

# *Parent and child: Survival of the fittest*

**Infiniti School**

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## Fin O'Regan MA, PGCE BSc

He is currently an ADHD and Neurodiversity Consultant and Trainer.

He was the Head teacher of the Centre Academy from 1996 -2002, which was the first specialist school in the UK for students between the ages of 7-19 specialising in issues related to ADHD, ASD and ODD.

He is an associate lecturer for Leicester University, the National Association of Special Needs, the Institute of Education and the Helen Arkell Dyslexia Charity. Fin is a member of the Special Needs Consortium and sits on the Council of CReSTeD.

He has written a number of books and published articles on the subject of ADHD and Neurodiversity and conducted over 2000 presentations both nationally and internationally.

[www.fintanoregan.com](http://www.fintanoregan.com)



# Publications to date

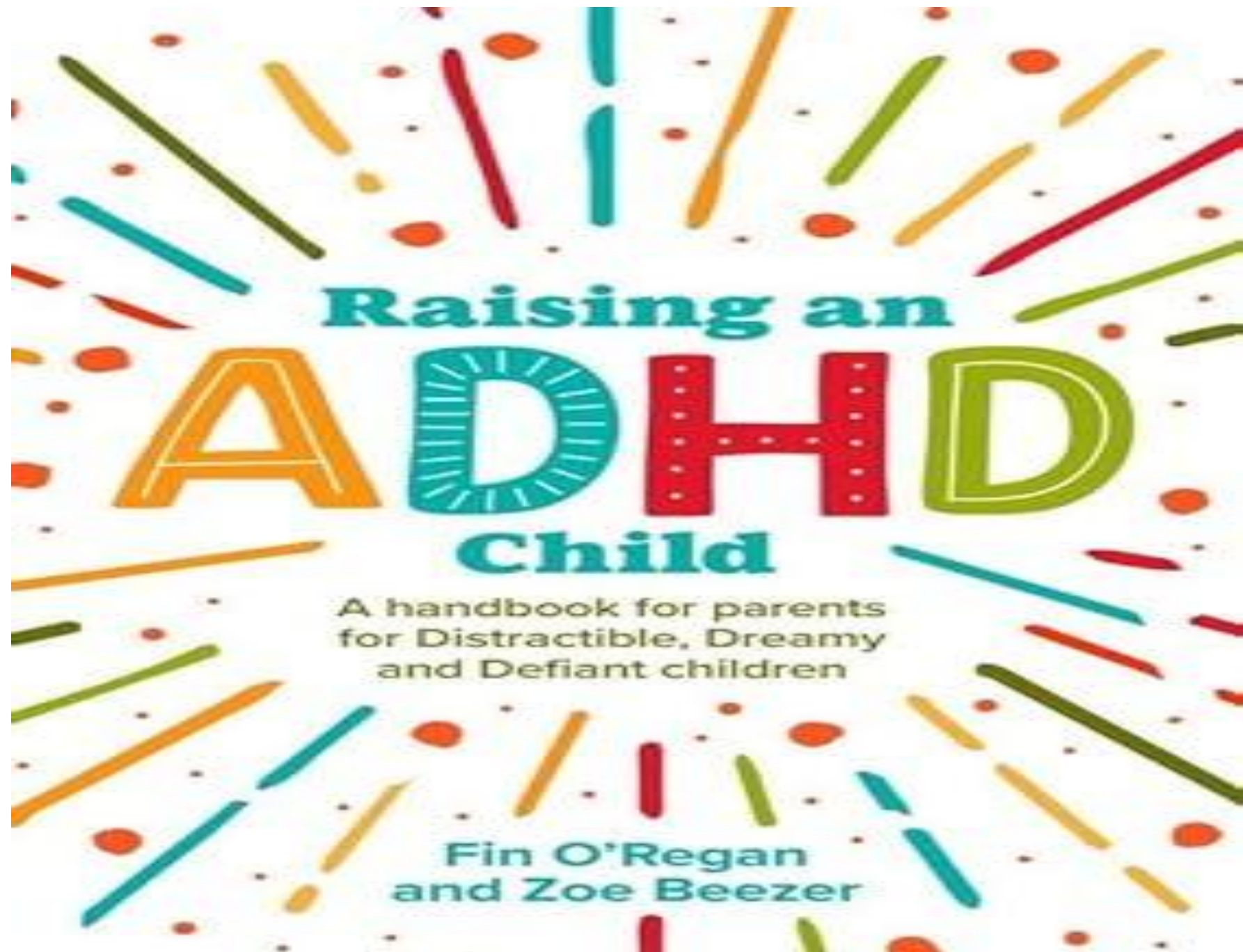
- Cooper P and O'Regan F (2001) EDUCATING children with ADHD: Routledge Falmer Press
- O'Regan F (2002) How to teach and manage children with ADHD: LDA a division of McGraw- Hill
- O'Regan F (2005) ADHD : Continuum International
- O'Regan F (2005) Surviving and Succeeding in SEN Continuum International
- O'Regan F (2006) Challenging Behaviours Teachers Pocketbooks
- O'Regan F (2006) Troubleshooting Challenging Behaviours Continuum International
- O'Regan F (2008) The Small Change 2 BIG DIFFERENCE series Hyperactive, Inattentive and Disorganised, Special Direct
- O'Regan F (2018) Successfully Managing Children ADHD Second edition :Routledge Falmer Press
- **O'Regan F (2020) Supporting behaviour in the classroom: Sage publications limited**
- Cave S and O'Regan (2021) Attention difficulties: How to help: Pavillion books group:

Ebooks from [www.fintanoregan.com](http://www.fintanoregan.com)

- **O'Regan F (2020) 100 top tips for Supporting Parents with Children with ADHD**
- O'Regan F (2018) Supporting children with ADHD: Learning Behaviour

PARADHD20

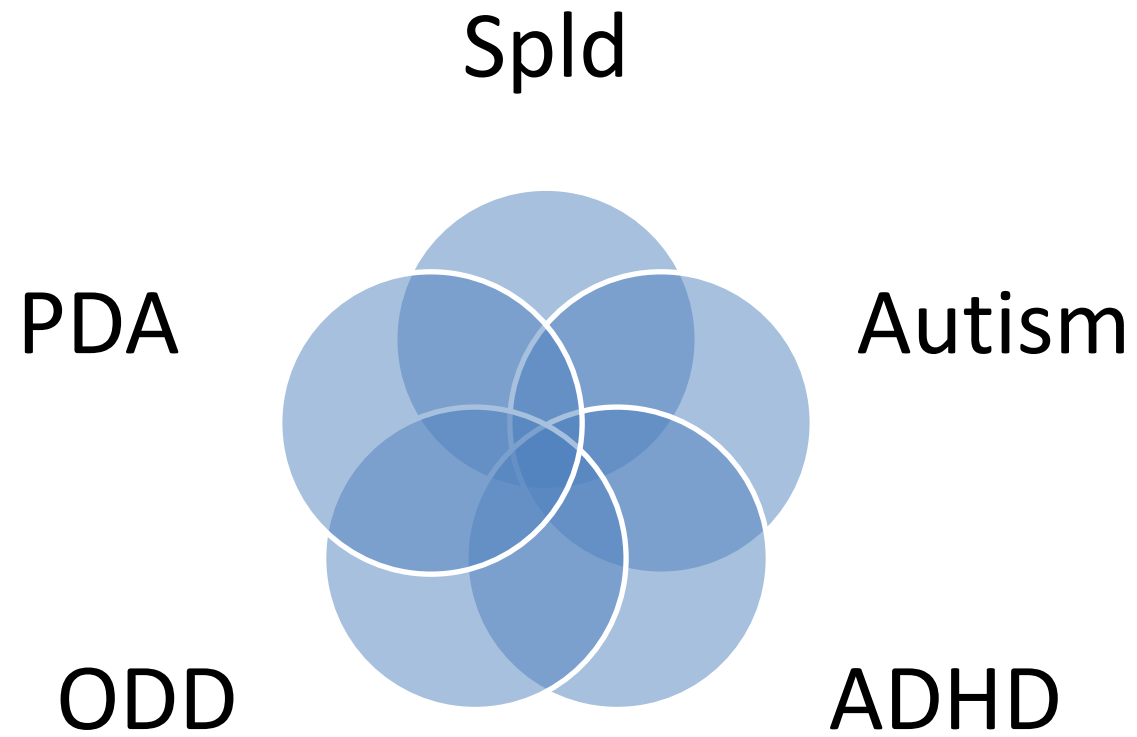
<https://uk.jkp.com/discount/PARADHD20?redirect=%2Fproducts%2Fraising-an-adhd-child>





**Twins**

# Neurodivergence



# The Dyslexia Iceberg

## Dyslexia & Dyscalculia

orientation  
(L / R)

• Rectangular Snip

time management

memory 'challenges'

processing  
speed

phonological  
processing

organisation

sequence & order

(visual processing)

self-esteem

stress

Janette Beetham 2

# Autism triad of differences

- **Communication:** Language impairment across all modes of communication: speech, intonation, gesture, facial expression and other body language.
- **Imagination:** Rigidity and inflexibility of thought process: resistance to change, obsessional and ritualistic behaviour
- **Socialisation:** Difficulties with social relationships, poor social timing, lack of empathy, rejection of normal body contact, inappropriate eye contact.





## Common signs include

- Finding it hard to understand what others are thinking or feeling
- Getting very anxious about social situations
- Finding it hard to make friends or preferring to be on your own
- Seeming blunt, rude or not interested in others without meaning to
- Finding it hard to say how you feel
- Taking things very literally – for example, you may not understand sarcasm or phrases like "break a leg"
- Having the same routine every day and getting very anxious if it changes

# Austic traits in girls and women



Girls and women tend to learn social behaviours by observation and copying, but may have difficulties in achieving and maintaining friendships



May be rule and routine focused



May have difficulties with changes of schedules



Can sometimes be obsessive regarding specific interests



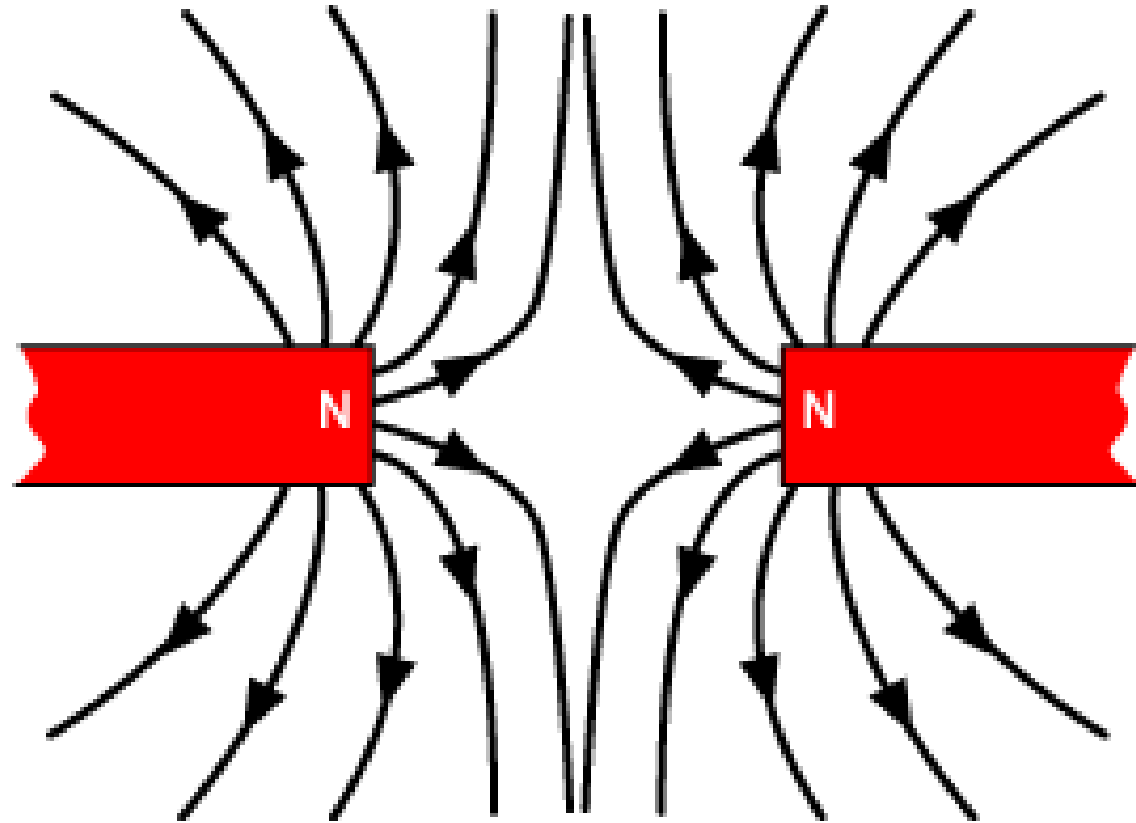
Multiple stimuli (such as crowds in corridors or noises in the office) and changes to routines can increase anxiety

Inflexibility + inflexibility = meltdown

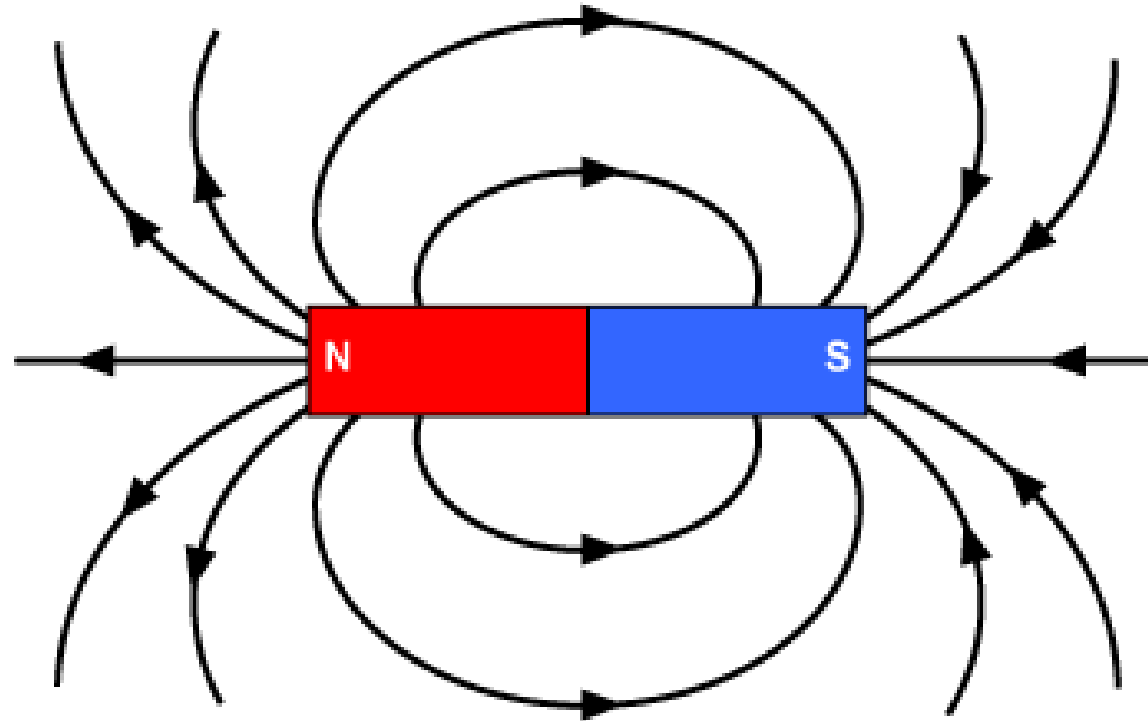
## The explosive child

Ross Greene 2004

North pole to  
north pole



North pole to  
South pole



# ADHD

A developmental difference

Pervasive –affecting more than one setting

Enduring- difficulties beyond childhood.

Neurological condition

# Impulsivity

This can be seen as:

- Act without thinking ; may come across as enthusiastic;
- Speaking and acting without always thinking of the consequences to afterwards;
- Interrupting others, as finding it difficult to waiting turn; ideas that need to be shared
- Not always learning from prior experience and this can lead to feelings of frustration and disappointment for the person;
- Not always being aware of the context to amend the way the person behaves (e.g. needing to be quiet when others are being quiet).

# Hyperactivity

This may be seen as:

- Difficulty sitting still quietly for any length of time;
- Being restless and fidgety such as tapping feet, pressing on pen, fiddling with jewelry/hair;
- Being over talkative;
- **Difficulty queuing and waiting.**

# Inattention

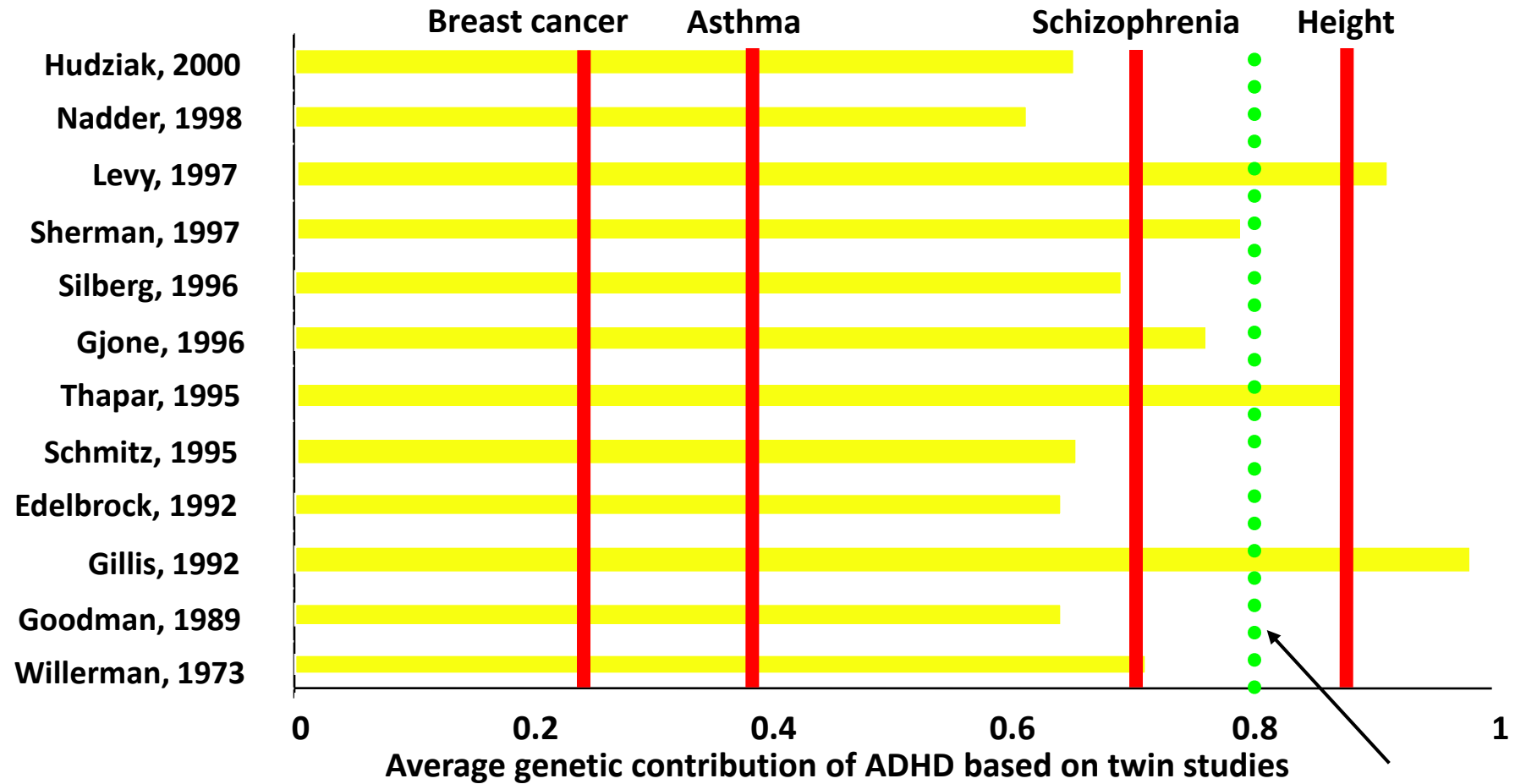
This may be seen as:

- Chat to others, move around;
- Be distracted by others conversations;
- Becoming easily bored especially if tasks are repetitive;
- Difficulty organising self and belongings; e.g. lose keys.
- Starting off a task but finding it harder to finish;
- Starting off a task but may miss out steps in the instructions as keen to complete the task or not focused on all the instructions if lengthy.

# What we know

- Genetic influences are very strong
- Several changes in the DNA of chromosomes are now known to be associated with ADHD, these changes are in the genes that control specific neurotransmitters especially dopamine

# ADHD Genetics: Heritability Coefficient



Faraone. *J Am Acad Child Adolesc Psychiatry*. 2000;39:1455-1457.

Hemminki. *Mutat Res*. 2001;25:11-21.

Palmer. *Eur Resp J*. 2001;17:696-702.

# Statistics

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The population prevalence of ADHD is **3-5% in children** and research studies suggest that approximately **60% will continue experiencing full symptoms** of the disorder into adulthood. Recent such research evidence has shown that 1.2% of children with ADHD and 0.9% of adults access care for ADHD. This suggests that the disorder is **under diagnosed in the UK**.

ADHD **affects both boys and girls**. In childhood, at least four times more boys than girls receive a diagnosis of ADHD. However, by adulthood, this evens out to a **one to one ratio**. The most common explanation for this reflects the influence that gender has on the presentation of symptoms - with girls more likely to be inattentive, not being as disruptive in the classroom but also not listening or learning.



# Another way of looking at ADHD in teenager years and adults with 3 core features

- An interest based nervous system prone to Hyper focus
- Emotional hyperarousal
- Rejection sensitive dysphoria (RSD)

# Girls and Women with AdHd

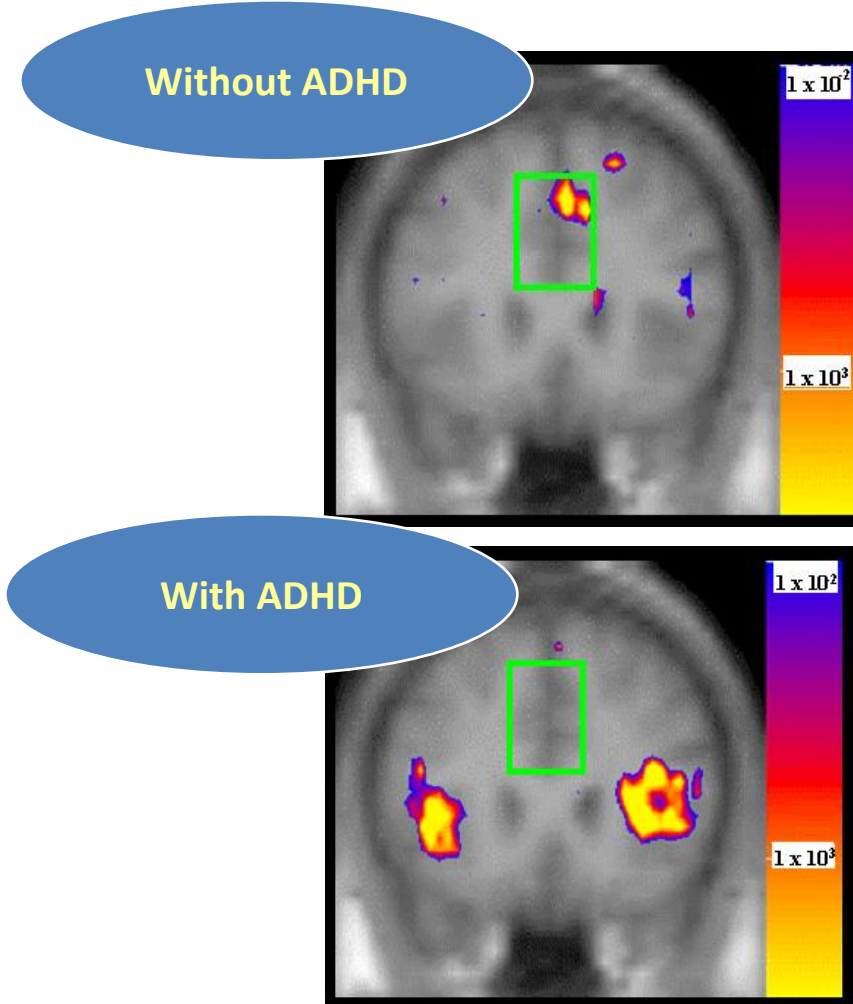


- Their problems are frequently under-appreciated
- May be inattentive only
- If hyperactive, may present differently



# Neuroimaging

- The anterior cingulate cognitive division (ACCd) plays a central role in attentional processing
- During an attentional/ cognitive interference task (Stroop test), patients with AdHd failed to activate the ACCd, but instead activated a frontal striatal insular network



# Stroop test

RED

GREEN

BLUE

YELLOW

PINK

ORANGE

BLUE

GREEN

BLUE

WHITE

GREEN

YELLOW

ORANGE

BLUE

WHITE

BROWN

RED

BLUE

YELLOW

GREEN

PINK

YELLOW

GREEN

BLUE

RED

RED

GREEN

BLUE

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ORANGE

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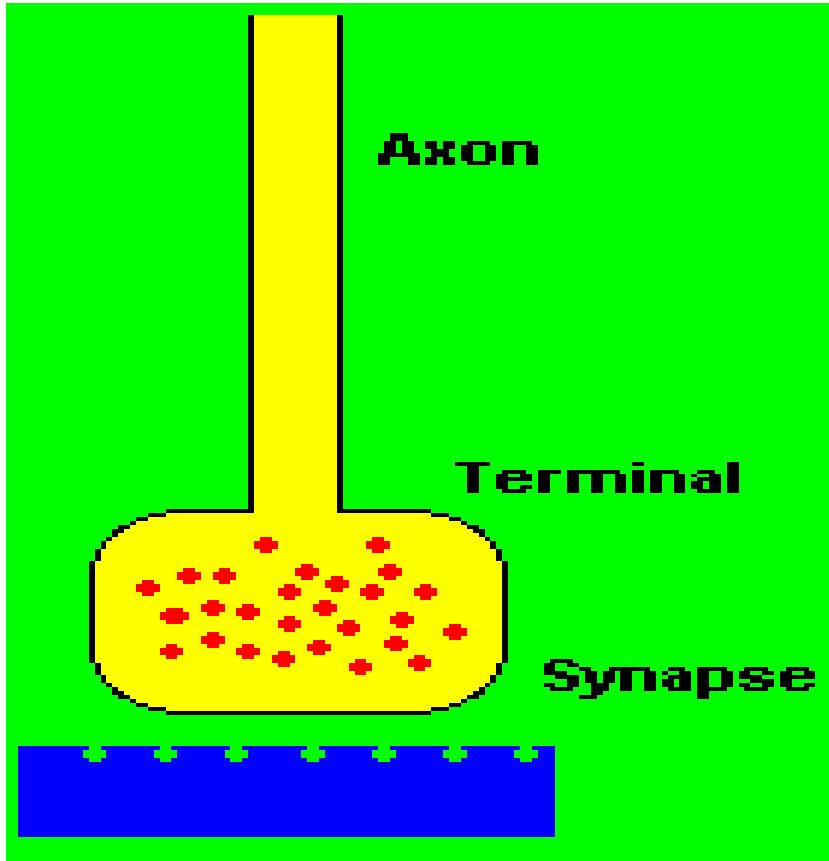
GREEN

BLUE

RED

# Neurobiology of AdHd

Problem with  
neurotransmission of  
Dopamine



# Brain Break

Any questions, comments, stories or anecdotes?

# Oppositional Defiant Disorder

A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms from any of the following categories, and exhibited during interaction with at least one individual who is not a sibling.

## **Angry/Irritable Mood**

- Often loses temper
- Is often touchy or easily annoyed
- Is often angry and resentful

# Oppositional Defiant Disorder

## **Argumentative/Defiant Behaviour**

- Often argues with authority figures
- Often actively defies or refuses to comply with requests from authority figures or with rules.
- Often deliberately annoys others.
- Often blames others for his or her mistakes or misbehaviour.

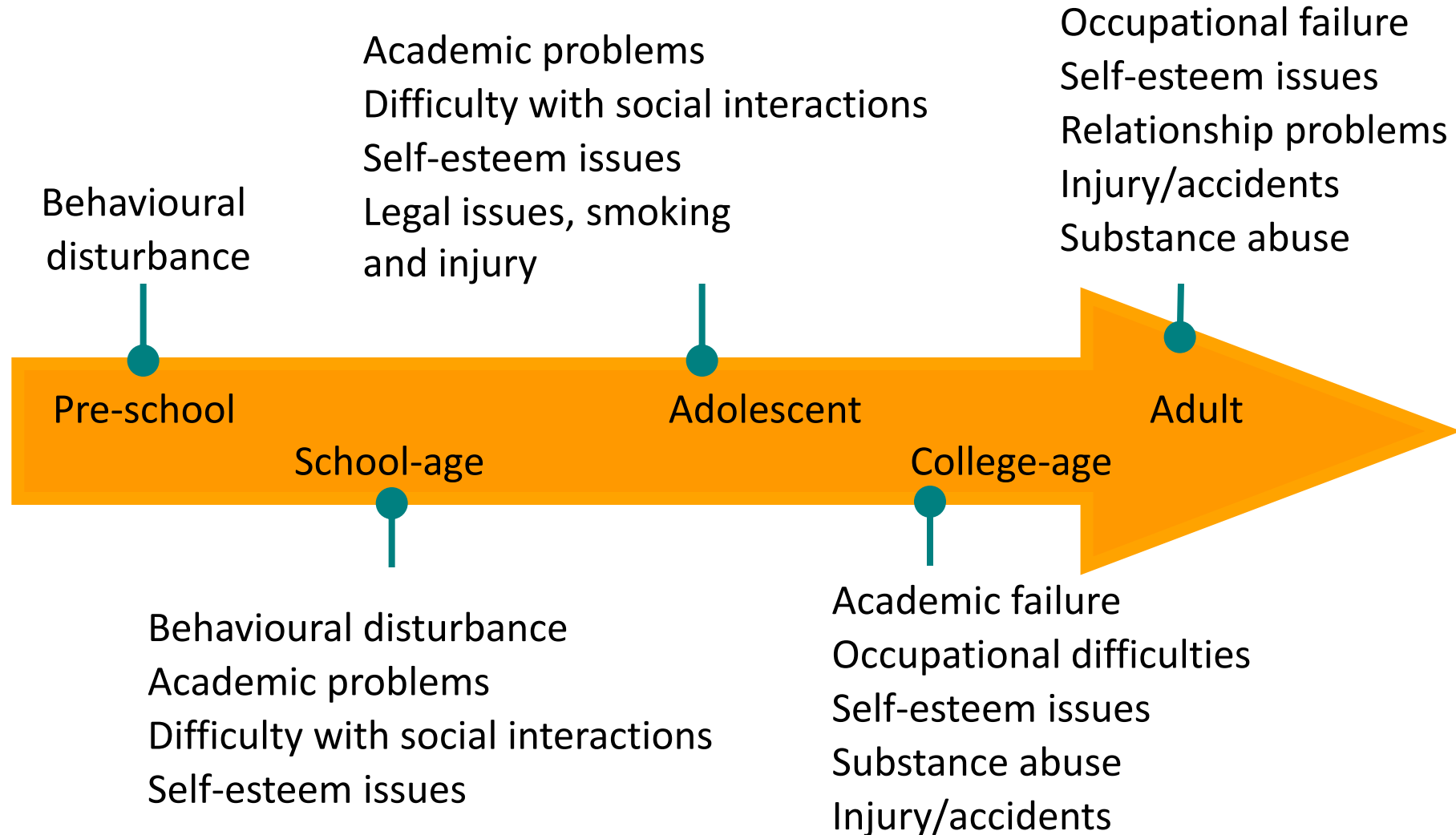
## **Vindictiveness**

- Has been spiteful or vindictive at least twice within the past 6 months.

# PDA

- Resistance to everyday demands made by others as a way of managing acute anxiety
- Surface sociability, but apparent lack of sense of social identity, pride or shame
- Liability of **mood**
- Impulsivity led by need to control
- Obsessive behaviour
- Learners with PDA may use social skills to manipulate; these skills are, however, at a functional and logical level rather than at a deeper emotional level.

# Potential presentations at different ages



# A formula for support



# SF3R

Adapted from O'Regan F (2018) Successfully Managing Children  
ADHD Second edition: Routledge Falmer Press



# Structure in terms of rules

Reduce

- Reduce anxiety

Enhance

- Enhance motivation, confidence and self esteem

Support

- Support concentration and reduce distractions

Facilitate

- Facilitate independence

# Rules, Rituals, Expectations for home

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- Think about the things that matter to you and the rest of the family
- Get the whole family together to discuss the expectations/rules
- Decide on a maximum of 3/4 at the start
- Make them clear and brief
- Make them practical to enforce
- Make them visual

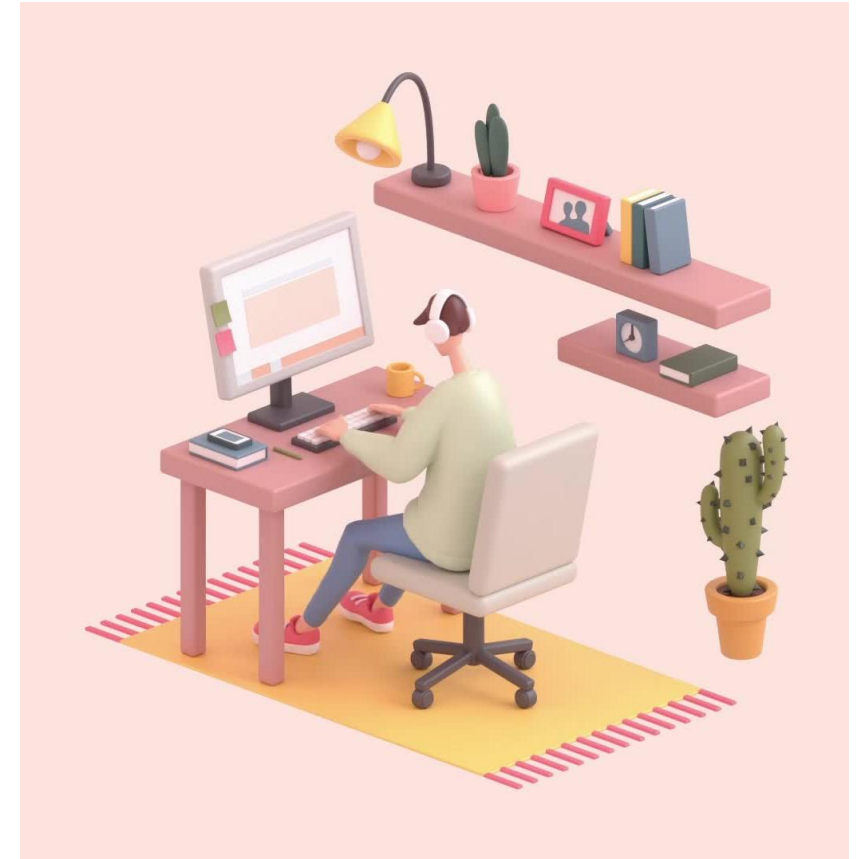


# Rules, Rituals, Expectations

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Areas that you could consider for rules, rituals, expectations at home are the following:

- Getting up and Going to bed
- **Mealtimes (no screens)**
- Homework
- **Dealing with frustration**
- Clearing up
- Self hygiene
- TV , Computer, Phone
- Time in getting back if at home when going out
- .....others



# Structure and Flexibility

Band 1

Band 2

Getting up/Going to bed

Tidy bedroom

No Food upstairs/No shoes in the house

Giving you the look

Meal times are for eating and chatting

Interrupting

Following instructions on time out of the house

Slamming doors

Time on screens

Annoying others

Non aggressive response to others

Homework

# Style and beliefs

- **Your style** affects the climate in the home
- **Your style** models the behaviour that children copy
- **The beliefs** that you hold determine your style of approach



# How Neurodiverse are you?

How long can you sit still?



What do you do when you can't?



How much do you like things done your way!

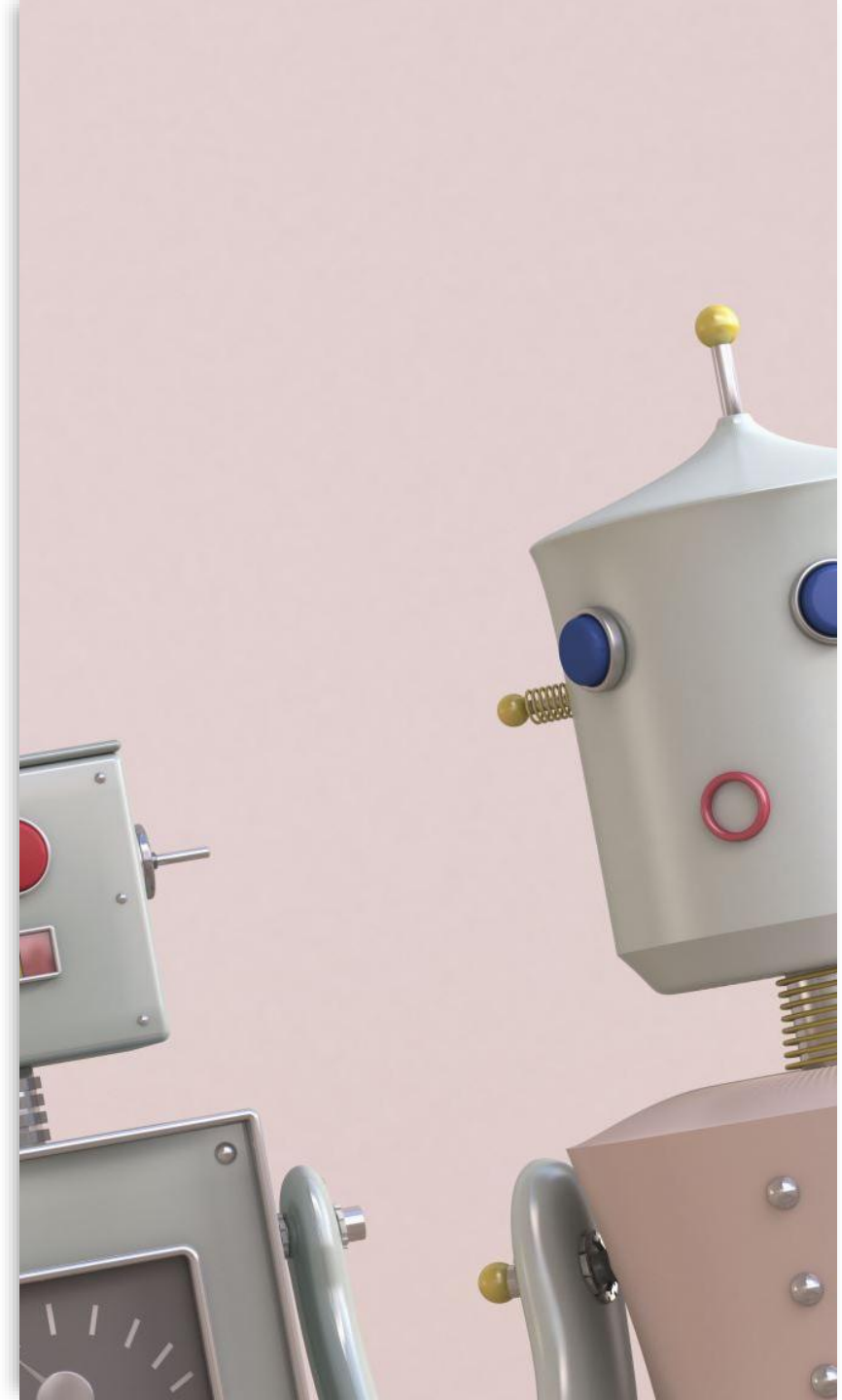


What happens when people disagree with you

# Some Parenting styles

- **The Controllers**
- **The Friend**
- **The Benevolent Dictator**

Also The Grumblers, The Optimist, The Competitive one, The Pacifist, The Chatterbox, Dull as dishwater, The Explosive



# Controllers

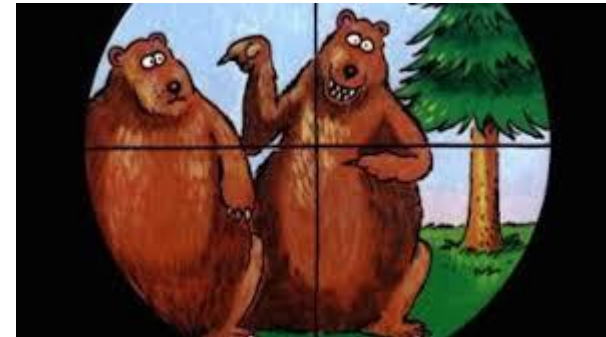
## Attitudes

- Children should be seen and not heard
- **If one person gets away with it, they will all do it**
- It's a battle and I aim to win it

# Mood

The 3 key moods you need to think about are

1. Your mood
2. The mood of the others
3. The mood of the child



# Emotional Intelligence

1

KNOWING YOUR  
EMOTIONS.

2

MANAGING  
YOUR  
EMOTIONS.

3

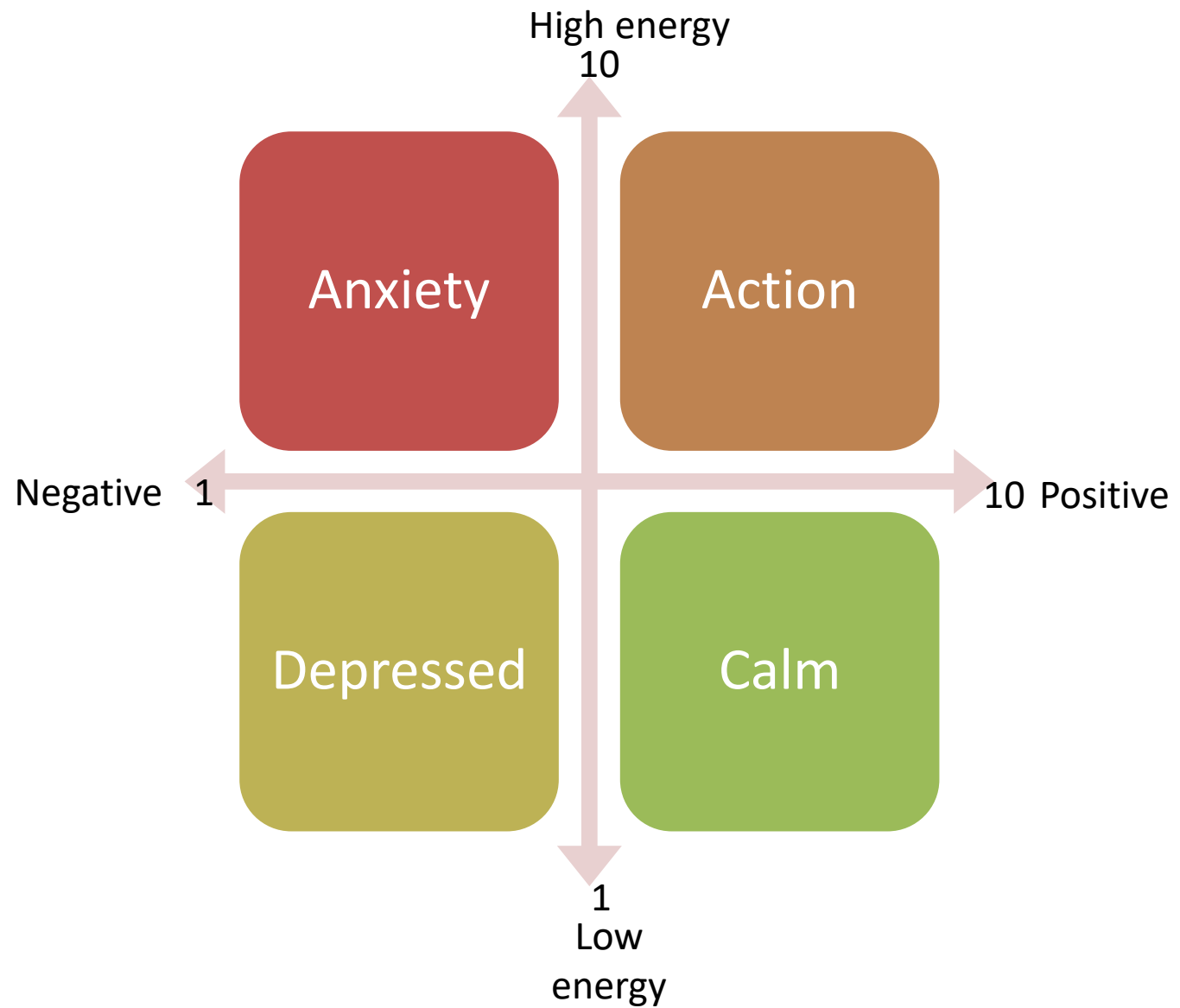
MOTIVATING  
YOURSELF.

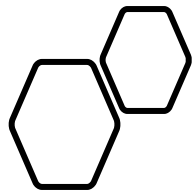
4

RECOGNISING  
EMOTION IN  
OTHERS.

5

HANDLING  
RELATIONSHIPS.





# Key Mood agents



**YOUR  
SURROUNDINGS**



**YOUR PHYSICAL  
HEALTH**



**YOUR  
RELATIONSHIPS**

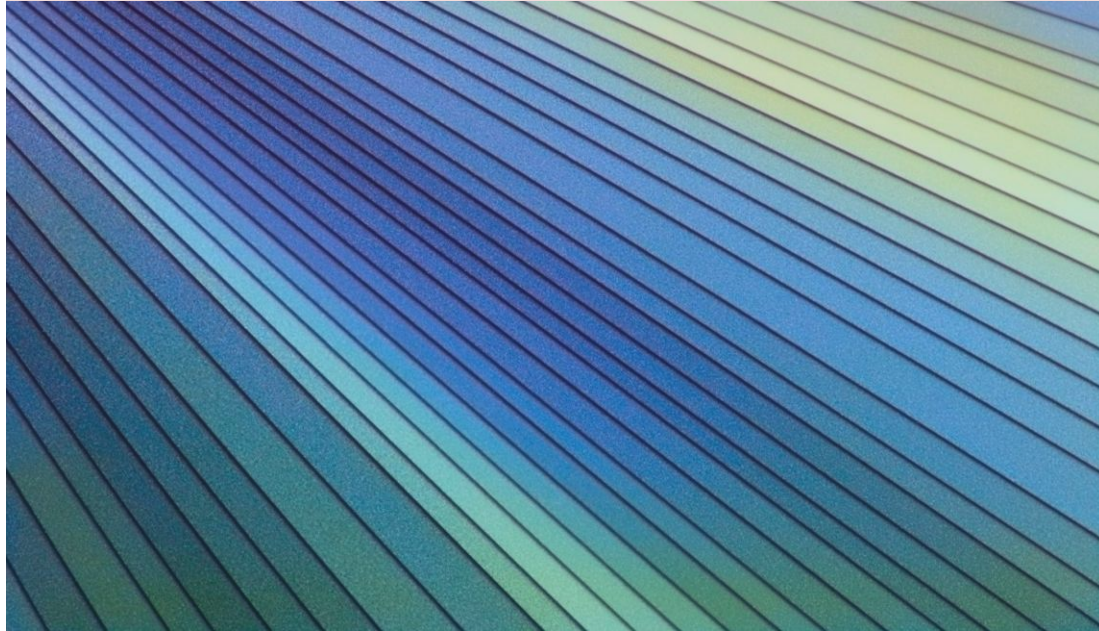


**YOUR  
KNOWLEDGE**



**YOUR NATURE**

# Tips for ASC



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Provide areas in the home where the child can have their own space

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Ensure element of continuity and prepare children in advance for changes

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Visual task list when possible

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Explain jokes, idioms and figures of speech

# Managing sensory issues

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Heightened sensitivity to sensory stimuli (including lights, sounds, smells, textures)

Certain environments distracting / disturbing (eg: swimming pools, airports, supermarkets, restaurants)

If possible, ascertain patterns in behaviour

Careful planning may be required

# Exercise and the Brain

Aerobic exercise physically remodels the brain for peak performance on three levels:

- It optimises your mind-set to improve alertness, attention, and motivation;
- It prepares and encourages nerve cells to bind to one another, which is the cellular basis for logging in new information;
- It spurs the development of new nerve cells from stem cells in the hippocampus." In short, not only does exercise help the brain get ready to learn but it actually makes retaining information easier.

# Move: The new science of body over mind



- “Our biological baseline is to be up on our feet moving and thinking at the same time”
- Putting weight on your feet compresses the major arteries of the feet increasing turbulence in the blood and increasing blood flow to the brain by a further 10 to 15%
- <https://www.newscientist.com/article/mg25033350-400-how-the-way-you-move-can-change-the-way-you-think-and-feel/>

# Communication



7% WORDS



38% TONALITY, VOLUME  
AND TEMPO



55% NONVERBAL SIGNALS

# Assertive Body language

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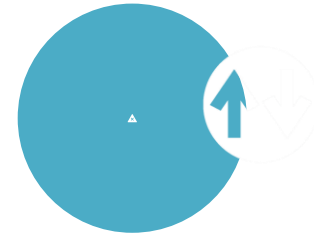
EYE CONTACT; BE FLEXIBLE AT TIMES.



HEIGHT/ LEVEL POSITIONING.



RELAXED.



NODDING.



PERSONAL SPACE-BALANCE.



FACIAL EXPRESSIONS.

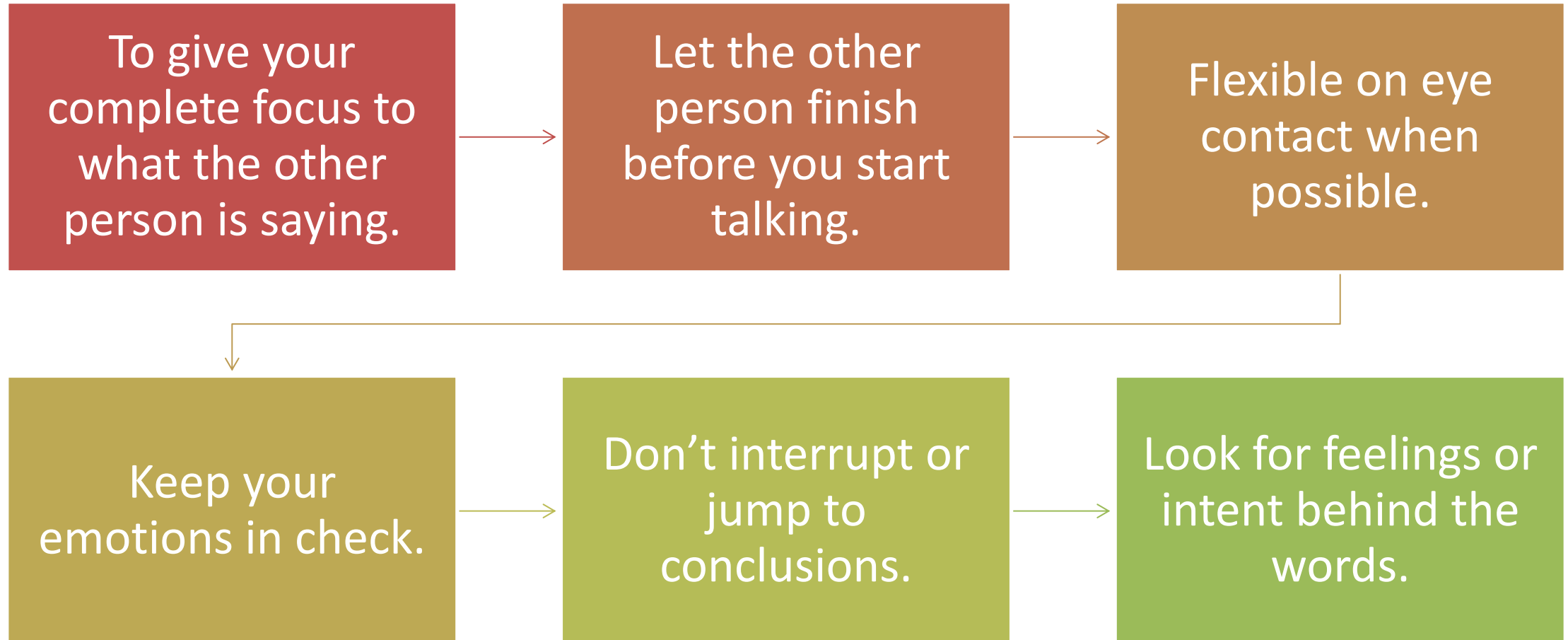


NOT FIDGETING YOURSELF.



FOCUSED, ACTIVE LISTENING.

# Active Listening



# Do it with flowers.....

## Instead of saying

Be quiet! Can't you see I'm talking?

How many times do I have to tell you?

You're always getting into trouble

Sadie sit down for dinner

I'm warning you...!

Angrily.... Stop it



## Maybe try saying

Please don't interrupt

Please listen carefully

Do you need me to help you with this?

Sadie you should be sitting down

Please listen to me.

I need you to get back on task/line/learning

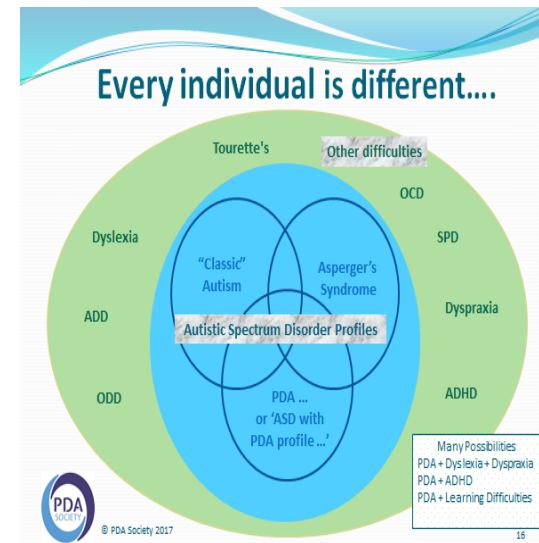
# Assertive sentence starters

- Lets...
- I need you to...
- In five minutes you will have...
- When I return, I will see...
- Today we are going to...
- You will be...
- I expect you to...
- I know that you will...
- Thank you for...



# PDA: The 5 golden rules

- Think ahead
- Give the child notice
- Monitor the child's stress levels and scale back demands
- Create space
- Keep calm






## Use indirect language

“Really it’s just how somebody asks her to do something; if he sees it as ‘We need to go and do our reading now’ she will refuse to do it, but if it’s ‘Oh it’s our discovery time today, we’re going to do some reading, would you like to choose a book from these two?’ then she’s more compliant.”

Parent quote



# Indirect language

## Useful sentence starters

- “I wonder if we can...”
- “Let’s see if we can make something...”
- “I can’t see how to make this work...”
- “Shall we see if we can beat the clock...”
- “Maybe we could investigate...” “
- Who do you want to help us today...”

## Try to avoid saying:

- “It’s time for you to...”
- “You’ve got to...”
- “You need to...”
- “You must” ...



# Refocusing the conversation

## Young person

- 'It wasn't me'
- 'But they were doing the same thing
- 'I'm going to report /sue you''
- 'I was only.....'
- 'You are not being fair'
- 'It's boring'
- 'You are annoying'

## Adult

- 'I hear what you are saying....'
- I understand.....'
- Be that as it may....'
- 'Maybe you were....and yet....'
- 'Yes I may appear unfair...'
- 'Yes you may think it boring... yet'
- 'That could be true however what I need to'

# Mood

- Bored
- Attentive
- Tired
- Hungry
- Scared
- Attracted to



# Problem solving ABC

- When do the problems occur? (time of day, specific situations)
- What are the triggers (interaction with others, boredom, particular tasks)
- In confrontation how does he/she react
- In what way does your response to the child affect the outcome
- What seems to have a positive affect (your approach; humour, change of task)

# Anger and Rage

- **Anger is a real feeling and we all have the right to feel angry when we feel our needs are not being met**
- **Rage is a protracted burst of anger which often gives the protagonist a feeling of power over the person at the receiving end.**
- **Rage or anger tantrums undermine relationships and could be seen as bullying. This can destroy trust and confidence in the victim.**



# Anger is like a Storm

- **Storms happen and they don't ask permission**
- **Sometimes you get warnings (gathering clouds, changes in pressure or wind direction, light fading, sudden darkness)**
- **Sometimes storms appear out of the blue**





# Diffusing



**GET IN QUICK  
AND BE POSITIVE**

**DIVERT THE  
CHILD ON TO  
SOMETHING ELSE**

**RELOCATION**

**CHANGE OF  
STYLE**

**CALMING BODY  
LANGUAGE**

**HUMOUR**

# Discussion

Talk to another delegate regarding a situation supporting a confrontational child

What happened?

What did you do?

How did it end?

How did you feel and/or others feel afterwards?

# Options to consider for support

Diet

Exercise

Sleep

Cognitive Behaviour Therapy

Counselling

Coaching

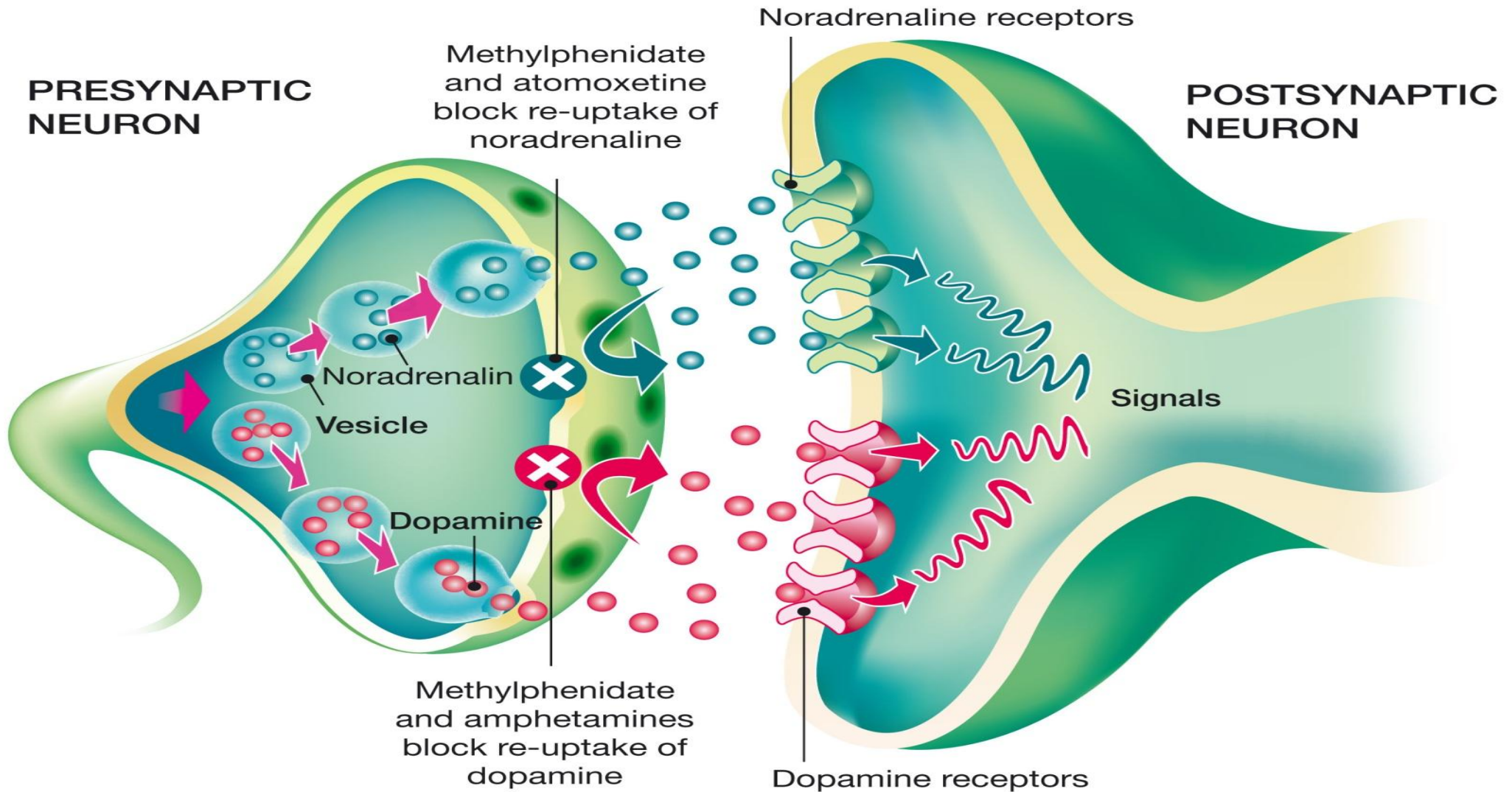
# Medication Options



## When?

- Only after comprehensive evaluation
- When earnest attempts at non-medical interventions have proved insufficient
- When the child is at risk of emotional and/or academic failure

# Mechanism action





# Impact of Medication

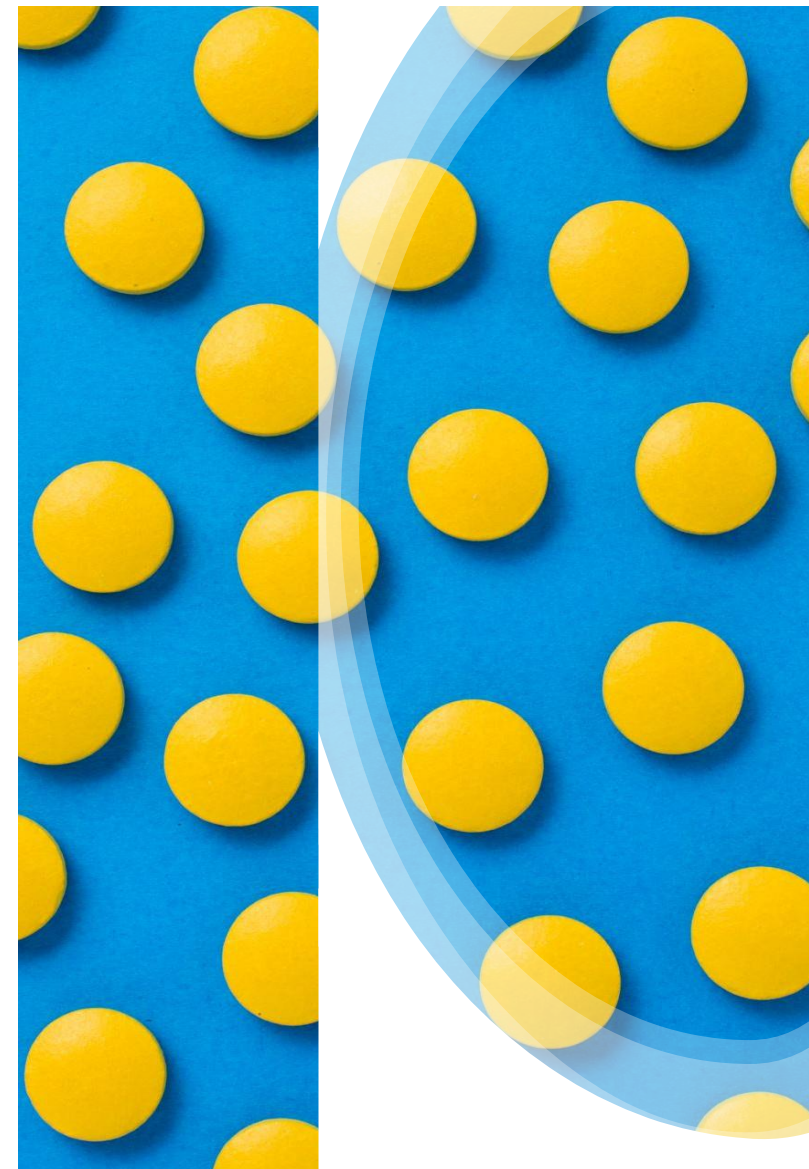
- Medication initially treats the core symptoms of ADHD
- Flow on effect to improved self esteem and social skills
- Improvements allow other strategies to be more effective i.e. behavioural management, educational strategies etc

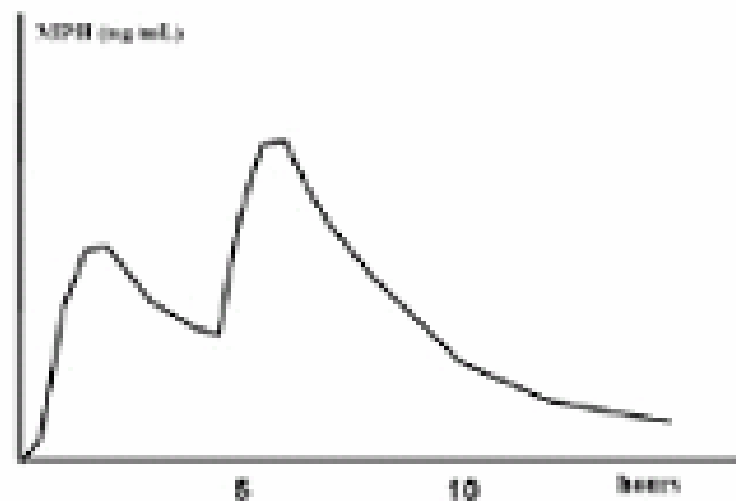
# Medication Options

There are 5 main types of medicine licensed for the treatment of ADHD:

- **Methylphenidate:** Brand names are Medikinet, Equasym and Concerta which have different activation profiles
- **Lisdexamfetamine.** The brand name is Elvanse
- **Dexamphetamine:** The brand name is Amfexa
- **Atomoxetine:** The brand name is Strattera
- **Guanfacine:** The brand name is Intuniv

The first 3 are stimulants and the last 2 are non stimulants.

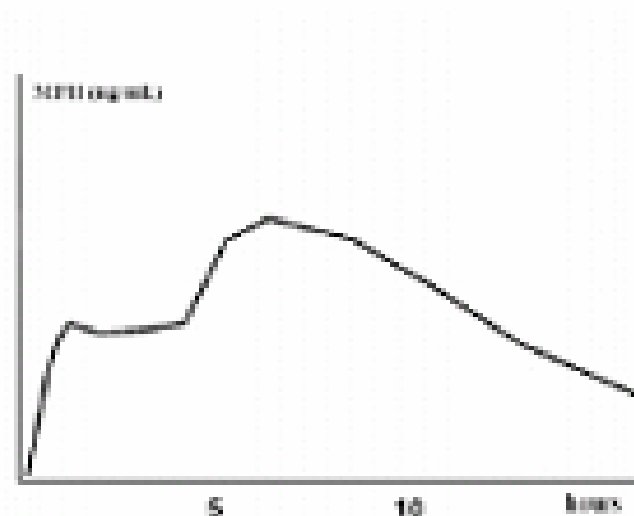


**MPH IR BID**

% IR

% ER

100%

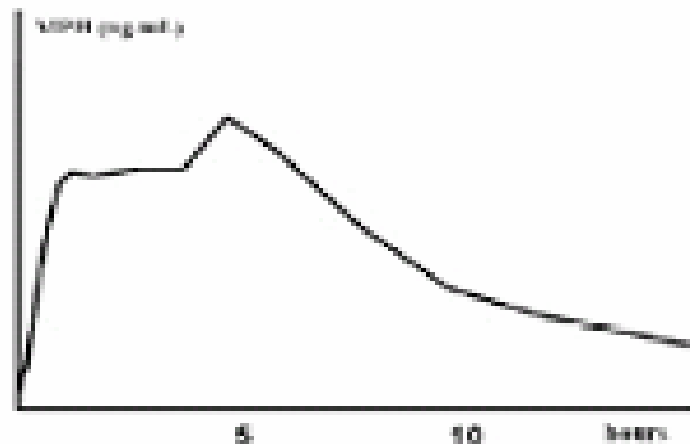
**CONCERTA XL**

% IR

% ER

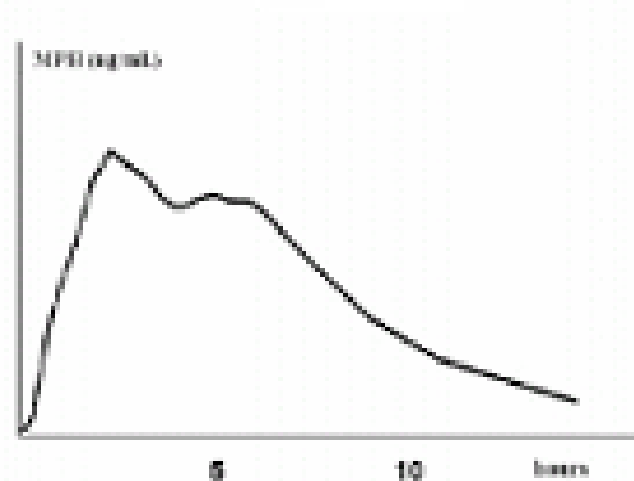
22%

78%

**EQUASYM XL**

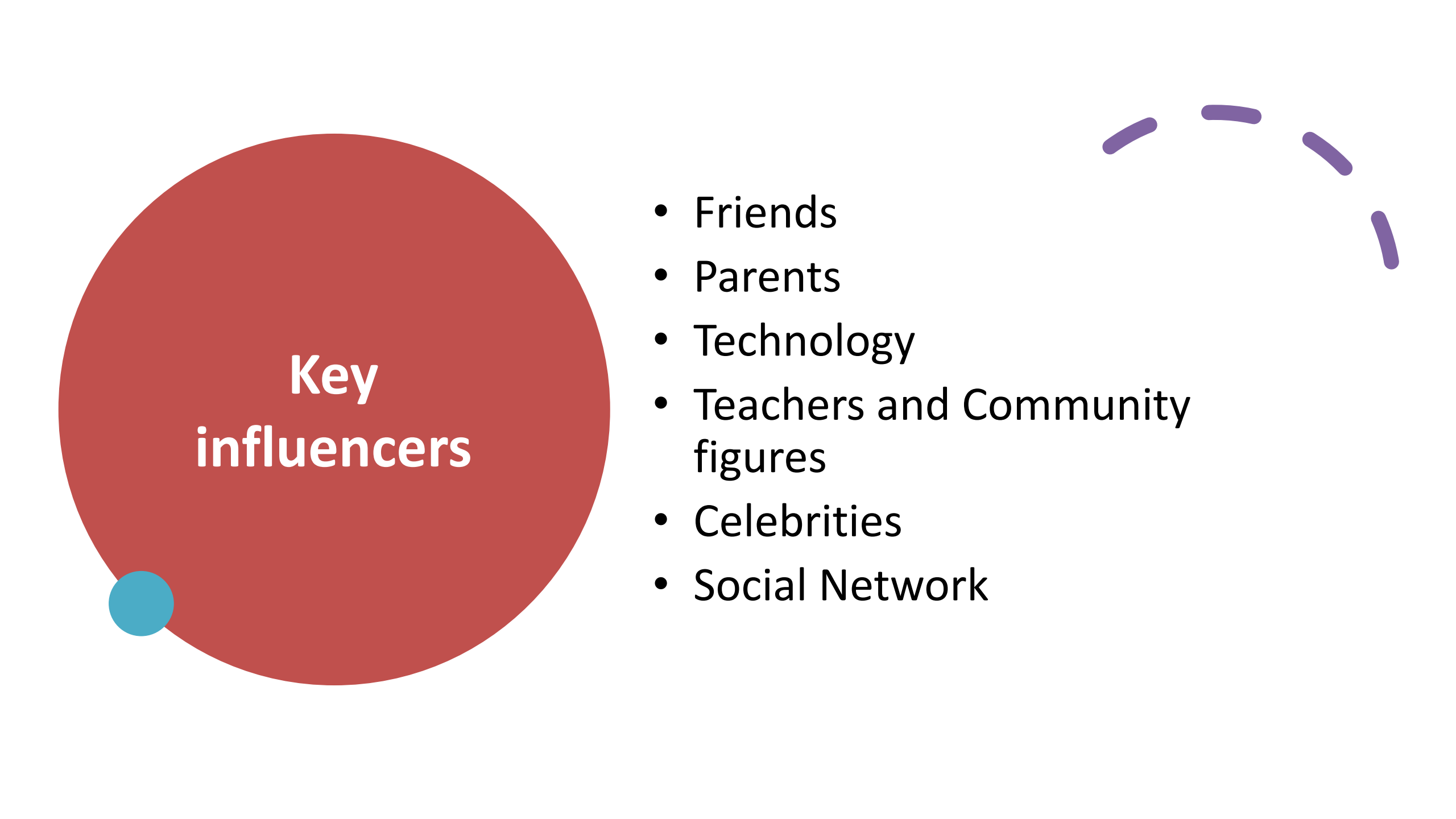
30%

70%

**MEDIKINET XL**

50%

50%



## Key influencers

- Friends
- Parents
- Technology
- Teachers and Community figures
- Celebrities
- Social Network

# Working with Teachers/Pastoral staff

Listen and acknowledge

Listen and acknowledge –allow them to express themselves and the situation

Ask

Ask them what they think they need in order to resolve the issue

Agree

Agree to reasonable requests for support from home. Consider when and who will action them.

Give

Give them a clear and realistic date when you will contact them or they will contact them to assess progress or options

Thank

Thank them and remember that they have your child's best interest at heart