the necessary information regarding informed consent. If the parents agreed to participate, the professional associates forwarded their contact information to the researcher for the purpose of arranging a meeting with the parent. The research procedure was carried out following the recommendations of Cridland, Jones, Caputi and Magee (2015). Before the data was collected, approval for the research project was obtained from the Ethics Committee of the University of Zagreb.

The interview protocol was prepared in advance with open-ended questions focusing on the daily experience of the participants. The interview with the parent(s) was conducted in a place that was most convenient for the participants, i.e., a quiet, local catering facility of the participant's choice. One interview was conducted at the mother's workplace, while two interviews were conducted at the family home. The conversation with the parents lasted between 70 and 150 minutes (an average of 120 minutes). All conversations were recorded with a digital voice recorder, after obtaining prior (written and oral) consent of the participants. After each interview, observations related to the context and process of the interview were recorded.

Analiza podataka

Intervju i transkripciju provela je glavna istraživačica, a prilikom analize podataka sudjelovale su dvije neovisne stručnjakinje za kvalitativnu istraživačku metodologiju, koje nisu bile uključene u planiranje i prikupljanje podatka. Intervjui s roditeljima rezultirali su s 228 stranica prijepisa. Broj sudionika ograničen je sadržajnom saturacijom kodova kao posljedice kontinuirane transkripcije i analize podataka (Brod, Tesler i Christensen, 2009; Fusch i Ness, 2015; Guest, Namey & Chen, 2020). Prva saturacija zamijećena je iščitavanjem transkripta 6. intervjuja, sljedeća na 10. intervjuu. U 13. i 14. transkriptu ne pojavljuju se nove teme te je prikupljanje podataka okončano.

Podaci su obrađeni tematskom analizom prema Braun i Clarke (2006). Analiza podataka provedena je računalnim programom za obradu kvalitativnih podataka Quirkos v2.1. U prvoj fazi iščitavanja roditeljskih intervjuja (a dijelom i tijekom provjere saturacije) kreirani su kodovi. Kodovi su uglavnom sažimali deskriptivne komentare te dijelom lingvističke (Smith, Flowers i Larkin, 2012:83-90). Sveukupno je kreirano 75 kodova s ukupnim brojem od 2453 citata. Po završetku kodiranja svih intervjuja, kodovi su povezivani u klustere i tako su nastajale inicijalne teme. Kao dodatna pomoć u povezivanju kodova u klustere primjenjivala se funkcija preklapanja (*quirk-overlap*) koja olakšava vizualizaciju kodova koji se češće javljaju zajedno. Osim preklapanja kodova, pri klasteriranju, upotrebljavali su se intuitivni i logički kriteriji smislenog grupiranja kodova. Kodovi su najprije povezani u osam inicijalnih, a potom u pet glavnih tema. Inicijalno kodiranje provela je glavna istraživačica, a konačan broj i nazivi tema definirani su usuglašavanjem s neovisnim suradnicama. Kako bi se zaštitio identitet sudionika, prilikom citiranja roditelj je kodiran samo oznakom R (roditelj) i rednim brojem poznatim istraživaču.

REZULTATI I RASPRAVA

Kako je navedeno, tematskom analizom izdvojeno je pet tema, koje su sukladne cilju i istraživačkim pitanjima:

Data analysis

The interview and transcription were conducted by the main researcher. Two independent experts in qualitative research methodology, who were not involved in the planning and data collection processes, participated in the data analysis. Interviews with parents resulted in 228 pages of transcripts. The number of participants was limited by the content saturation of codes as a consequence of continuous transcription and data analysis (Brod, Tesler & Christensen 2009; Fusch & Ness, 2015; Guest, Namey & Chen 2020). The first saturation was observed by reading the transcript of the 6th interview, followed by the 10th interview. In the 13th and 14th transcripts, no new topics appeared and the data collection process ended.

Data were processed via thematic analysis according to Braun and Clarke (2006). Data analysis was carried out using Quirkos 2.1, a software used for processing qualitative data. In the first phase of reading the parent interviews, and partly during the saturation analysis, codes were created. The codes mainly summarised descriptive comments and a few linguistic ones (Smith, Flowers & Larkin, 2012, pp. 83-90). A total of 75 codes were created from a total number of 2453 quotes. After the coding of all interviews was completed, the codes were connected in clusters and initial themes were created. In order to help link the codes into clusters, the quirk-overlap function was used, which facilitates the visualisation of codes that occur together more often. In addition to overlapping codes, when clustering, intuitive and logical criteria for meaningful grouping of codes were used. Initial coding was carried out by the main researcher, and the final number and topic titles were defined in agreement with independent experts. The codes were linked into 8 initial themes and then into 5 main themes. To protect the identity of the participants, when the quotes were analysed, the parents were coded with the symbol P (indicating parent) and a serial number that was known only to the researcher.

RESULTS AND DISCUSSION

The thematic analysis identified five themes that correspond to the objective and research questions addressed in this study:

1. *Jutarnji stampedo*: Pripremanje za odlazak u školu
2. *Mi prođemo kad škola završi*: Iskustvo sa školovanjem djeteta s ADHD-om
3. *Cjelodnevna škola*: Pisanje domaće zadaće
4. *Ja ne vjerujem u sustav, nego vjerujem u ljude*: Podrška djetetu s ADHD-om u školi
5. *Znam da moje dijete nije savršeno. Ni ne treba biti*: Roditeljsko zastupanje djeteta s ADHD-om u školi

Teme koje su se pojavile u ovom istraživanju sukladne su s temama drugih istraživanja roditeljskog iskustva u kojima se upotrebljavala kvalitativna metodologija, što ukazuje da su izazovi s kojima se susreću roditelji djece s ADHD-om u mnogim vidovima svakodnevnog života globalno prisutni. Teme koje se javljaju i komplementarne su ovom istraživanju su: značajna uključenost roditelja kao skrbnika u svakodnevnu rutinu i odgoj, izazovi vezani za djetetovo školovanje te za odnos sa stručnjacima, osjećaj roditeljske nekompetentnosti, osjećaji manjka podrške i socijalne izolacije, iskustvo stigme, uloga djetetovog zastupnika, promišljanja o budućnosti djeteta (Peters i Jackson, 2008; Firmin i Phillips, 2009; dosReis, Barksdale, Sherman, Maloney i Charach A., 2010; McKinlay, 2015; Harazni i Alkaissi, 2016; Laugesen i sur., 2016).

Tema 1. *Jutarnji stampedo*: Pripremanje za odlazak u školu

Sudionice najčešće opisuju jutarnje aktivnosti kao stresne, posebice buđenje, obavljanje higijene, jutarnje odijevanje i odlazak u školu. Jedna majka to opisuje kao *jutarnji stampedo* (R10). Naglašavaju da im stres i napor pridonose nošenju s djetetovom slabom organiziranosti u vremenu i manjak samostalnosti pri odijevanju, kako bi se na vrijeme pripremio i krenuo u školu: *Svaki dan ista priča: obuci se, skini se, udahni, izdahni...R4*). S obzirom na to da djeca s ADHD-om zbog nezrelijih izvršnih funkcija (Barkley, 2015; Bünger, Urfer-Maurer i Grob, 2019) imaju teškoće u vremenskoj orijentaciji (*sat je apstrakcija*, R3) i organizaciji svakodnevnog

1. *The Morning Stampede*: Getting ready to leave for school
2. *We start breathing when the school is over*: Experience with schooling a child with ADHD
3. *Full-day school*: Doing homework
4. *I don't believe in the system, but in people*: Support for a child with ADHD in school
5. *I know my child is not perfect. Nor should it be*: Parental advocacy for a child with ADHD at school.

The themes that emerged in the present study are consistent with the themes of other qualitative research on parental experience, indicating that the challenges faced by parents of children with ADHD in many aspects of their daily life have been observed globally. Themes that have been previously identified and are complementary to our research findings are: the significant involvement of parents as guardians in the daily routine and education of their children, challenges related to the child's schooling and their relationship with experts, feelings of parental incompetence, feelings of lack of support and social isolation, experiences of stigma, as well as their role as the child's advocate, and their reflections on the child's future (Peters & Jackson, 2008; Firmin & Phillips, 2009; dosReis, Barksdale, Sherman, Maloney & Charach, 2010; McKinlay, 2015; Harazni & Alkaissi, 2016; Laugesen et al., 2016).

Theme 1. *The Morning Stampede*: Getting ready to leave for school

Participants commonly described morning activities as stressful, especially waking up, performing tasks related to personal hygiene, getting dressed in the morning, and leaving for school. One mother described it as a "*morning stampede*" (P10). The parents emphasised that their stress is caused by dealing with the child's lack of organisation with respect to time and lack of independence when it comes to getting dressed and ready to leave for school on time: "*Every day the same story: get dressed, undress, breathe in, breathe out...*"(P4). Given that children with ADHD suffer from difficulties associated with immature executive functioning (Barkley, 2015; Bünger, Urfer-Maurer & Grob, 2019). such as difficulties in time orientation

nih aktivnosti (započinjanju, slijeđenju redosljedna koraka aktivnosti i dovršavanju), potrebna im je vanjska struktura i vođenje koju im i dalje pružaju roditelji. Od sudionica se čuje da upravo djetetova nesamostalnost pri sudjelovanju u jutarnjim okupacijama, odnosno napor koji roditelji moraju ulagati svako jutro kako bi dijete spremno i na vrijeme krenulo u školu, doprinosi jutarnjem stresu (slično potvrđuju i Segal, 2004; Firmin i Phillips, 2009). Posebice je to uočljivo kod roditelja starije djece od koje očekuju da bi, u usporedbi s normativnom skupinom vršnjaka, te aktivnosti već trebala obavljati samostalno (primjerice tuširanje, odijevanje ili spremanje školskog pribora). Na primjeru usvajanja vještina za samostalno obavljanje svakodnevnih zadatka vidljivo je nesuglasje između djetetove kronološke i razvojne dobi, što djetetu otežava samostalnost u aktivnostima u kojima su njihovi vršnjaci već neovisni o tuđoj pomoći ili nadzoru.

Jednako tako, jutarnje su aktivnosti otežane i djetetovom nevoljkošću za odlaskom u školu koja se manifestira kroz plačljivost, prigovaranje, odbijanje i dramatične izjave, koje sve upućuju na otpor prema školi. Djetetov živopisan i emocionalan protest ostavlja dojam da je dijete emocionalno dekompenzirano već i samom spoznajom o neizbježnosti školskog dana, što doprinosi jutarnjoj napetosti i stresu djeteta i roditelja, koju ilustrira jedna majka: „*Mama, mrzim školu! Neću ić' u školu, ta škola je glupa! Ne mogu se probuditi, meni se spava!*“ *Onda ja njega oblačim dok on spava, da se samo umije ujutro. Ja mu spremim knjige... dakle, to je ujutro dizanje – ajme majko!* (R12). Carpenter i Austin (2008:40) navode izjavu majke dječaka s ADHD-om koji rečenicom: „Radije bih bio mrtav, nego išao u školu“ opisuje koliko mu je teško prilagoditi se školskim zahtjevima i socijalnim očekivanjima. Kako bi ubrzao obavljanje aktivnosti te omogućio da se izvede na primjeren način, roditelj mora upravljati vremenom, pratiti djetetov tijek aktivnosti, nadzirati i provjeravati te upozoravati dijete kad treba krenuti u školu.

Specifičnosti organizacije dnevnih aktivnosti i svakodnevnih rutina u obiteljima s djetetom s ADHD-om istraživali su Ruth Segal (2004) te

(“*the clock is an abstraction*”, P3) and in the organisation of daily activities (starting with the activity, following the sequence of actionable steps and completing them), it is necessary that they receive external structural support and guidance from their parents. Participants explained that the child’s lack of independence when participating in morning activities, required that they expend significant effort every morning so that the child gets ready and goes to school on time: this contributes to additional morning stress (similarly confirmed by Segal, 2004; Firmin & Phillips, 2009). This is especially noticeable among the parents of older children, who expect that their child should be able to perform these activities independently (for example, showering, dressing, or storing school supplies) as compared to their peer group. Acquiring the skills to independently perform everyday tasks highlights the discrepancy between the child’s chronological and developmental age, which makes it difficult for the child to be independent in activities that their peers are already performing without the help or supervision of other people.

At the same time, morning activities are hampered by the child’s reluctance to go to school, which manifests itself through crying, complaining, refusal, and dramatic statements, all of which indicate resistance to school. The child’s vivid and emotional protest leaves the impression that the child is emotionally drained by their awareness of the inevitability of the school day, which contributes to the morning tension and stress of both the children and the parents, as illustrated here by one mother: “*Mom, I hate school! I won’t go to school, that school is stupid! I can’t wake up, I’m sleepy!*” *Then I dress him while he sleeps, so he can wash himself in the morning. I prepare the books for him... so, this getting up in the morning – oh my!* (P12). Carpenter and Austin (2008:40) cite the statement of a participant, the mother of a boy with ADHD: “*I would rather be dead than go to school*”, which highlights just how difficult it is for him to adapt to school requirements and social expectations. To speed up the completion of the activity and enable it to be performed appropriately, the parent must manage time, monitor the child’s course of activity, supervise and check in on the child, and warn the child when he should leave for school.

Firmin i Phillips (2009). Segal primjećuje da u tim obiteljima uglavnom majke preuzimaju upravljačku (*menadžersku*) i izvršnu ulogu, organizirajući i prateći izvršavanje svih dnevnih zadataka i rutina u odgovarajućem vremenskom okviru. Posebno je ilustrativan primjer u kojem majka s čuđenjem opisuje kako djetetov manjak koncentracije može doslovno zaustaviti aktivnost usred izvedbe:

Kažem mu: „Hajde obuci se pa idemo van“. „Ok, može“. Nakon minute okrenem se i vidim ga kako stoji pred vratima. Bez hlača! „Sine, što to radiš? Oblači se!“ Aha“, kaže on kao da se tek sjetio što treba napraviti. Pa rekla sam mu prije par sekundi, zar je već zaboravio? (R6).

Ova scena pokazuje opis ponašanja djeteta koje je odlutalo u „svoj svijet“ u neprimjerenom trenutku, iako je dalo znak da je čulo uputu. Međutim, taj moment „isključenosti“ zaustavlja aktivnost i dijete treba prizvati natrag u stvarni svijet u kojem je normativno izaći iz kuće potpuno odjeven. Zanimljivo je kako ta jedna, nevidljiva značajka otvara cijeli niz tema: od roditeljskog (ne)razumijevanja djetetovih simptoma, iznenađenosti koja proizlazi iz očekivanja da je dijete u stanju izvesti jednostavnu aktivnost samostalno (jer dijete zaista *izgleda* zdravo i sposobno), do nevjerice koliko može biti kratka djetetova pažnja (tek nekoliko sekundi).

Tema 2. *Mi prodišemo kad škola završi:* Iskustvo školovanja djeteta s ADHD-om

Sudionice izjavljuju da je škola *najveći izazov* (R7). Unatoč angažmanu i naporu koji ulažu u svakodnevne rutine djeteta kod kuće, i u ovom istraživanju većina majki naglašava da im najveće opterećenje predstavlja njihova uključenost u djetetove aktivnosti vezane za školu. Opterećenje školskim obvezama toliko je naglašeno da jedna majka zaključuje: *Mi prodišemo tek kad škola završi* (R4).

Tranzicija iz vrtića u prvi razred osnovne škole djeci i roditeljima bila je posebno zahtjevna jer je predstavljala *jako veliki preokret* (R9) za dijete. Dijete je iz vrtićkog okružja koje potiče

The specifics of the organisation of daily activities and routines in families with a child with ADHD were investigated by Segal (2004) and Firmin and Phillips (2009). Segal (2004) noted that, in these families, mothers generally assume a managerial and executive role, organising and monitoring the execution of all daily tasks and routines in the appropriate time frame. An example from our data in which the mother describes with amazement how the child's lack of concentration can literally stop the activity in the middle of the performance, is particularly illustrative of this:

I tell him: “Come on, get dressed and let's go out”. “Ok, sure”. After a minute I turn around and see him standing in front of the door. With no pants! “Son, what are you doing? Get dressed!” Aha,” he says, as if he just remembered what to do. Well, I told him a few seconds ago, has he already forgotten?’ (P6).

This scene describes the behaviour of a child who wandered into “his world” at an inappropriate moment, even though he gave a sign that he heard the instructions. However, this moment of “disconnection” stops the activity and the child needs to be called back to the real world where it is normative to leave the house fully clothed. This opens up a whole range of topics: the parents' (mis)understanding of the child's symptoms, the surprise that comes from the expectation that the child can perform a simple activity independently (because the child indeed looks healthy and capable), and the disbelief of how short the child's attention span is (only a few seconds).

Theme 2. *We start breathing when the school is over:* Experience with schooling a child with ADHD

Participants agreed that school is the “*biggest challenge*” (P7). Despite the commitment and effort they invest into their child's daily routines at home, most mothers participating in the present study emphasised that their biggest burden is their involvement in their child's school-related activities. The burden of school obligations was described by one mother as follows: “*We start breathing only when the school year is over*” (P4).

The transition from kindergarten to the first grade of elementary school was particularly demanding for children and parents because it was

igru i kretanje ušlo u školski razred u kojem se očekuje mirno sjedenje, usvajanje brojnih informacija i grafomotoričkih vještina (*Pa što oni traže odjednom od djece i od nas?*, R13). Prvi razred sudionice opisuju kao *težak* (R2), *prezahitjevan* (R13), *drastičan* (R14), *šokantan* (R13) i *traumatičan* (R11). *Prvi razred nam je bio koma. Koma nam je bio u svakom pogledu. 'Oćete od ponašanja, zadaća, od svega.* (R6).

Četvero roditelja odgodilo je polazak djeteta u prvi razred osnovne škole za jednu godinu, dok je nekoliko roditelja razmišljalo da su to trebali učiniti (npr. R9). Razlog za odgodu nije bila intelektualna (ne)spremnost, već, kako navode, socioemocionalna nezrelost: *Tako da je sa 7,5 godina krenuo. Jer, razmišljala sam, znate kako je on dečko, zaigran je, pa smo rekli – tu godinu mu nitko neće vratiti. Da smo prošli ranije što sad prolazimo, bilo bi duplo gore valjda.* (R5)

Iako većina roditelja ostavlja djetetu vremena za prilagodbu, do nje ne dolazi u očekivanoj mjeri, što u konačnici dovodi i do upućivanja na dijagnostiku: *I onda kad je došao u školu, skućeni razredi, ne možeš izaći, moraš dugo sjediti, to je njega gušilo, ta skućenost najviše... njemu je to bio jako veliki preokret. I dijete kad je to vidio, a spoznao je vrlo brzo, tako je eskaliralo.* (R9).

Sudionice posebno ističu teškoće djeteta s usmjeravanjem i održavanjem pažnje na nastavnom satu, mirnim sjedenjem u klupi, prepisivanjem s ploče, bilježenjem što je za domaću zadaću, diktatima, pisanjem testova rukom, učenjem tablice množenja i organizacijom svog školskog pribora. Prepoznaju teškoće s usmjeravanjem pažnje na zadatak kao dio djetetove dijagnoze, no rjeđe povezuju teškoće s prepisivanjem s ploče (R2, R11) kao dio simptomatologije ADHD-a (radno pamćenje):

Znači nije pratio nastavu, nije bio koncentriran, nije slušao upute. (R6)

Ili učiteljica nešto priča, on digne ruku i kaže nešto što nema veze s ničim. (R3)

Sjedit u razredu je njemu bilo najgore. I stalno gumice trga, zabija olovke...nije mu lako... prepisivanje s ploče je njemu bilo, ono, naj-

a *“considerable shift”* (P9) for the child. The child had to enter a school class where he was expected to sit still, acquire a lot of information and has developed graphomotor skills (*“So what are they asking from children and us all at once?”* P13), when the kindergarten environment encouraged mainly play and movement. Participants described the experience of first grade for their child and for themselves as being *“difficult”* (P2), *“too demanding”* (P13), *“radical”* (P14), *“shocking”* (P13), and *“traumatic”* (P11). To summarise: *“Our first grade was tough. It was tough in every way. From behaviour, and homework, to everything.”* (P6).

Four parents postponed their child's entry into the first grade of primary school for a year, while several participants thought that they should have done the same (e.g., P9). The reason for the delay was not intellectual (un)readiness, but, as they said, socio-emotional immaturity: *“So, he started at the age of 7 and a half. Because, I thought, you know, he is a boy, he's playful, so we said - no one will give him back that year. If we had gone through this earlier, what we are going through now, it would have been twice as bad, I guess.”* (P5).

Although most parents believed that it would help to give their child some time to adjust, it did not occur to the extent that they expected, which ultimately then led to a referral for diagnostic assessment *“And then, when he came to school: cramped classes, you can't go out, you have to sit for a long time, it was suffocating him, that narrowness most of all... it was a very big turning point for him. And when the child saw it, and he realized it very quickly, it escalated like that.”* (P9).

Participants especially pointed out the child's difficulties with directing and maintaining attention during class, and they referred to a range of required activities, including sitting quietly at a desk, copying from the blackboard, writing down what is for homework, taking dictations, writing tests by hand, learning the multiplication table, and organising their school supplies. Participants recognised difficulties with directing attention to the task as part of the child's diagnosis and their comments illustrated how regular classroom activities are problematic for children with ADHD symptomatology (e.g., due to weak working memory or difficulty in regulating attention):

gore moguće. Sve može, samo ne prepisivanja. Čak može i s papira, al sa ploče ne. (R2)

Teškoće koje opisuju najčešće vezuju za monotone i repetitivne zadatke na kojima dijete nije u stanju dulje vrijeme zadržati pozornost, poput ponavljanja tablice množenja ili zadatke koji zaokupljaju radno pamćenje, kao što su prepisivanje s ploče ili vođenje bilješki za vrijeme nastave. Navedeno od djeteta zahtijeva samoregulaciju pažnje te korištenje više oblika izvršnih funkcija, a posebice radnog pamćenja, što dovodi do brzog zamora i odustajanja, na što ukazuje i Barkley (2015).

Pojedine sudionice spominju dnevne oscilacije u ponašanju (*Sve ide kao nekakva plima i oseka; gore-dolje...*, R2), dok ih drugi primjećuju i više puta unutar jednog dana (*...iz sata u sat*, R13). Pojedine sudionice to objašnjavaju *lijenošću* (R5, R6), dok druge promišljaju je li riječ o lijenosti ili je to ponašanje dio djetetove teškoće: *Ha, lijenosti... Nije lijenost to u pitanju već je ta koncentracija problem* (R4). S obzirom na to da je razina djetetovog interesa i energije fluktuirajuća te je dijete u jednom trenutku dobro usredotočeno na zadatak, dok je u drugom odsutno ili nemirno, stječe se dojam da je djetetova uključenost pod njegovom kontrolom. Međutim, kako se vidi iz opisa sudionica, dijete brzo iscrpi energiju potrebnu za aktivnu uključenost u školski zadatak te mu je nužan odmor i podrška okoline kako bi uspjelo održati dostatnu razinu uključenosti i obaviti zadatak do kraja. Iz izjava sudionica stječe se dojam da su roditelji zbunjeni nepredvidivošću djetetove uključenosti i ulaganja truda i to pripisuju manjku motiviranosti djeteta, a ne značajkama ADHD-a. Najviše ih frustrira što primjećuju djetetove sposobnosti u trenucima dobre izvedbe, međutim, kako ih dijete ih ne pokazuje u svim prilikama, roditelj smatra da dijete namjerno ne želi uložiti napor kako bi uspješno odradilo zadatak: *Znači, njemu treba samo da hoće. On neće. On može i brzo i lijepo napisat, ali mora htjet. Ali on neće. Ne znam zašto. Neće. Jednostavno hoće napisat ovak' neuredno.* (R13)

S obzirom na to da djetetu škola predstavlja napor, odnosno da unatoč trudu ne uspijeva

“So, he didn’t follow the lessons, he didn’t focus, and he didn’t listen to the instructions. (P6)

Or the teacher says something, he raises his hand and says something that has nothing to do with anything.” (P3)

“Sitting in class was the worst for him. And he constantly tears erasers, stabs pencils...it’s not easy for him...copying from the blackboard was the worst possible thing for him. Anything is acceptable, except copying. He can even do it from paper, but not from the board.” (P2)

The issues that participants described were usually related to monotonous and repetitive tasks on which the child was unable to maintain their attention for a long time, such as repeating the multiplication table or tasks that occupy the working memory such as copying from the blackboard or taking notes during class. The aforementioned requires the child to self-regulate attention and use multiple forms of executive functions, especially working memory, which leads to rapid fatigue and giving up, as Barkley (2015) pointed out.

Some participants mentioned daily oscillations in behaviour (*2With him everything goes like a tide, up and down*”, P2), while others noticed several changes within a day (*“... from hour to hour”*, P13). Some participants explained it as *“laziness”* (P5, P6), while others thought about whether it was laziness or whether this behaviour was part of the child’s symptoms (*“Ha, laziness... It’s not laziness, it’s his attention, that’s the problem”*, P4). Given that the level of the child’s interest and energy fluctuated, and the child could focus well on a given task at one moment and be absent or restless at another, the impression is that the child’s involvement is under the child’s control. However, as can be seen from the participants’ descriptions, the child quickly exhausts the energy needed for active involvement in the school task, needing rest and support from the teacher and the environment in order to be able to maintain a sufficient level of involvement and complete the task. Some participants’ statements suggest that they attribute the unpredictability of the child’s involvement and investment of effort to a lack of motivation, not to the characteristics of ADHD. What frustrates them is that they notice the child’s

ostvariti školski uspjeh, sudionice primjećuju da se kod djeteta razvija osjećaj nepovjerenja u vlastite sposobnosti. Tome doprinose i komentari usmjereni na osobu koji dolaze od nastavnika, naglašavajući djetetove poteškoće uslijed dijagnoze, što je roditeljima posebno frustrirajuće.

Uglavnom, učiteljica je pisala: „Spor si, neuredan si, ...“ U bilježnicu. Da, strahovito. On je postajao sve više i više frustriran. Samopouzdanje mu je bilo koma. (R10)

Jedno vrijeme je govorio: „Neće se sa mnom družiti jer sam glup“. „Nisi glup. Tko ti je rekao da si glup?“ „Glup sam. Jer oni znaju engleski, ja ne znam. Oni su dobili 5 iz matematike, a ja sam 3 dobio“. (R7)

Povezano sa sniženim povjerenjem u vlastite sposobnosti, sudionice spominju i djetetove teškoće u priznavanju pogreške i teško nošenje s kritikom (R2, R6), osjećaj neprihvaćenosti i nevoljenosti, znakove narušenog samopouzdanja djeteta. Jednako tako, sudionice primjećuju da je dijete odvojeno od vršnjaka, što posebno teško podnose.

Njemu je ove školske godine izrazito teško u školi, osjeća se izolirano i primjećujemo na njemu veliki manjak samopouzdanja. (R2)

Zanimljivo je da sudionice vrlo rijetko spominju situacije vezane za školu u kojima dijete uživa ili se osjeća dobro i uspješno. Može se pretpostaviti da takve situacije postoje, međutim roditelji su vjerojatno toliko pod dojmom neugodnih događaja i emocija, da one potpuno zasjele one ugodne. Jedna se majka ipak prisjeća situacije u kojoj je dijete dobilo zadatak koji mu je bio izazovan i zanimljiv te ga opisuje kao pozitivno iskustvo vezano za školu:

Jako mu se svidjelo kad je radio svoje prvo desetljeće života u školi. On je rekao da bi (izradio) plakat. Onda smo stavili sliku od ultrazvuka i ostale fotografije. Recimo – to mu je bilo zanimljivo i to je srčano odradio. (R5)

Djeca s ADHD-om u ovom istraživanju uglavnom nisu ostajala u produženom boravku u školi (R2, R4, R5, R14). Ponekad je to bilo na preporuku nastavnika, a češće su roditelji sami

abilities in moments of good performance, however, as the child does not perform well on all occasions, the parent has the impression that the child deliberately does not want to make an effort to successfully complete the task: “*So, he only needs to want to do it. He doesn't want to. He can write quickly and beautifully, but he must want to. But he won't. I do not know why. He won't. He simply wants to write it like this, messy.*” (P13)

As school is a source of frustration for the child because, despite his efforts, he does not manage to achieve success, the participants noticed that the child develops a feeling of distrust in his own abilities. This is compounded by person-centric comments by teachers, emphasising the child's difficulties due to the diagnosis, which is especially frustrating for the parents.

‘Basically, the teacher wrote: “You are slow, you are messy...” In his notebook. Yes, terrible. He became more and more frustrated. His self-confidence was at rock bottom.’ (P10)

‘At one point he said: “They won't hang out with me because I'm stupid”. “You're not stupid. Who told you that you are stupid?” “I am stupid. Because they know English, I don't. They got 5² in mathematics, and I got 3”.’ (P7)

In connection with reduced confidence in his own abilities, participants also mentioned the child's difficulty in admitting mistakes and dealing with criticism (P2, P6), feelings of not being accepted and being unlovable, and signs of the child's impaired self-confidence. Furthermore, the participants noticed that the child was marginalised from his peers, which was particularly difficult for them to bear.

“He is having a hard time at school this school year; he feels isolated, and we notice a huge lack of self-confidence in him.” (P2)

Interestingly, participants rarely mentioned situations related to school that the child enjoyed or where the child felt good and successful. It is to be assumed that such situations exist, but parents are probably increasingly affected by unpleasant events and emotions that they completely overshadow the pleasant ones. However, one mother recalled a situation in which a child was given a task that was challenging

² Numeric grading system: 5 indicates excellent and 1 indicates insufficient or failing.

uvidjeli da dijete nije u stanju izdržati cjelodnevni boravak u školi (*To je jednostavno za njega bilo previše*, R14). Međutim, to pred roditelja stavlja novi izazov kako zbrinuti dijete koje ranije dolazi iz škole, odnosno kako uskladiti svoje radno vrijeme s djetetovim. Tu situaciju uglavnom rješavaju uz pomoć svojih roditelja (baka i djedova) (R3, R5), izmjenjujući se u smjenskom radu sa supružnikom (R7, R13), plaćajući pomoćnicu koja dolazi po dijete i radi s njime kod kuće domaću zadaću dok roditelji dođu kući s posla (R2) i korištenjem prava na status roditelja odgajatelja (za majke koje imaju troje i više djece) (R10, R14).

Svi roditelji bili su svjesni da određena djetetova ponašanja nisu socijalno prihvatljiva, iako su većinom prepoznavali da je uzrok takvog ponašanja djetetova nemogućnost samoregulacije. Međutim, osjećali su se uznemireno ako bi nastavnik kažnjavao djetetovu školsku izvedbu koja je proizlazila iz specifičnosti djetetove dijagnoze i nad čime dijete nije imalo kontrolu; primjerice kad dijete ne bi čulo što je za zadaću, kad ne bi imalo sve bilješke u bilježnici, kad bi zaboravilo pribor ili je taj dan posebno teško usmjevalo i zadržavalo pažnju (lutanje pažnje): *Ali je problem u tome što oni, siročići, oni sanjare i onda ne čuju što je za zadaću. I onda ih se kazni.* (R3)

Sudionice se posebno dotiču načina vrednovanja školskog uspjeha djeteta s ADHD-om, koje unatoč donesenom individualiziranom odgojno-obrazovnom programu (IOOP-u) više roditelja doživljava nepravедnim. Za primjer navode situacije u kojima se dijete *kažnjava za svoju teškoću*, odnosno u kojima se djetetu snižava ocjena zbog slabijeg pisanog uratka (prepisivanje s ploče ili vođenje bilješki, urednost i popunjenost bilježnice, pisani zadaci i testovi znanja), iako je takav oblik rada i ispitivanja znanja za dijete objektivno otežan: *Demotivirajuće je kada dobije slabu ocjenu iz pismenog i onda 5 iz usmenog. Vidi se da zna, a gleda se prosjek. To je jako demotivirajuće.* (R3). Kako je navedeno, dijete se često nalazi u situaciji da iz istog gradiva dobije slabiju ocjenu na pisanoj provjeri (zbog brzopletosti, površnosti, zbog snižene pažnje ili

and interesting for him and described it as a positive school-related experience:

“He really liked it when he worked his first decade of life in school. He said that he would (make) a poster. Then we put the image from the ultrasound and other photos. Let’s say - it was interesting to him, and he did it wholeheartedly.” (P5)

In the present study, children with ADHD generally did not stay in school for prolonged afternoon school hours (P2, P4, P5, P14). Sometimes it was on the teacher’s recommendation, but more often, the parents recognised that the child was not able to endure spending the entire day at school (*“It was simply too much for him”*, P14). However, this poses a new challenge for parents regarding how to take care of a child who comes home early from school, i.e., how to coordinate their working hours with the child’s. This situation was typically solved with the help of grandparents (R3, P5), taking turns in shift work with their spouse (P7, P13), paying an assistant who comes to pick up the child and do homework with him at home until the parents arrive from work (P2), and utilising the right to stay at home with a child (parental leave regulated by law for mothers who have three or more children) (P10, P14).

All participants were aware that certain behaviours exhibited by their child were not socially acceptable, although most of them recognised that the cause of such behaviour was the child’s inability to self-regulate. However, they felt disturbed if the teacher punished the child’s school performance, which resulted from the specificity of the child’s diagnosis, over which the child had no control. For example, if the child did not hear what the homework was, if he did not have all the notes in his notebook, if he forgot his school supplies, or had a particularly difficult time directing and maintaining his attention that day (attention wandering): *“But the problem is that they, poor things, they are daydreaming and then they don’t hear what the homework is. And then they get punished.”* (P3)

Participants specifically discussed the ways in which the school success of a child with ADHD was being evaluated, which, despite the adopted individualised educational program (IEP), many parents perceived as being unfair. For example, they cited situations in which a child was *punished* for his difficulty (P3, P14), i.e., the child’s grade was lowered due to poorer written work (copying from the blackboard or taking notes, neatness and completeness of the note-

nemogućnosti održavanja usmjerenosti pažnje do kraja testa) i bolju ocjenu na usmenoj provjeri znanja, što mu ukupno snižava prosjek ocjena i ostavlja ga nemotiviranim za daljnji trud:

Gledam ja ocjene iz biologije. Tri petice i trojka. Pitam ja na informacijama otkud ta trojka? Kaže učiteljica - nema zapisane sve lekcije u bilježnici. Nisam mogla vjerovati. Rekoh – Moj [Sin] 4 godine nije ništa zapisao na satu. Ništa. Bilježnice su bile prazne! I sad konačno počne nešto pisati i vi mu date trojku? Pa kakva je to motivacija? (R11)

Istraživanja dosljedno ukazuju da učenici s ADHD-om imaju u prosjeku niže rezultate na standardiziranim testovima (Lewandowski, Hendricks i Gordon, 2015) te niže ocjene od vršnjaka (Taanila i sur., 2014; Langberg i sur., 2016), imaju više teškoća u čitanju, pisanju i matematici (Noack LeSage i sur., 2017), kao i teškoće u verbalnom izražavanju (Moonsamy i sur., 2009; Freer i sur., 2011). Posebno je zanimljivo da vještine pisanja (posebice planiranje i organizacija ideja u pisanom uratku) značajno i snažno koreliraju s obrazovnim ishodima djece s ADHD-om (Molitor i sur., 2016), a izravno su povezani s izvršnim funkcijama. U ovom istraživanju sudionice prepoznaju da dijete ima niže ocjene u usporedbi s vršnjacima te napominju da su *ocjene niže od djetetovih sposobnosti (R3)*. Međutim, nijedan roditelj nije spominjao urgiranje kod nastavnika da se djetetu pokloni viša ocjena (*Ima dana kad on to zna (gradivo), ali taj dan je bio brzoplet ili nešto, to mu se normalno ocijeni. Mi se ništa nismo žalili ni rekli na to, R13*), no spominjali su da od nastavnika očekuju pružanje dodatne prilike djetetu za ispravak ocjene, odnosno da se nastavnici pridržavaju plana individualiziranog pristupa i veći naglasak stave na usmeno ispitivanje djeteta.

Ona (učiteljica) je htjela insinuirati da mi hoćemo navući ocjenu. Nismo se dali. Znala je i reći: „Što bi vi htjeli da vam dijete ima sve petice?“ Mi smo rekli: „Ne. Mi hoćemo da naše dijete nauči sve to. Ali hoćemo da pomognemo ako ima problema“ (R10)

book, written assignments and knowledge tests), even though this form of work and tests were objectively difficult for that child: *“It is demotivating when he gets a low grade in written exam and then excellent grade in oral. You can see that he knows, but the average grade is calculated. It’s very demotivating.” (P3).*

A child with ADHD often finds himself in a situation where he gets a lower grade on the written test from the same curriculum (due to rashness, superficiality due to reduced attention, or the inability to maintain focus until the end of the test) and a better grade on the oral exam, which lowers his overall average grade and leaves him less motivated to put in any further effort:

“I’m looking at the grades in biology. Three 5s and a 3. I ask about the information, where did the 3 come from? The teacher says - not all the lessons are written down in the notebook. I couldn’t believe it. I said: “My [Son] has not written anything down in class for 4 years. Nothing. The notebooks were empty! And now he finally starts writing something and you give him a 3? So, what kind of motivation is that?” (P11)

Previous research has consistently indicated that students with ADHD have, on average, lower results on standardised tests (Lewandowski, Hendricks & Gordon, 2015) and lower grades than their peers (Taanila et al., 2014; Langberg et al., 2016). They also have more difficulties in reading, writing, and mathematics (Noack LeSage et al., 2017), as well as in verbal expression (Moonsamy et al., 2009; Freer et al., 2011). It is particularly interesting that writing skills (especially planning and organisation of ideas in written work) significantly and strongly correlate with the educational outcomes of children with ADHD (Molitor et al., 2016), and these skills are directly related to executive functions. In the present study, participants recognised that their child has lower grades compared to peers and noted that the grades were lower than the child’s abilities (P3). However, no participant mentioned persuading the teacher to give the child a higher grade (*“There are days when he knows it, but that day he was rash or something, and he is graded normally. We did not complain or say anything about that”*, P13), but they mentioned that they expected the teacher to provide the child with an additional opportunity to correct the grade, i.e., the teachers adhere to the *Individualized Education Program (IEP)* and place further emphasis on oral examinations, rather than written ones.

Sudionice većinom izjavljuju da ocjene nisu odraz znanja djeteta, no svjesne da su u školskom sustavu (visoke) ocjene mjerilo uspjeha i preduvjet za nastavak školovanja. Majke smatraju da će se djetetu uskratiti neke prilike u budućem obrazovanju, upravo zbog nerazumijevanja sustava da je riječ o djeci koja drukčije uče. Zanimljivo je da sudionice spominju i društveni fenomen subjektivnog vrednovanja ocjena. Implicitno se iščitava da se vrlo dobra ocjena ili četvorka smatra slabijim školskim uspjehom: *I ok, prošao je s 4. Mene ocjene ne zanimaju* (R14). Ili: *Čujte on ima ocjene kakve ima. [...] Mislim, to je četvorka* (R4). Ipak, ono što ih brine nije sama ocjena, već ocjena kao kriterij nastavka školovanja (*...ocjena je irrelevantna totalno, to je samo ulaznica za srednju školu*, R3). U konačnici, roditelji su osjetljivi na ocjene tek kada osjećaju nemoć da pomognu djetetu (ili dijete samom sebi) ili kada vide da je dijete nesvjesno važnosti koju socijalna okolina pripisuje školskim ocjenama. Takvu situaciju jedna majka opisuje s mnogo (suspregnutih) emocija:

...i kad smo došli na podjelu svjedodžbi, on je uzeo taj svoj papir i gledao. Iako sam ja njemu prije, kako se to vidi na e-dnevniku, objašnjavala. Iako njemu taj koncept završnih ocjena i zaključivanja nije bio baš jasan. On je to gledao, još nije znao dobro čitat i kaže on: Mama, ja imam 5 iz tjelesnog! I ono... (majčine oči pune suza). (R2)

Tema 3: Cjelodnevna škola: Pisanje domaće zadaće

Zbog obaveza u školi i kasnije kod kuće, roditelji imaju dojam da se dijete cijeli dan bavi školskim aktivnostima i tako škola postaje dominantna tema u obitelji. Aktivnost koja se obavlja kod kuće, a koja roditelje i djecu najviše frustrira i iscrpljuje je pisanje domaće zadaće. Jedna se majka kroz razgovor često vraća na tu rečenicu: *Sve je dobro dok ne spomenem da treba pisati zadaću...* (R7). Iskustvo zajedničkog pisanja domaće zadaće ne donosi zadovoljstvo ni roditelju ni djetetu, već je to *nešto što se mora odraditi* (R9). Koller-Trbović i suradnice (2019:57) jed-

“She (the teacher) wanted to insinuate that we wanted her to get a child a higher grade. We didn’t give up. She also used to say: “What would you like that your child has all 5’s?” We said: “No. We want our child to learn all that. But we want to help if there are problems.” (P10)

Most participants stated that the grades given were not a reflection of the child’s knowledge, but they are aware that, in the school system, (high) grades are a measure of success and a prerequisite for continued education. Participants believed that their child will be denied chances in future education precisely because of the system misunderstands the fact that these are children who learn differently. It is interesting that participants also mentioned the social phenomenon of subjective validation of grades. The parents tend to implicitly interpret a very good grade (4) as being equivalent to poor school performance: *“And ok, he passed with a 4. I’m not interested in grades”* (P14). Or: *“Listen, he has the grades that he has. [...] I mean, it is a four”* (P4).

However, what worries the parents is not the grade itself, but that the grade is used as a criterion for access to further education (*“...the grade is totally irrelevant, it’s just a ticket to high school”*, P3). Ultimately, parents are sensitive to grades only when they feel powerless to help the child (or the child himself feel powerless), or when they see that the child is unaware of the importance that society attributes to school grades. One mother describes such a situation with many (suppressed) emotions:

“...and when we came to the distribution of certificates, he took that paper of his and looked at it. Although I explained to him before, as it is noted in the e-class register. Although the concept of final grades was not very clear to him. He looked at it, he didn’t know how to read well yet and he said: Mom, I got a 5 in physical education! And that... (mother’s teary eyes)”. (P2)

Theme 3: Full-day school: Doing Homework

Due to obligations at school and later, at home, parents have the impression that the child is engaged in school activities all day long. Thus, school becomes the dominant topic in the family. The most frustrating and exhausting activity at home for parents and children is doing homework. One mother mentioned the following sentence often during the interview: *“Everything is fine*

nako primjećuju da je škola okosnica obiteljskog života, tema svakodnevnih obiteljskih razgovora, ali i značajan stresor jer je cijela obitelj preplavljena problemima djeteta vezanim za školu. Sve sudionice u ovom istraživanju bez iznimke navode želju da dijete bude samostalnije vezano za školske zadaće i odgovornosti. Primjerice, jedna majka govori: *Ja bih sve dala da mi moje dijete s voljom ode u školu. Evo to su moji ciljevi. To su moji ciljevi. Da on kaže: „Mama bok, idem u školu!“ I da se vrati i da zna da ima svoju obavezu, zadaće, i da to riješi.* (R4)

Prilikom pisanja domaćih zadaća posebice na vidjelo izlaze djetetovi simptomi ADHD-a kod kuće, od teškoća pri samom započinjanju aktivnosti, do održavanja pažnje i ustrajnosti kako bi se zadatak dovršio do kraja (sve u domeni izvršnih funkcija). Uopće potaknuti dijete da krene s pisanjem domaće zadaće (iniciranje aktivnosti) od roditelja zahtijeva svakodnevno znatnu količinu energije: *Samo da ga pokrenem da počne raditi, trebam ga nagovarati, tako da već izgubim svu energiju. Za sve ga moram zvati barem 5 puta. Zadaća koju je mogao napraviti za 15 minuta oduži se s tim nagovaranjem na 2 sata* (R11). Većina sudionica navodi podršku koju pružaju djeci u svladavanju djetetovih školskih zadataka kao najstresniju, najzamorniju i vremenski najzahtjevniju aktivnost. Ova iskustva u skladu su s literaturom i istraživanjima koja potvrđuju da je učenicima s ADHD-om potrebna značajnija pomoć pri odradivanju domaćih zadataka nego li njihovim vršnjacima u razredu (Zendarski i sur., 2018).

Dodatno, djeca često ne čuju i ne zabilježe što imaju za domaću zadaću, izgube radne listove, zaborave datum pisanja testa ili rok do kojeg moraju predati neki školski projekt, primjerice: *On nije baš u stanju prenijeti ili zabilježiti što ima za zadaću ili koje priče treba pročitati u lektiri. Ne znam je li zaboravi ili ne registrira kad mu se kaže* (R2). Neke zadatke dijete ne uspije odraditi u školi te ih zatim nadoknađuje kod kuće. Majke to nazivaju *cjelodnevnom školom* (R2, R3, R10). Pisanje zadaće oduzima vrijeme za ostale aktivnosti (slobodno vrijeme, igru, druge poslove koje roditelj mora odraditi) te ostavlja i dijete i roditelja nezadovoljnima i iscrpljenima. Slušajući majke, čuje

until I mention that he must do his homework...” (P7). The joint experience of doing homework does not bring satisfaction to either the parent or the child, but it is “*something that must be done*” (P9). Koller-Trbović et al. (2019:57) also noted that school is the backbone of family life and the topic of everyday family conversations, but also a significant stressor because the entire family is overwhelmed by the child’s school-related issues. All participants in the present study, without exception, stated a desire for their child to be more independent with respect to homework and other school responsibilities. For example, one mother said: *‘I would give anything for my child to go to school willingly. Those are my goals. For him to say: “Hi mom, I’m going to school!” And for him to come back and know that he has his obligations, his homework, and to solve it.’* (P4)

When doing homework, the child’s ADHD symptoms come to light, from difficulties in starting the activity to maintaining attention and persevering to complete the task (all in the domain of executive functions). Encouraging the child to start his homework assignment (initiating the activity) requires a considerable amount of energy from the parents every day: *“Just to get him to start working, I need to persuade him, so I already lost all my energy. I must call him at least five times for everything. A task that he could have done in 15 minutes took 2 hours with all that persuasion”* (P11). Most participants mentioned that the support they need to provide to their children in order to complete their homework is the most stressful, tiring, and time-consuming activity. These experiences are consistent with previous research that confirmed that students with ADHD need more help with homework than their peers (Zendarski et al., 2018).

Additionally, children with ADHD often do not hear and/or do not write down what homework they need to complete, they lose worksheets, and may forget the date set for a test or a deadline for a school project, as illustrated here: *“He is not really able to convey or record what he has for homework or what stories should he read in the reading list. I don’t know if he forgets it or just doesn’t register it when he is told”* (P2). Certain tasks that the child fails to do at school are then completed at home. Therefore, mothers call it “*full-day school*” (R2, R3, P10). Doing homework takes time away from other activities (free time, play, and other pa-

se koliko je cijeli taj proces za njih frustrirajući: *Prvi razred nam je bio katastrofa! Znači, plače on, mogla bih plakati i ja, koliko mi vadi živce. Znači, nešto što smo mogli za 15 minuta, mi sjedimo 2,5 sata! Čovjek stvarno treba imati konjske živce da jednostavno, da dijete napravi ono što bi trebalo napraviti.* (R6). I djeca teško podnose tu količinu vremena i truda posvećenu školskim aktivnostima; plakanje za vrijeme pisanja zadaće spominje se u više intervjua (R3, R4, R5, R6, R12). Poslijepodnevno pisanje domaćih zadaća roditelji u istraživanju Firmin i Phillips (2009) također smatraju najstresnijim dijelom dana. Istraživanja ukazuju da se roditelji djece s ADHD-om osjećaju manje učinkoviti u pomaganju svojoj djeci u školskim zadacima u usporedbi s roditeljima djece bez ADHD-a (Rogers i sur., 2009) zato što gotovo svakodnevno moraju odvojiti vrijeme za kontinuirani rad jedan-na-jedan te je potrebno ulagati znatan trud da se djetetu održi motivacija tijekom cijelog uratka. Ta podrška djetetu znači svakodnevno ulaganje *beskrajno puno energije* (R3), vremena i emocionalne brige, što kada uspoređuju s drugom djecom u obitelji urednog razvoja, traje i značajno dulje. Drugim riječima, roditelji se osjećaju manje učinkovito jer imaju dojam da omjer uložene energije u djetetovo učenje nije proporcionalan rezultatima (ocjenama).

U sljedećem citatu, majka opisuje kako joj osobito teško pada narušavanje odnosa s djetetom zbog ove aktivnosti, kao i djetetova frustracija, jad i otpor. Dodatno, zbog majčinog iznimnog angažmana, odlučnosti i posvećenosti vezanoj za zadaće, cijela obitelj i domaćinstvo pate: *Mi smo u prvom razredu, na kraju od 2 popodne do 8 navečer – 45 minuta radimo, 15 minuta pauze; 45 minuta radimo, 15 minuta pauze... nije bilo ručka, nije bilo ničega. To se mora napraviti i to ćemo napraviti. I on je naravno pucao. I ja sam mu se u nekom trenutku bila toliko zamjerila da mu je stvarno bilo muka kad me vidio* (očajnim glasom) (R10).

Većina roditelja uvjereni su da dijete ne bi samoinicijativno napisalo domaću zadaću kad ne bi bilo njihove podrške. Langberg i suradnici (2016) navode da djeca s ADHD-om imaju teškoće sa samostalnim dovršavanjem i pravovremenom pre-

rental responsibilities), leaving both the child and the parent dissatisfied and exhausted. Listening to the participants, you can hear how frustrating this whole process is for them: *“Our first grade was a disaster! So, he cries, I could cry too, how much it gets on my nerves. So, something we could have done in 15 minutes, we sit for 2.5 hours! A person really needs to have the nerve of a horse to simply make a child do what should be done.”* (P6).

Children have a hard time coping with the amount of time and effort devoted to school activities; crying while doing homework was mentioned in several interviews (P3, P4, P5, P6, P12). In a study conducted by Firmin & Phillips (2009), parents also considered the time that is spent in the afternoon doing homework to be the most stressful part of the day. Research has shown that the parents of children with ADHD feel less effective in helping their children with schoolwork compared to parents of children without ADHD (Rogers et al., 2009), because they have to set aside time for continuous one-on-one work almost every day and make a considerable effort to maintain the child's motivation throughout the work. This level of support for the child implies a daily investment of *“an endless amount of energy”* (P3), time and emotional investment, which, when compared to other neurotypical children in a family, lasts significantly longer. In other words, parents feel less effective because they have the impression that the ratio of energy invested in their child's learning is not proportional to the results (grades).

In the next quote, the mother describes how it is particularly difficult for her and her child. In this case, the factors involved are her perceived need to force the completion of homework, her exceptional commitment, determination, and dedication, as well as the child's frustration, misery, and resistance. It is clear that their relationship suffered: *“In the first grade, during the day, we were doing homework from 2 in the afternoon to 8 in the evening – 45 minutes of work, 15 minutes of break; we work for 45 minutes, 15 minutes of break... there was no lunch, there was nothing. It has to be done and we will do it. And of course, he popped. At some point, he resented me so much that he was really sick when he saw me* (desperate voice)” (P10).

Most parents are convinced that their child will not be able to do his homework on his own without their support. Langberg et al. (2016) stated that chil-

dajom domaće zadaće (u prosjeku to čine 12% rjeđe od vršnjaka), što je u korelaciji s nižim školskim ocjenama.

Iz opisa sudionica vidljivo je kako simptomi iz spektra ADHD-a postaju upadni upravo u ovoj aktivnosti. Djeca imaju teškoće pri započinjanju te aktivnosti, održavanju pozornosti (ili othrvati se distraktibilnosti, npr. *Znam da je njemu najljepše tamo u tom svijetu u kojem odluta...*, R5), ustrajnosti pri ulaganju napora da aktivnost odrade do kraja (sve navedeno iz područja izvršnih funkcija) te impulzivnosti (nestrpljivost, brzopletost). U svakoj od ovih faza aktivnosti potrebna im je pomoć druge osobe, najčešće roditelja. Primjer koji se često navodi je održavanje pozornosti prilikom čitanja (lutanje pažnje), odnosno čitanje s razumijevanjem: *Njemu je sve isto. On se zagleda.... „Sine čitaj!“ „Aha“... pa prati, pa opet... on nema pojma što je pročitao. On je tko zna gdje...* (R7). I roditelj i dijete teško podnose pisanje domaće zadaće do te mjere da im taj napor i stres postaju nepodnošljivi, a vidljivi su kroz različite emocionalne reakcije:

Ja s tom zadaćom kosu čupam! Dođe mi da se plaćem, ono poludim... (R12); *„Nema šanse, ja to neću, baš me briga, ubi me, radi što god hoćeš!“* (imitira djetetovo vikanje) (R4).

I u istraživanju Firmin i Phillips (2009) poslijepodneвно pisanje domaćih zadaća roditelji smatraju najstresnijim dijelom dana, što potvrđuju i sami dječaci s ADHD-om (Bartolac, 2021:22) koji pisanje domaćih zadaća opisuju kao *teško, mučno, dosadno, najgore, nezanimljivo i traćenje vremena*.

Zašto roditelji ulažu toliko energije i vremena u zadatke koje bi njihovo dijete trebalo obaviti samostalno? Obrazovanje djece za roditelje je na najvišem stupnju sustava vrijednosti, bez obzira na vlastiti stupanj obrazovanja, stil života i strukturu obitelji (Koller-Trbović i sur., 2019). Ruth Segal (2004) kaže da majke upravljaju djetetovim vremenom i aktivnostima jer žele povećati djetetove prilike za uspjeh u budućnosti. To potvrđuju i istraživanja koja potvrđuju da je podrška u učenju značajan čimbenik koji se odražava na povećanje prosjeka ocjena djeteta s ADHD-om

dren with ADHD have difficulties with independent completion and timely submission of homework (on average, 12% less often than their peers), which is also correlated with lower school grades.

From the participants' descriptions, it is evident that ADHD symptoms become noticeable precisely during the time homework is being completed. Children have difficulties when starting this activity, maintaining attention (or resisting distractibility, e.g., *“I know that for him, that is the most beautiful place in the world he wanders into...”*, P5), persevering when making an effort to complete the activity (all of the above in the area of executive function), and giving in to impulses (impatience, rashness). In each of these phases of activity, the boys need the help of another person, usually one or both of their parents. An example that is often mentioned is maintaining attention when reading (attention wandering), i.e., reading with understanding: *“Everything is the same to him. He stares at one point... “Son, read!” “Aha.” ... then he follows for a while, and then again... he has no idea what he read. He is who knows where...”*(P7). Both the parents and the children find it so hard to do homework to the extent that the effort and stress become unbearable for them, as is evidenced through several statements with different emotional reactions:

“I pull my hair out with this homework! I feel like crying, I go crazy... (P12); “There’s no way, I won’t do it, I don’t care, kill me, do whatever you want!” (imitates child’s shouting)” (P4).

In a study by Firmin & Phillips (2009), parents considered afternoon homework to be the most stressful part of the day, which was later confirmed by boys with ADHD themselves (Bartolac, 2021:22), who described homework as *‘difficult, painful, boring, worst, uninteresting and wasting time’*.

It is important to understand why parents invest so much energy and time in tasks that their children should do independently. Children’s education is at the highest level of the value system for parents, regardless of their level of education, lifestyle, and family structure (Koller-Trbović et al., 2019). Segal (2004) noted that mothers manage their child’s time and activities because they want to increase the child’s chances of success in the future. This is backed up by research that confirms that support in learning is a significant factor reflected in an increase in the grade point average of a child with

(DuPaul i sur., 2017). Jedna majka u ovom istraživanju to vrlo jasno iskazuje: *Ja to moram odraditi. Ja ga ne smijem pustiti* (R7), svjesna da njeno dijete treba podršku pri organizaciji svakodnevnih aktivnosti i uspostavljanju strukture koju njegove nezrele izvršne funkcije ne mogu odraditi. Dodatan je razlog i snažan osjećaj roditeljske odgovornosti i identifikacije s roditeljskom ulogom (... *ja sam roditelj i nema izbora*, R7).

Tema 4. Ja ne vjerujem u sustav, nego vjerujem u ljude: Podrška djetetu s ADHD-om u školi

Sve sudionice navode koliko im je važna komunikacija sa školom, odnosno stručnom službom i učiteljem/nastavnikom. Svjesne su da bez suradnje neće moći osigurati djetetu uvjete školovanja u skladu s njegovim potrebama. Neke sudionice opisuju dobru suradnju sa školom i osjećaj da imaju podršku od učitelja/ice i stručne službe: *Škola pokriva sa svog područja, mi sa svog i nekak ja vjerujem da to ne može bit loše (...) Imamo osjećaj da je praćen.* (R2)

Druge sudionice navode primjere ukazujući da komunikacija između roditelja i škole nije bila uspješna. Situacije koje opisuju različite su; od samog negiranja djetetove teškoće (R13: *Škola je bila „da njemu nije niš’, da je on samo razmažen“*, to su mi rekli) do nesnalazjenja vezanog za djetetovo funkcioniranje u školi (R9). S obzirom na to da roditelj nije tijekom dana prisutan u školi i ne zna što se događa, osjeća se *frustrirano i nemoćno* (R7) jer se od njega očekuje da korigira djetetovo ponašanje.

Dijete s ADHD-om ima pravo na individualizirani pristup obrazovanju, no roditeljima nije uvijek bilo jednostavno odlučiti se za navedeno rješenje i u toj fazi bojali su se da će time djetetu odmoći i obilježiti ga među drugom djecom. Iako je u konačnici pristala na individualizirani pristup djetetu, jedna majka promišljala je o toj situaciji: *Al u vama je puno pitanja. Dal ići na to, dal uzeti individualizirani pristup, da li etiketirati svoje dijete? [...] Smatram da djetetu ne trebaju neki posebni tretmani. Nije ni to dobro. Automatski izdvajaš dijete* (R4).

ADHD (DuPaul et al., 2017). One mother who participated in the present study expressed it very clearly: *“I have to do it. I must not let him go”* (P7). She was aware that her child needs support in organising daily activities and establishing a structure that his immature executive functions cannot do. An additional reason is a strong sense of parental responsibility and identification with the parental role (*“I am a parent, and there is no other choice”*, P7).

Theme 4. I don't believe in the system, but in people: Support for a child with ADHD in school

All participants stated how important it was for them to communicate with the school, professional service providers, and the teachers. They were aware that without cooperation they will not be able to provide the child with educational conditions that are suited to his needs. Some participants described that they had a good cooperation with the school and felt that they had support from teachers and professional service providers: *“The school covers from its side, we from ours, and somehow, I believe that this cannot be bad (...) We have the feeling that he is being monitored.”* (P2)

Other participants gave examples indicating unsuccessful communication between parents and the school. The situations they described were different: from the very denial of the child's difficulty (*“School was saying: “Nothing is wrong with him”. That he was just spoiled. That's what they told me.”* P13) to *“difficulty with coping”* related to the child's functioning at school (P9). Given that the parent is not present at school during the day and does not know what is happening, one can feel *“frustrated and powerless”* (P7), because of the expectation that the parent should be one to correct the child's behaviour.

A child with ADHD has the right to an individualised approach to education, but it is not always easy for the parents to decide on this solution. Sometimes, when it is time to make a decision, the parents are afraid that this would not help the child and single him out among his peers. For example, although one mother ultimately agreed to an individualised approach for the child, she reflected on the situation as follows: *“But you have a lot of questions. Should you go for it, should you take an individualized approach, should you label your child? [...] I think that the child does not need any special treatment. That's not good either. You are automatically segregating the child”* (P4).

Roditelj je prisiljen biti poveznica između ovih sustava (zdravstvo, socijalna skrb i obrazovanje) i većinom se mora sam informirati gdje može dobiti usluge za svoje dijete. Slično primjećuju i Koller-Trbović i suradnice (2019:62), koje navode da nepostojanje očekivane suradnje između škole i vanjskih institucija roditelji pokušavaju nadoknaditi svojim pojačanim angažmanom i prenošenjem informacija i uputa/smjernica vanjskih stručnjaka školi, no često bez uspjeha. Izazovi vezani za uspostavljanje komunikacije sa školom ostavljaju dojam manjka podrške, ali i dodatnog opterećenja u smislu očekivanja škole da roditelj *dijete dovede u red*. Istraživanja ukazuju da se roditelji djece s ADHD-om osjećaju manje dobrodošlo u djetetovu školu te primaju više zahtjeva od djetetovog nastavnika za njihovim uključivanjem u djetetovo školovanje (Rogers i sur., 2009).

U ovom istraživanju, sva djeca imaju rješenje za *redoviti program uz individualizirane postupke*, osim jednog djeteta koje čeka na rješenje o individualizaciji te jednog djeteta koje ima rješenje za *redoviti program uz prilagodbu sadržaja i individualizirane postupke* za tri predmeta. Roditeljima je važno da dijete usvaja cjelovit nastavni sadržaj i često ističu da dijete nema intelektualnih teškoća, samo mu je potreban *drugачiji pristup* (R4).

Vjerojatno samo drugачiji pristup. Što ja kažem – ne manje zadataka. Već pristup. Kao što je rekla ova psihologica, njemu treba dati najprije prvi dio testa, pa kad to riješi drugi dio. Jer on kad vidi one čitabe, gotovo je, izgubi volju za životom, a kamo li za testom. (R4)

Sudionice opisuju koje oblike individualiziranog pristupa njihovo dijete dobiva u školi. Najčešće su to prilagodbe vezane za teškoće prepisivanja sadržaja s ploče (plan ploče), produženo pisanje testa, povećanje veličine slova na testu, smanjeni broj zadataka ili preferiranje usmenog načina ispitivanja.

U ispitu recimo, ako treba trajat 45 minuta, a ona zna u kojoj mjeri on može riješiti u 45 minuta, jer je sporiji, više mora razmišljat, onda mu da zadatke koji su bitniji, a eliminira one koji možda nisu tako bitni li mu kaže – ova 4

Parents are forced to be the link between the health, social care, and education systems and have to find out on their own where they can avail of the necessary services for their child. Koller-Trbović et al. (2019:62) noted that parents try to compensate for the lack of expected cooperation between the school and external institutions by increasing their involvement and passing on information and instructions/guidelines of external experts to the school, but often without success. Challenges related to establishing communication with the school leave an impression of a lack of support, but also of an additional burden in terms of the school's expectation that the parent has to *'bring the child to order'*. Research has indicated that parents of children with ADHD feel less welcome in their child's school and receive more requests from the child's teacher for their involvement in the child's education (Rogers et al., 2009).

In the present study, all children had received a verification for the "regular programme with individualised" procedures (IEP), except for one child who was waiting for a verification and one child who had a verification for the "regular programme with content adjustment and individualised procedures" for three school subjects. It is important for the parents that the child learns the entire curriculum and they often pointed out that the child does not actually have intellectual difficulties, he only needs a *"different approach"* (P4).

"Probably just a different approach. As I always say - not fewer tasks. But approach. As this psychologist said, he should be given the first part of the test first, and when he solves it, then the second part. Because when he sees all those assignments, it's over, and he loses the will to live, let alone for the test." (P4)

Participants described what forms of IEP their child has received so far at school. Most often, these adjustments are related to difficulties associated with copying the content from the board (board plan), extended time required for completing a test, enlargement of the size of letters in the test, reduced number of tasks, or a preference for the oral examination method.

"In an exam, for example, if it should last 45 minutes, and the teacher knows to what extent he can solve it in 45 minutes, because he is slower and has to think more, then she gives him more important tasks, and eliminates those

ako stigneš riješi, ako ne stigneš – nema veze. (R7)

...I dobije (produženo) vrijeme, ali među prvima preda. Onda ga ona vrati – [Ime djeteta] „Daj malo razmisli“... to je ta brzopletost. (R5)

Govoreći o sustavima podrške u školi, sudionice posebno naglašavaju važnost suradnje s učiteljicom² (*Učiteljica je ključna*, R4) i načina na koji učiteljica razumije djetetove potrebe te primjenjuje individualizirani pristup djetetu. Učiteljicu koja je uspješno uspostavila odnos s djetetom, roditelji doživljavaju kao presudnu osobu u podršci školovanju njihovog djeteta te prepoznaju i cijene taj trud:

Ona ga potpuno razumije, čak bih rekla, čak mu malo i popusti. Veli, kad nešto ne pročita ili ne napravi, ja ga vratim – „Pa daj ponovo“, onda on to napravi. Pa „provjeri si ponovno, pročitaj ponovno“ i on će sve napraviti, samo da njoj udovolji ...taj odnos je jako važan. (R1)

Jedan otac zaključuje: *Ja uopće ne vjerujem u sustav, nego vjerujem u ljude* (R2) koji rade u tom sustavu i koji mogu odabrati kako će se odnositi prema učenicima.

Ipak, sudionice spominju i situacije u kojima se suradnja s učiteljicom ne uspije uspostaviti. Ponekad sama učiteljica nije dovoljno informirana ili pripremljena za rad s takvim djetetom. Sudionice izražavaju svoje razočaranje time jer očekuju stručnost i zainteresiranost nastavnika. Jedna majka to opisuje na sljedeći način: *Puno učitelja to (ADHD) ne podržava, ne prihvaća, ne zna. Ne zna o čemu pričamo. Kad sam ja bila na razgovoru s učiteljicom u prvom razredu, ona je rekla: „Znate ja vam o tome ništa ne znam“. Ono žalosno* (R4). Sudionice opisuju različite primjere u kojima smatraju da učiteljica nije postupila ispravno ili nije bila dovoljno senzibilizirana na djetetovu teškoću.

Došla sam u školu jer je učiteljica rekla [Sinu] da je on nešto u stilu dijete s posebnim potrebama pa da njemu treba 15 asistenata. (R4)

that may not be so important. If she tells him – “Solve these 4 if you can make it, if you don’t make it - it doesn’t matter”. (P7)

‘...And he gets (extended) time, but he is among the first to submit the test. Then she gives it back to him and says: “Give it some thought”... that’s this rashness.’ (P5)

When talking about support systems at school, participants specifically emphasised the importance of cooperation with the teacher (*“The teacher is crucial”*, P4) and the way the teacher understands the child’s needs and applies an individualised approach to the child. The parents perceive a teacher who has successfully established a relationship with a child with ADHD as a crucial person who can support their child’s education. Therefore, the parents are able to recognise these teachers and appreciate their efforts:

“She understands him completely. I would even say, she even gives him slack. She says, when he doesn’t read or do something, I return it to him - “Well, give it another try”, then he does it. Well, “check it again, read it again” and he will do everything, just to please her...that relationship is very important.” (P1)

One participant concluded: *“I don’t believe in the system at all, but I do believe in people”* (P2) who work in that system and who can choose how to treat students.

However, participants also mentioned situations in which cooperation with the teacher fails to be established. Sometimes the teacher is not sufficiently informed or is not prepared to work with such a child. Participants expressed their disappointment with this because they expect the teachers to have the necessary expertise and take interest in supporting these children. One mother described it in the following way: *“A lot of teachers don’t support it (ADHD), don’t accept it, and don’t know much about it. They don’t know what we’re talking about. When I had an interview with the teacher in the first grade, she said: “You know, I don’t know anything about that.” That is sad actually.”* (P4). Participants described various examples in which they believed that the teacher did not act appropriately or was not sufficiently sensitive about their child’s difficulty.

“I came to school because the teacher told [to Son] that he is something like a child with special needs and that he needs 15 assistants.” (P4)

² U ovom istraživanju nije riječ o rodnoj pristranosti. Sva djeca imala su učiteljicu.

Ona je njega još stavljala u kaznu. Razumijete, preko odmora. On jadan, nije se uspio ni preko odmora ispuhati. I to je eskaliralo. (R9)

Roditeljima posebno smeta kad učiteljica ne provodi individualizirani pristup na temelju IO-OP-a. Misle da dijete ima pravo na prilagodbu u pristupu i metodologiji nastave, odnosno podršku u ostvarenju odgojno-obrazovnih ciljeva u školi. Nakon cijelog procesa dijagnosticiranja, dobivanja rješenja o IOOP-u ili ostvarivanja prava na pomoćnika u nastavi, roditelji smatraju da je IOOP donesen s razlogom kako bi se dijete motiviralo za rad te mu se pomoglo da pokaže svoje sposobnosti.

Ona (učiteljica) njemu nije nijednom rekla – „Dobro [ime djeteta], imaš još pet minuta, iskontroliraj što si napisao“. Ni jednom mu nije rekla – „[ime djeteta] pazi na zadnje zadatke!“ Dakle, nije uopće išla u analize zašto se to dešava... Jer moraš omogućiti djetetu, ako ima individualni pristup i vidiš da kaska, moraš mu omogućiti dodatnih 5 minuta ili nešto slično. (R8)

Roditelji se slažu da kako bi dijete bilo aktivno uključeno u školske aktivnosti, potrebna mu je podrška pri usmjeravanju pažnje na zadatak, vođenju kroz zadatak, prilagodbu ispitivanja znanja, prepisivanju s ploče, bilježenju zadataka koje je potrebno odraditi kod kuće te ostalim individualiziranim postupcima predviđenim djetetovim IO-OP-om. Primjećuje se razlika u stavu prema školi i razini emocionalne uključenosti onih roditelja koji osjećaju podršku u školi, prvenstveno podršku učiteljice koja im je posebno važna te onih roditelja koji nemaju takvo iskustvo. Pregled literature potvrđuje da nastavnici koji pokazuju informiranost o ADHD-u, strpljenje, poznavanje učinkovitih intervencijskih tehnika u radu s djecom, suradnju s interdisciplinarnim timom i pozitivan stav prema djeci s razvojnim izazovima, imaju značajan pozitivan učinak na uspješnost učenika (Sherman i sur., 2008; Mirza i sur. 2017). Jednako tako, jedino su se intervencije koje su kontinuirane, intenzivne i u neposrednom radu s djetetom pokazale korisnima, kao što su podrška pomoćnika u nastavi ili dopunska nastava (Koller-Trbović i sur., 2019).

“She was punishing him. You understand, over recess. Poor boy, he didn't even manage to blow off steam during recess. And then it escalated.” (P9)

Parents are especially bothered when the teacher does not implement an individualised approach based on IEP. They think that the child has the right to an adapted approach and new methodology of teaching in order to support the achievement of educational goals at school. After the entire process of diagnosing, obtaining a decision on IEP or exercising the right to a teaching assistant, parents believe that the IEP was enacted for a reason, i.e., to motivate the child to work and help him demonstrate his abilities. Therefore, it is difficult for parents to understand why the IEP is not being implemented.

“She (the teacher) never once said to him - “Okay [child's name], you have five more minutes, check what you have written”. Not once did she tell him - “[child's name] pay attention to the last tasks!” So, she did not even analyse why this is happening... Because you must allow the child, if he has IEP and you see that he is trotting, you have to allow him an additional 5 minutes or something like that.” (P8)

The parents agree that for the child to be actively involved in school activities, he needs support in focusing on the task, guiding him through the task, adjusting knowledge tests, copying from the board, recording tasks that need to be done at home, and other individualised procedures provided for by the child's IEP. There is a difference in the attitude towards the school and the level of emotional involvement of those parents who feel supported at school, primarily by the teacher who is particularly important to them, and those parents who do not have the same experience in terms of support at school. A review of the literature confirms that teachers who are informed about ADHD show patience, have knowledge of effective intervention techniques in working with these children, can cooperate with an interdisciplinary team, and have a positive attitude towards children with developmental challenges; consequently, these teachers have a significant positive effect on student performance (Sherman et al., 2008; Mirza et al. 2017). Likewise, only interventions that are continuous, intensive, and involve working directly with the child have proven to be useful, such as the support of teaching assistants or supplementary teaching (Koller-Trbović et al., 2019).

Roditelj nije uvijek informiran koje sve oblike pomoći dijete može dobiti u školi, smatrajući da su individualizacijom pristupa iscrpljene mogućnosti podrške: *Jer kako smo mi dobili taj individualizirani pristup, ja nisam bila tako svjesna toga da njemu treba asistent* (R4). Pravilnik o pomoćnicima u nastavi i stručnim komunikacijskim posrednicima (NN 102/2018) predviđa različite vrste potpore, a od navedenih potpora primjerenih za djecu s ADHD-om bile bi one iz kategorije potpora u obavljanju školskih aktivnosti i zadataka. Dodatna područja koja sudionice navode kao potrebnu podršku vlastitom djetetu u školi su: informiranje roditelja o školskim zadacima i obvezama te ponašanju djeteta u školi, kao i poticanje djeteta na bilježenje domaće zadaće. Drandić (2017) je u svom istraživanju ukazala na važnost podrške pomoćnika u nastavi, ne samo za dijete s teškoćama, već i za cijeli razredni odjel u smislu dobrobiti inkluzije za sve učenike. Kako navodi, uloga pomoćnika u nastavi nije samo odgojno-obrazovna, već se odnosi i na poticanje socijalizacijskih aktivnosti u razredu te aktivnu suradnju s učenicom, nastavnikom, roditeljem i stručnom službom škole.

Sudionice navode da nije jednostavno ostvariti pravo na pomoćnika u nastavi: *Pa svi kažu da ga je jako teško dobiti... ako hoćete iskreno, mislim da je tu dosta zakazala, ja mislim, škola* (R4). Sudionice spominju različite primjere u kojem je razredu dijete ostvarilo pravo na asistenta. Jedni roditelji govore o iskustvu sa školom koja je i prije upisa u prvi razred zahtijevala pomoćnika u nastavi za njihovo dijete (R2). Drugi primjer pokazuje kako je škola tek u četvrtom razredu pokrenula postupak. *To su skužili sad, u 4. razredu, sad prije mjesec dana. Pa prošle godine prije Božića mi je rekao da ne treba* (R4). No, pokretanje postupka još uvijek ne podrazumijeva da će dijete zaista dobiti pomoćnika u nastavi. Pojedini roditelji opisuju kako je zahtjev za pomoćnikom u nastavi za njihovo dijete odbio Gradski ured te je u tom slučaju značajno opterećenje u svakodnevnom radu prešlo na učiteljicu (*Individualizirani smo dobili, ali asistenta nismo* (R4); *Grad nas je odbio za asistenta u nastavi* (R8). U ovom istraživanju osmero djece ostvarilo je pravo na

The parents are not always informed about all the forms of help the child can get at school and end up believing that the individualisation of the approach has exhausted the possibilities of support: *“Because we got that individualised approach, I was not so aware that he needed an assistant”* (P4). The Ordinance on Teaching Assistants and Professional Communication Mediators (Official Gazette 102/2018) offers different types of support, and the ones suitable for children with ADHD would be those from the category of support for performing school activities and tasks. Additional areas that participants mentioned as necessary support for their child at school are informing parents about school assignments and obligations, as well as about the child’s behaviour at school, and encouraging the child to take notes on homework. In her research, Drandić (2017) pointed out the importance of teaching assistant support, not only for a child with disabilities, but also for the entire classroom in terms of the benefits of inclusion for all students. As she stated, the role of a teaching assistant is not only educational, but also refers to encouraging socialisation activities in the class and active cooperation with students, teachers, parents, and the school’s professional services.

Participants stated that it was not easy for them to establish their right to a teaching assistant: *“Well, everyone says that it is very difficult to get one... if I may be honest, I think that the school has failed a lot here”* (P4). Participants mentioned different examples where they believed that the child was entitled to an assistant. Some parents talked about their experience with a school that required a teaching assistant for their child even before enrolling in the first grade (P2). Another example showed how the school started the procedure only in the fourth grade: *“They figured that out now, in the 4th grade, a month ago. Well, last year before Christmas they told me that he didn’t need it”* (P4). However, the initiation of the procedure still did not imply that the child would receive a teaching assistant. Some parents described how the request for a teaching assistant for their child was rejected by the City Office, and in that case, a significant burden in daily work was transferred to the teacher (*“We got an individualised plan, but no assistant”* (P4); *“The City rejected us for a teaching assistant”* (P8). In the present study, eight children were able to exercise their right to a teaching assistant. The parents described that even this type of help required adaptation, but that the assistant significant-

pomoćnika u nastavi. Roditelji opisuju da je i na tu vrstu pomoći bilo potrebno prilagođavanje, no da im je asistent značajno smanjio razinu brige za dijete dok je u školi: *I u stvari smo odahnuli u onom trenutku kad smo potpisali da [Sin] ima asistenta (...) Imam osjećaj da kada smo pristali na asistenta, onda mu se poboljšao odnos sa školom, sa stručnim timom.* (R2)

Roditelji su uglavnom zadovoljni uslugom pomoćnika u nastavi, imaju povjerenja u njihovu podršku i doživljavaju to kao olakšanje u smislu osjećaja dodatne zbrinutosti djeteta u školi. Ipak, govore i o neujednačenom radu pomoćnika (R1) kao i o tome koliko je važno imati angažiranog pomagača (R3). Žale se da je pomoćnik u nastavi prisutan samo na pojedinim satima nastave, što ponekad nisu oni sati na kojemu je djetetu potrebna intenzivnija pomoć (npr. *Sin ima i asistenta, na pola radnog vremena. Nonsense.* R3). Kada je djetetu osiguran pomoćnik samo dio školske satnice, roditelji smatraju da im je potrebno više sati podrške (R3, R9, R14).

Samo što se ti asistenti stalno mijenjaju. I ima ga samo kad je ujutro u školi. Bili su različiti. Jedan je radio većinu umjesto njega, to mu se svidjelo. Ali vidjela sam ja da to nije njegov crtež u bilježnici. Ova sad malo više traži od njega. (R1)

Sažimajući prethodno, može se primijetiti da roditelji iskustvo školovanja svog djeteta vide prepunim izazova te im je važna svaka pomoć i podrška koju dijete dobiva u školskom sustavu.

Tema 5. Znam da moje dijete nije savršeno. Ni ne treba biti: Roditeljsko zastupanje djeteta s ADHD-om u školi

Imajući na umu sve prethodne izazove - suočavanje s djetetovim nenormativnim razvojem, izazove u obitelji i školi, suočavanje s nerazumijevanjem i manjkom podrške u socijalnoj okolini - roditelji prepoznaju da su upravo oni djetetov najvažniji oslonac, podrška i zastupnici. Roditelji preuzimaju aktivnu ulogu i postaju posebno angažirani u edukaciji sebe i drugih. Saznavanjem djetetove dijagnoze, roditelji se osjećaju *izgubljeno* (R8) i *ne znaju što bi dijete trebalo dalje dobiti i*

ly reduced their level of worry for the child while he was at school: *“And in fact, we sighed with relief at the moment when we signed that [Son] received an assistant (...) I have the feeling that when we agreed to an assistant, his relationship with the school and the professional team improved.”* (P2)

The parents were mostly satisfied with the service of teaching assistants: they trusted their support and perceived it as a relief in terms of the feeling of additional care for their child at school. However, they also talked about the uneven distribution of supported hours provided by teaching assistants (P1), as well as how important it is to have an engaged assistant (P3). They complained that the teaching assistant was present only in certain classes, which were sometimes not the hours when the child needed more intensive help (e.g., *“Son also has an assistant, part-time. Nonsense.”* P3). When the child is provided with a part-time assistant during school hours, parents believed that this was insufficient and that they needed additional hours of support (P3, P9, P14).

“It’s just that these assistants keep changing. And he only has one when he is at school in the morning. They were different. One did most of the work for him, he liked that. But I saw that it was not his drawing in the notebook. This other one is asking for a little more effort from him now.” (P1)

In summary, it can be noted that parents see their child’s educational experience as full of challenges and that every little bit of help and support received as part of the school system was important to them and their child.

Theme 5. I know my child is not perfect. Nor should it be: Parental advocacy for a child with ADHD at school

Bearing in mind all the previously described challenges - dealing with the child’s neurodiverse development, challenges in the family and school, coping with misunderstanding and lack of support in the social environment - parents recognise that they are the child’s most important backup, support system, and advocates. Parents take an active role and become especially engaged in the education of themselves and others.

Upon learning of the child’s diagnosis, the participants in the present study mentioned the following: they *“feel lost”* (P8) and *“do not know what (kind*

što bi (oni) *trebali dalje* činiti (R4, R8). Sami počinju istraživati i informirati se o svim aspektima ADHD-a. Ne zadovoljavaju se samo s osnovnom definicijom triju dominantnih simptoma, već žele znati više i bolje razumjeti s čime se njihovo dijete nosi: *Netko kaže- ADHD – što vam je to? Koncentracija, impulzivnost, hiperaktivnost. Dobro, da, al što je to? [...] Da je čovjek znao prije što zna danas, možda bi bilo puno jednostavnije i lakše* (R4). Posebno naglašavaju da su se educirati morali sami (*I čitanja, čitanja, samoedukacije... R8*), odnosno da su povratne informacije od stručnjaka bile rijetke, nedostatne ili nikakve. Osim što su spremni učiti i prisiljeni su se educirati, osjećaju da moraju educirati i druge u svom okružju kako bi bolje razumjeli njihovo dijete. Ističu koliko je u današnje vrijeme lakše doći do informacija koje su dostupne putem interneta, no i u tom slučaju potrebna je vještina probira relevantnih informacija.

Iskreno nismo baš dobili nekakvu pomoć, niti nekakvu smjernicu. Onda sam počela iščitavat, po Internetu, sve čega sam mogla naći. (R6)

Koliko god se roditelji osjećaju nemoćno i nedovoljno „kvalificirano“, imaju potrebu zaštititi svoje dijete. Prepoznaju da moraju postati zastupnici svojeg djeteta kako bi odgovorili na potrebu djeteta za podrškom, zaštitom i zastupanjem njegovih prava. Peters i Jackson (2009) u svom istraživanju s majkama djece s ADHD-om ističu da su majke prisiljene preuzeti zahtjevnu ulogu zastupnice za ostvarivanje djetetovih prava, pred članovima obitelji (često i pred suprugom), drugim roditeljima, a posebice u školi. Međutim, dolaskom u školu roditelji imaju osjećaj da nisu u ravnopravnom položaju s nastavnikom i stručnom službom, što jedna majka opisuje kao *psihološki zid* (R7) u komunikaciji. Susreću se sa stručnjacima, a sami se osjećaju nedovoljno stručnima. Opisuju to riječima kao što su: *nemoćno, pokolebano, nesnalaženje*. Izražavaju želju da se stručnjaci bolje educiraju jer je to još jedna od uloga koju moraju preuzeti na sebe. Peterson-Malen (2014), na temelju svog fenomenološkog istraživanja s roditeljima-zastupnicima, raspravlja o stupnju informiranosti o ADHD-u koji roditelji moraju imati kako bi mogli uspješno zastupati djetetova prava

of support) the child should get next and what (the parents) should do next” (P4, P8). They began to research and inform themselves about all aspects of ADHD. They were not satisfied only with the basic definition of the three dominant symptoms, but wanted to know more and understand what their child was dealing with better: *“Someone says - ADHD - what is that? Attention, impulsiveness, hyperactivity. Okay, yes, but what is it really? [...] If I had known before what I know today, it might have been much simpler and easier”* (P4). They emphasised that they had to educate themselves (*“And reading, reading, self-education...”* P8) and that feedback from experts was rare, insufficient, or non-existent. In addition to being willing to learn and being compelled to educate themselves, they felt that they must educate others around them in order for the others to better understand their child. They pointed out how much easier it is nowadays to get information that is available online, but even in that case, the skills involved in sifting through relevant information is critical.

“To be honest, we didn't really get any help or guidance. Then I started reading everything I could find on the Internet.” (P6)

No matter how powerless and insufficiently “qualified” the parents felt, they also felt the need to protect their child. They recognised that they must become representatives of their child to respond to the child’s need for support, protection, and to advocate for his rights. In their research involving mothers of children with ADHD, Peters and Jackson (2009) pointed out that mothers are forced to take on the demanding role of an advocate for the child’s rights in front of family members (often in front of the spouse), other parents, and in school. However, when these parents arrived at school, they felt that they were not always in alignment with the teacher and the professional service providers, which one mother described as *“a psychological wall”* (P7) in communication. They met with school professionals, but personally they felt that they had insufficient knowledge regarding ADHD. They described it with words such as: *‘feeling powerless, shaken, and lost’*. They expressed their wish for school professionals to be better educated, since this is another role they must take on. Peterson-Malen (2014), based on her phenomenological research with parent-advocates, discussed the level of information about ADHD that parents must have to successfully advocate for their child’s rights at school. Strong and positive coopera-

u školi. Snažna i pozitivna suradnja između roditelja, učenika i škole rezultirala je boljim uspjehom i većim zadovoljstvom roditelja-zastupnika. Negativno iskustvo, prema ovoj autorici, rezultat je okrivljavanja roditelja za djetetovo neprihvatljivo ponašanje i osjećaj učenika da ga nastavnik ne voli. Suprotno tomu, pozitivno iskustvo proizlazilo je iz osjećaja roditelja da je nastavnik zainteresiran za dijete, prihvaća ga i razumije da je dijete cjelovita osoba, koje je ADHD samo jedan dio. U konačnici, Peterson-Malen zaključuje da je roditeljima koji zastupaju svoje dijete nužna podrška škole, kako bi zajednički ostvarili najbolje ishode za dijete. Upravo takvo iskustvo vrednuju one majke koje imaju pozitivnu i produktivnu suradnju sa zainteresiranim, senzibiliziranim nastavnikom ili stručnom službom škole, a priželjkuju ga one koje nemaju. Ujedno, važno je imati na umu rezultate istraživanja Koller-Trbović i suradnica (2019:60) koje ističu da su roditelji iznimno zainteresirani za suradnju sa školom, no ako škola ne iskoristi tu zainteresiranost te propusti priliku za uspostavljanje suradnje s roditeljima na dobrobit djeteta, događa se obrnuti efekt; kod roditelja se razvijaju ljutnja i patnja, ali i povećani pritisak na dijete, što dovodi do narušavanja odnosa u obitelji, a kod djece se razvija otpor prema školi i učenju. Ove autorice zaključuju da škole zakazuju kad je riječ o učenicima s teškoćama u učenju i ponašanju, odnosno svojim nedjelovanjem od manjih problema stvaraju veće, ponekad i nepremostive. Ovaj važan zaključak ujedno je i upozorenje o važnosti uključenosti i uspostavljanja suradnje svih dionika zainteresiranih za uspješne razvojne ishode djece.

Kako bi pokazali koliko im je važna komunikacija sa školom i usklađenost u odgojnim postupcima, roditelji zagovaraju dostupnost informacija koje bi im omogućile postupanje s djetetom kod kuće u skladu s očekivanjima škole. Tako pokazuju volju za suradnjom te ističu *informiranost* kao posebno važnu. Kako bi ispunili očekivanja škole da odgojno djeluju na dijete u situacijama djetetovog neprihvatljivog ponašanja, roditelji veliku važnost pridaju pravovremenoj informaciji (*Što god da je bilo, neka se riješi. Ali sad. Ne opet za 5 dana jer to je onda kasno. Informacija odmah,*

tion between parents, students and the school can result in better success and greater satisfaction of parent representatives. According to Peterson-Malen (2014), a negative experience is often the result of blaming the parents for the child's unacceptable behaviour and the students' feeling that the teacher does not like him. On the contrary, a positive experience can result from the parents feeling that the teacher is interested in the child, accepts him, and understands that a child is a complete person, who happened to be diagnosed with ADHD. Ultimately, Peterson-Malen (2014) concluded that parents who advocate for their child need the support of the school in order to jointly achieve the best outcomes for the child. Mothers who have a positive and productive cooperation with an interested and informed teacher or professional service provider talk of how valuable this experience is, and those who do not have such an experience, wish for such a relationship with their counterparts in school. At the same time, it is important to bear in mind results from Koller-Trbović et al. (2019, p.60), which pointed out that parents are extremely interested in cooperation with the school, but if the school does not take advantage of this interest and misses the opportunity to establish cooperation with parents for the benefit of the child, the reverse effect occurs; parents develop anger and frustration, which then increases the pressure on the child and leads to the disruption of family relationships, and consequently, the child developing resistance to school and learning. Koller-Trbović et al. (2019) concluded that schools that are inactive often fail when it comes to students with learning and behavioural difficulties, since they create larger, sometimes insurmountable problems. This important conclusion is also a cautionary suggestion regarding the importance of the involvement and establishment of cooperation among all stakeholders interested in the successful development outcomes of children.

To show how important communication with the school and compliance with educational procedures are to them, parents advocate for the availability of information that would enable them to treat their child at home following the school's expectations. In this way, they show their willingness to cooperate and emphasise "*being informed*" as particularly important. In order to meet the school's expectations that they have an educational effect on the child in situations of the child's unacceptable behaviour, parents attach great importance to being informed in a timely manner ("*Whatever happened, let it be*

da..., R4). Ako roditelj ne sazna isti dan što se u školi dogodilo i ne reagira kod kuće sukladno reakciji u školi, poručuje da dijete više neće moći povezati događaj s posljedicom: *Onda sam zamolila – dajte mi pošaljite mailom, porukom, kako god znate, kako god je vama lakše, jer ja razumijem da je njih 20 i nešto u razredu, ali molim vas javite da ja mogu reagirat.* (R4)

Roditelje posebno frustrira kad imaju osjećaj da se zanemaruje kontekst zbog kojeg je dijete reagiralo ili se ponašalo na određeni način, kad se podcjenjuju svakodnevni roditeljski odgojni naponi kao i manjak preuzimanja profesionalne odgovornosti i postupanja. Kako jedna majka kaže: *Ali da li škola ima razumijevanja i da li se pita – zašto je on to napravio? Znači, nešto je moralo dovesti do toga* (R6). Izjavljuju da ne osjećaju razumijevanje od strane škole (R5) niti imaju osjećaj suradnje (R4, R6, R7, R9, R13) te da su izloženi stalnoj kritici djeteta i djetetovog ponašanja (R9, R13). Roditelji žele i pristaju na suradnju i svjesni su da im je potrebna pomoć stručnjaka te čine sve što je u njihovoj moći da se prilagode. U razgovorima nijedan roditelj nije odavao dojam nebrige, nezainteresiranosti ili zanemarivanja svojeg djeteta. Ipak, pokazivali su visoku razinu tolerancije i nisu htjeli reagirati na svaki njima neprimjeren postupak zaposlenika škole prema djetetu kako se ne bi zamjerali i tako još više otežali djetetovu situaciju.

Da budemo jasni, ja imam neke zamjerke na tu učiteljicu, ali nikad nisam to rekao, jer nije cilj se zamjeriti ili nešto. Mislim da on zbog toga neće biti puno bolji ako ću se ja zamjeriti učiteljici. (R8)

Kad roditelji imaju osjećaj da dijete nije dobilo odgovarajuću podršku u školi, izražavaju dojam da škola nije zainteresirana za dijete, da *peru ruke* od svega. Posljedično se prepoznaje gubitak povjerenja u stručnjake (*netko ne radi svoj posao*, R4). Na široj razini, otvara se roditeljski zahtjev da se njihovom djetetu omoguće jednake ili pošteno prilike i resursi za ostvarivanje djetetovih potencijala, odnosno uklanjanje mogućih rizika. Taj zahtjev uglavnom je upućen obrazovnom sustavu općenito koji, kako kaže jedan otac, *nije pripremljen za njih* (R8).

resolved. But now. Not again in 5 days, because then it's too late. We need information immediately, yes...,” P4). If parents are unable to receive information about what happened at school on the same day and are unable to discuss the situation further at home following the reaction at school, they believed that the child would no longer be able to connect the event with the consequences: *“Then I asked - send it to me by email, text message, however you know, whatever is easier for you. I understand that there are 20 or so of them in the class, but please let me know so that I can react.”* (P4)

Parents are especially frustrated when: a) they feel that the context that caused the child to react or behave in a certain way was being ignored, and b) daily parenting efforts were being underestimated and/or c) professional responsibilities were not being upheld and acted upon. As one mother said: *“But does the school understand and wonder why he did it? So, something had to lead to that”* (P6). The parents declared that they do not feel understood by the school (P5), nor do they have a sense of cooperation (P4, P6, P7, P9, P13), and that they are exposed to the constant criticism of the child and the child's behaviour (P9, P13). Parents want to cooperate and, at the same time, they are aware that they need the help of experts, and therefore, do everything in their power to adapt. The interviews conducted for the purpose of the present study did not record any impressions of carelessness, lack of interest, or neglect on the part of the parents. Some even showed a high level of tolerance and did not want to react to every inappropriate behaviour of the school employees towards the child, in order to ensure that there are no resentments and the child's situation does not become even more difficult:

“To be clear, I have some complaints about that teacher, but I never said so, because the goal is not to complain or anything. I don't think he'll be much better in school because of it, if I'm going to hold a grudge against the teacher.” (P8)

When the parents felt that their child was not receiving adequate support at school, they felt that the school was not interested in the child and that they wanted to *“wash their hands of everything”* (P6). Consequently, they expressed an apparent loss of trust in school professionals (*“someone is not doing their job”*, P4). On a broader level, this provided the opportunity for the parents to request that the school provide their child with equal or fair

Roditelji su toliko zaokupljeni svakodnevnim izazovima, da se ne sjetu razmišljati o djetetu u pozitivnim terminima. Kako navodi jedna majka: *Pa zapravo rijetko razmišljam o tome. Stalno se vrtimo oko tog navlačenja i svega što je teško, da ne stignem razmišljati u čemu je dobar* (R11). Kad krenu razmišljati u tom kontekstu, iz izjava sudionica jasno je da su ova djeca voljena i da su roditelji posebno senzibilni kad opisuju svoje dijete kao: *brižno* (R2), *dobro* (R1, R4, R5, R6, R7), *emocionalno toplo* (R3, R4, R7, R12), *privrženo* (R5, R7), *veselo* (R2), *znatiželjno* (R2, R13), *zaigrano* (R2, R5, R13), *šaljivo* (R1), *drago* dijete (R5, R6, R11), *pametno* (R10), *nježno* (R6), *srčano* (R4), *pravedno* (R9), *iskreno* (R9), *entuzijastično* (R4), *društveno* (R8, R9), *šarmantno* (R2), *osjetljivo na druge* (R3, R2, R5), *ljubazno* (R4, R7, R8). Svi ovi epiteti ukazuju da roditelji vide drugu stranu svog djeteta, koju okolina, a posebice školsko okružje, često ne primjećuje.

Oko svega je entuzijasta. Oko svega je srčan. Pravedan. Osjećajan. Baš toplog srca. On je zlatno dijete, divno dijete. Al ima te probleme koje ima. Nije on kriv tome. (R4)

Ja znam da on nije takav, nije grub, nije nasilan, voli se šalit, ponekad čak radi gluposti na svoj račun, da bi nasmijao druge, što me užasno nervira. Ne nervira, nego mi ga je žao, jer on ne shvaća da ispada mali magarac u njihovim očima. (R1)

U posljednjem citatu majka ističe naivnost svog djeteta koji u socijalnim situacijama preuzima ulogu razrednog klauna, kako bi bio prihvaćen među vršnjacima, ne shvaćajući da mu se izruguju. Promatrajući djetetove pokušaje da se sviđi i bude primijećen, u majci se javlja osjećaj tuge jer dijete pogrešno tumači reakcije vršnjaka. Jednako tako čita se i potreba majke da dijete zaštiti od emocionalne boli u socijalnim odnosima, priželjujući za svoje dijete zdrav, recipročan, prijateljski odnos čiji nastanak ne vidi na ovim temeljima.

Prethodni opisi djetetovih pozitivnih osobina kako ih vide roditelji, podsjećaju ih da je njihovo dijete s ADHD-om ipak samo dijete, koje se uz uobičajene situacije koje su dio odrastanja mora suočavati s dodatnim izazovima, smatrajući da je

opportunities and resources for the realisation of the child's potential, i.e., the removal of possible risks. This request was mainly addressed to the education system in general, which, as one participant said "is not prepared for them" (P8).

Parents mentioned that they are so busy with everyday challenges that they do not remember to think about their child in positive terms. As one mother stated: "Actually, I rarely think about it. We're constantly talking about that drag and everything difficult, so I don't have time to think about what he's good at" (P11). When they were encouraged to start thinking about their child in this context, it was clear from the participants' statements that these children were loved and that the parents were especially sensitive when they describe their child as: *caring* (P2), *good* (P1, P4, P5, P6, P7), *emotionally warm* (P3, P4, P7, P12), *affectionate* (P5, P7), *cheerful* (P2), *curious* (P2, P13), *playful* (P2, P5, P13), *funny* (P1), *dear child* (P5, P6, P11), *smart* (P10), *gentle* (P6), *heartly* (P4), *fair* (P9), *sincere* (P9), *enthusiastic* (P4), *social* (P8, P9), *charming* (P2), *sensitive to others* (P3, P2, P5), and *kind* (P4, P7, P8). All these epithets indicate that parents see another side of their child, which often the environment, especially the school environment, does not notice.

"He is enthusiastic about everything. He is passionate about everything. Fair. Sentimental. With a warm heart. He is a golden child, a wonderful child. But he has the problems he has. It's not his fault." (P4)

"I know that he is not like that. He is not rude, he is not violent, he likes to joke, and sometimes he even does stupid things at his own expense, to make others laugh, which annoys me terribly. It's not so annoying, but I feel sorry for him, because he doesn't realize that he's a little donkey in their eyes." (P1)

In the above-mentioned quote, the mother highlighted the naivety of her child, who often assumed the role of the class clown in social situation in order to be accepted by his peers, without realising that he is actually being mocked. Observing the child's attempts to be liked and noticed, a feeling of sadness arose in the mother because the child misinterpreted the reactions of his peers. The mother's need to protect her child from emotional pain in social relationships can also be seen in the same way, i.e., wishing for healthy, reciprocal, friendly relationships for her child, which she had not seen so far.

njihovo dijete mnogo više od dijagnoze: *Djeca su djeca, moraju imati djetinjstvo. Nije da su sad najgori. On je za mene normalan. Takav je kakav je, borimo se, čupamo se al to ide...malo po malo, pa valjda bumo dok odraste.* (R5)

Razmišljajući o tome što ih tek čeka, sudionice iskazuju zabrinutost zbog obrazovne budućnosti djeteta. Brine ih hoće li i s kakvim uspjehom dijete završiti školovanje, hoće li mu zbog slabijih ocjena biti onemogućeno daljnje kvalitetno školovanje i voljeli bi da dijete *nešto postigne* (R5) u životu. Jedna majka smatra da je važno pronaći područje djetetova interesa, otkriti djetetove jake strane i *samo se u to* (područje) *usmjeriti* (R8) kako bi bilo uspješno. Jedan otac navodi:

Mene možda najviše brine njegova budućnost, s obzirom na važnost ocjena, upisi u srednju školu. On je inteligentan, ali njegove ocjene vjerojatno neće biti briljantne i omogućiti mu upis u neku dobru školu. Pitam se što će biti. [...] Društvu je teško prihvatiti činjenicu da netko nije završio srednju školu. To je socijalna norma. (R2)

Koliki je društveni i kulturološki naglasak na uspjehu, posebice školskom uspjehu koji osjećaju roditelji, jasno dopire do slušatelja kroz njihovu neverbalnu komunikaciju. Iako redom naglašavaju da im školske ocjene nisu važne (što je u prvom razdoblju prilagodbe djeteta na školu i izazova vezanih za djetetovo ponašanje zacijelo u drugom planu), u stavu tijela, napetosti i ozbiljnosti izraza lica, ali i količini vremena koje u intervjuima zauzima ova tema, vidljivo je koliko je za roditelje školovanje važna i socijalno kvalificirajuća odrednica društvenog uspjeha te kriterij za roditeljsko predviđanje budućeg uspjeha djeteta u životu. Dok govore o školi, emocije kao što su zabrinutost, strah i ponekad očaj pokazatelji su gotovo univerzalne uznemirenosti i stresa kojem su roditelji izloženi u kontekstu te obveze u kojoj sudjeluju s djetetom. Ova slika zabrinutosti za budućnost prepoznaje se i u drugim istraživanjima kvalitativnog tipa u kojima roditelji izražavaju zabrinutost za budućnost svog djeteta s ADHD-om (Neaves, 2009; Borg, 2014).

The previous descriptions of the child's positive features as seen by their parents remind them that their child with ADHD is still just a child, who has to face additional challenges apart from several typical situations that are part of growing up; they know that their child is much more than a diagnosis: *"Children are children, they must have a childhood. It is not that they are the worst. He is normal to me. He is the way he is, we fight, we struggle, but it goes on somehow...little by little. So, I guess we will make it until he grows up."* (P5)

Thinking about what lies ahead, participants expressed concern for their child's educational future. They worried about whether, and with what extent of success, the child would finish his schooling, as well as whether poor grades would prevent further quality education. They expressed their wish for the child to *"achieve something in life"* (P5). One mother mentioned that it was important to find the child's area of interest, discover the child's strengths, and *only focus on that* (P8) to be successful. One participant stated:

"Perhaps I am most concerned about his future, considering the importance of grades, and enrolment in high school. He's intelligent, but his grades probably won't be brilliant enough to get him into a good school. I wonder what will happen. [...] It is difficult for society to accept the fact that someone did not finish high school. It is a social norm." (P2)

The extent to which parents feel that their child's success, especially school success, plays a role in the social and cultural context was conveyed through non-verbal cues observed in the interviews. Although they emphasised that school grades were not of sole importance to them (especially in the initial period of the child's adjustment to school, keeping the challenges related to the child's behaviour in mind), when we consider the posture of their body, the tension and seriousness of their facial expressions, but the amount of time taken up in the interviews by this theme, it is evident how important education is for parents, both in terms of being a determinant of social success and a criterion for parental prediction of the child's later success in life. When they talked about school, emotions such as worry, fear, and sometimes despair were indicators of the universal anxiety and stress that parents are exposed to in the context of school-related responsibilities that they shared with their child. This image of concern for the future has been recognised

Jedna majka se brine da će pristankom na prilagođeni program djetetu uskratiti neke prilike za daljnje obrazovanje: *Ja mu ne bi sad htjela nešto osujetiti u budućnosti, da mu sad nešto potpišem, pa da on ne može ići dalje, na fakultet. Možda mu se nešto posvijesti, preokrene pa...sazrije* (R11). Jednako tako, tu izlazi na površinu nada da će se djetetovo funkcioniranje ipak mijenjati nabolje, da će tijekom godina samo od sebe sazreti, samo mu je potrebno nešto više vremena. Druge se majke više usmjeravaju na zadovoljstvo i sreću djeteta kao ishod djetetova odrastanja kojim bi one bile zadovoljne. Emocionalna toplina prema djeci, orijentiranost na dijete, poticanje zajedništva s djecom, posvećenost i neodustajanje u skrbi za dijete, traženju rješenja i zastupanju djetetovih prava, obilježja su roditelja i u istraživanju Koller-Trbović i suradnica (2019). *Neka bude sretan* (R2, R3, R11), rečenica je kojom opisuju taj cilj i želju te ustvrđuju da je roditeljska ljubav najvažniji zaštitni čimbenik (*Ali mislim da je ljubav. Ljubav njima dati, dati ljubav.* R3).

Prednosti i ograničenja istraživanja te preporuke za buduća istraživanja

Istraživanja ADHD-a u Republici Hrvatskoj iznimno su rijetka, a onih koji istražuju osobno životno iskustvo koristeći se kvalitativnom istraživačkom metodologijom gotovo i nema. Stoga je osnovni doprinos ovog rada u dopunjavanju postojećih i generiranju novih znanstvenih spoznaja o iskustvu življenja s ADHD-om i roditeljstvu djece s ADHD-om u Republici Hrvatskoj, iako rezultati mogu biti relevantni i za šire područje. Dodatni je doprinos ovog istraživanja dobrobit koja je ostvarena za roditelje koji su sudjelovali u ovom istraživanju kroz mogućnost da govore u svoje ime i prenesu svoje životno iskustvo u prvom licu. Za roditelje je to bila prilika za ventiliranje nakupljenih emocija i otvoren razgovor o svojim iskustvima koja često nemaju s kime podijeliti. Jednako tako, bila je to prilika i za osvješćivanje dobrih strana svojeg djeteta o kojima, opterećeni svakodnevnim izazovima, roditelji rijetko razmišljaju. Uključivanje roditelja važno je i jer su svojim životnim iskustvom bili u prilici poslati iskustvenu poruku stručnjacima i svim onim rodi-

in other qualitative research studied where parents expressed concern for the future of their child with ADHD (e.g. Neaves, 2009; Borg, 2014). One mother who participated in the present study mentioned being worried that by agreeing to an adapted program, she might be denying her child certain opportunities for further education: *"I would not want to deny him something in the future if I were to sign something for him now, so that he someday could not go on to university. Maybe something opens up for him, turns it around and... matures"* (P11). At the same time, she felt that there was hope that the child's functioning would change for the better and that he would be able to mature on his own over the years, and that he just needs a little more time.

Other mothers were more focused on the satisfaction and happiness of the child as an outcome of the child's growth. Koller-Trbović et al. (2019) listed several characteristics of parents including emotional warmth towards children, orientation towards the child, fostering togetherness with children, dedication and not giving up on caring for the child, as well as searching for solutions and representing the child's rights. *"May he be happy"* (P2, P3, P11) is a sentence that describes this goal and desire and asserts that parental love is the most important protective factor for these children (*"But I think it's love. We need to give them love, give love."* P3).

Advantages and limitations of the study and recommendations for future research

Research on ADHD in the Republic of Croatia is extremely rare, and research on personal life experiences using qualitative research methodologies is almost non-existent. Therefore, the main contribution of this paper is expanding the existing knowledge on the subject and generating new avenues of scientific knowledge about the experience of living with ADHD and parenting children with ADHD in the Republic of Croatia. These findings can potentially have broader relevance in the field of ADHD research. An additional contribution of this research study is the benefits received by the parents who participated in the study: they were given an opportunity to speak for themselves and convey their life experiences in the first person. For the parents, it was an opportunity to vent their accumulated emotions and talk openly about their experiences, since they often had no one to share these feelings with. This also gave them an opportunity to contemplate

teljima koji se tek suočavaju s izazovima odgoja djeteta s ADHD-om.

Roditelji koji su sudjelovali u istraživanju uključeni su po principu samoselekcije, svojim dobrovoljnim pristankom na sudjelovanje, što je s obzirom na specifičnost metodologije bio nužan kriterij. Postavlja se pitanje kakvi podaci bi se prikupili od roditelja koji nisu pristali na sudjelovanje i jesu li njihova životna iskustva još više opterećujuća, odnosno koju vrstu podrške oni trebaju? To je otvoreno pitanje na koje bi se odgovor mogao dobiti kroz neko veće, projektno, pa čak i nacionalno istraživanje u kojem bi podaci bili anonimizirani.

U ovom su istraživanju majke bile najčešći informatori. Inicijalno u pozivu nije iskazana preferencija o rodu roditelja koji se može odazvati istraživanju. Iako su se u većini slučajeva odazvale samo majke, u tri su obitelji i očevi inzistirali na uključivanju te je razgovor proveden s parom. Međutim, kako bi se uzorak homogenizirao, u ovom rukopisu prikazana je samo perspektiva majki. S obzirom na to da je perspektiva očeva znatno manje zastupljena u istraživanjima, bilo bi opravdano i važno pitati očeve kako oni vide svoje dijete i svoju roditeljsku ulogu, kako je tekao njihov proces prilagodbe na dijagnozu, koliko su uključeni u zajedničke okupacije s djetetom (i koliko bi to željeli) te u konačnici kako oni vide obiteljsku i partnersku dinamiku uslijed djetetovih specifičnosti. Jednako tako, u perspektivi budućih istraživanja, svakako bi trebalo proširiti bazu informatora te u istraživanje uključiti sve članove obitelji (roditelje, braću i sestre), kao i zahvatiti perspektivu učitelja i pomoćnika u nastavi, kako bi se dobila cjelovita slika.

ZAKLJUČAK

U skladu s ciljevima istraživanja, a kroz prikaz rezultata intervjua s 14 majki dječaka osnovnoškolske dobi s ADHD-om, dobiven je uvid u roditeljski doživljaj svakodnevnih izazova vezanih za školovanje s kojima se suočavaju obitelji dječaka s ADHD-om. Roditelji prepoznaju mnoga područja svakodnevnih aktivnosti koja su za dijete i roditelja otežana uslijed simptoma ADHD-a; od

on all the positive aspects and achievements of their children, especially since they rarely think about this when they are burdened by everyday challenges. Data based on parental voices can potentially be considered as experiential messages, not only to experts, but also to all parents who are beginning to face the challenges of raising and educating a child with ADHD.

Mothers who participated in the present study were included according to the principle of self-selection after receiving their voluntary consent to participate, which was a necessary criterion given the specificity of the methodology. The question arises as to what kind of data would be collected from parents who did not agree to participate and whether their life experiences are even more burdensome, resulting in the need for other avenues of support. This is an open question that can potentially be addressed through a larger, project-based, or even national research study, where the data would be anonymised.

In the present study, mothers were the main informants. In the initial invitation, no preference was expressed regarding the gender of the parents who could be part of the interview. Although in most cases only the mothers responded, in three families, the fathers also insisted on being involved, and the interview was conducted with the couple. However, in order to homogenise the sample, only the mothers perspectives were presented in this manuscript. Considering that perspective of fathers is significantly less represented in research, it would be justified and important to include fathers in conversations about how they see their child and their parental role, how they perceived the process of adaptation to the diagnosis, how involved are they in joint occupations with the child (and how much they would like to be), and ultimately, how they perceive changes in family and partner dynamics due to the child's characteristics. In future research, the sample could be expanded to all family members (both parents and siblings), as well as teachers, teaching assistants, and other school professionals, in order to get a more balanced picture.

CONCLUSION

In accordance with the objectives of the research study, we presented the results of interviews with 14 mothers of elementary school-aged boys with ADHD and obtained insights into pa-

jutarnje nesamostalnosti djeteta pri spremanju za školu, izazova tijekom boravka u školi i praćenja nastave, vrednovanja djetetova uspjeha u školi te ulaganja znatnog napora u podršku djetetu prilikom pisanja domaćih zadaća. Sve navedeno ima štetan utjecaj na obiteljski život i odnose. Poseban osvrt usmjeren je na iskustva podrške u školi, ali i njezinog izostanka te značaj koji roditelji pripisuju provedbi individualiziranog pristupa djetetu u školi i važnost podrške pomoćnika u nastavi. Ujedno se otvaraju teme nedovoljne podrške roditeljima u kontekstu nepovezanosti različitih sustava te posljedična nužnost samoedukacije roditelja, ali i nedostatak sustavne edukacije učitelja o ovom sindromu te strategija rada s neurorazličitim učenicima. S obzirom na to da roditelji osjećaju kako su jedina podrška djetetu, posebna tema bavi se preuzimanjem uloge zastupnika djeteta u školi. Iako su djeca tek na početku školovanja, roditelje zabrinjava obrazovna budućnost djeteta. Stoga se iz ovog istraživanja, ali i široke baze dokaza iz literature, može zaključiti da se ova djeca, ako nemaju snažnu i kontinuiranu podršku roditelja i nastavnika, upravo zbog manjka sustavne podrške koja bi trebala biti osigurana na primjeren način svoj djeci s ADHD-om, u startu nalaze u socijalnom riziku za neizvjesne socijalne i životne ishode. U konačnici, ovaj rad ima priliku doprinijeti boljoj informiranosti stručne i šire javnosti kako bi prepoznali potencijalna područja dodatnih istraživanja te nužne intervencije usmjerene na smanjivanje psihosocijalnih i obrazovnih rizika za dijete s ADHD-om te posljedično za cijelu obitelj.

rental experiences of everyday challenges faced by families of boys with ADHD in the context of schooling. Parents recognised many areas of daily activities that are difficult for both the child and the parent due to the characteristics of ADHD, from the child's lack of independence in the morning when getting ready for school, to challenges during school and while following lessons, and constantly evaluating the child's success at school and investing considerable effort in supporting the child when doing homework. All of the above had detrimental effects on family life and relationships. Special attention was focused on the experiences of support received at school (including the lack of support), the importance that parents attribute to the implementation of an individualised approach to help the child at school, as well as the importance of the support of teaching assistants. At the same time, these findings highlighted open topics for future research, such as insufficient support available to parents in the context of the disconnection of different systems and the subsequent need for the parents to educate themselves about the options available for the child, as well as the lack of systematic education of teachers about this syndrome and strategies for working with neurodiverse students. Given that parents have the impression that they are the only support system for their child, they often assume the role of the child's advocate at school. Even though the children are just at the beginning of their schooling, parents are worried about their child's educational future. Therefore, based on the findings of the present study, as well as extensive evidence from the literature, it can be concluded that these children could face uncertain social and life outcomes because of the lack of systematic support provided in schools. This could be, however, mitigated by the strong and continuous support that is being provided by their parents. Ultimately, the findings of this research study may contribute to improving ADHD knowledge and understanding among professionals and the general public by enabling them to recognise the necessary interventions aimed at reducing psychosocial and educational risks for children with ADHD.

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