



The Centre for ADHD Awareness, Canada

**The only Canadian charity focusing solely on ADHD,
providing leadership in education, awareness and advocacy
to improve the lives of families and individuals with ADHD
across Canada**



CADDAC Interactive ADHD Adolescent Parenting Course

Self/Emotional-Regulation

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Self/Emotional-Regulation

Self-Regulation and ADHD

Emotional Dysregulation and ADHD

Recognizing Triggers

Tips for Parents

Social Impairments

Oppositional Defiant Disorder

Collaborative Proactive Solutions

SELF REGULATION

Self-Regulation and ADHD

- Self-regulation is the ability to direct or manage actions, behaviours, thoughts and emotions to achieve a good outcome or goal – used in all aspects of life
- Emotional regulation is also a form of self-regulation
- Executive Functions are specific forms of self direction leading to self regulation (Barkley)
- ADHD is considered to be a disorder in self-regulation
- Adolescents with ADHD are generally a 2-3 years delayed – they appear less mature because they regulate their behaviour at the level of someone younger
- Delays may improve somewhat as the child matures, but impairment is likely to continue
- Sensory overload can also contribute to the inability to self-regulate and not become overwhelmed



We Must Assist with Self-Regulation

- Adolescents will need assistance to help overcome delays in acquiring these skills while we compensate for their impairments
- Internal self direction is impaired so they will need more externalize direction – cues, charts, lists
- The sense of time is impaired so time representation and management will need assistance
- Internal motivation is also commonly impaired – therefore external motivation needs to be increased – positive, immediate consequences
- The abundance of external distractors need to be decreased
- ADHD is a problem with “doing what one knows” rather than “not knowing what to do” (R. Barkley), so nagging the child about what they need to do will not help the child do what they already know



EMOTIONAL REGULATION AND ADHD

Emotional Dysregulation

- To be successful at emotional regulation one must:
 - Calm oneself and be able to manage strong emotions (not give into impulsive outbursts)
 - Handle frustration
 - Remain flexible when the unexpected happens
 - Stop and reflect on the situation
 - Consider how to handle the new situation and come up with a solution
- Emotions can be so strong that they immediately overwhelm the teen or they can build up and accumulate until they can no longer handle them
- A lack of self-regulation skills allows the reactive part of the brain (fight, flight or freeze) to take over
- Stressful situations are interpreted as threatening
- Emotional dysregulation is a symptom of ADHD although not listed in the DSM



Emotional Dysregulation and ADHD

- We see the teen as reacting wrongly or out of proportion
- But they have interpreted the situation as negative (possibly incorrectly) which results in very strong emotions that they are unable to tame
- Emotions expressed are rational and understandable when examined, but are not being moderated or inhibited
- Emotions are provoked by an incident – unlike mood disorders – it may take some work to discover the trigger(s)
- Some presentations are: greater excitability, quick to anger, slow to return to emotional calm, lower frustration tolerance and less able to cope, less inhibition when expressing emotions, inflexible
- Inappropriate expressions of emotion are socially very costly – friendship issues are not due to inattention
- Motivation is also regulated by emotional regulation



EF and Emotional Regulation Fuel Tank

- Adolescents only has a limited amount of self-regulation – both EF and ER (think of a fuel tank) (Dr. R. Barkley)
- The longer these skills are needed the more they become depleted and less accessible to the teen
- If adolescents are placed into an environment where regulation of emotions are required for long periods their skills will deplete
- Once depleted one final thing even though minor may illicit a meltdown
- Be proactive and anticipate times when the teen is likely to be in a situation where their skills in self-regulation will be tested – change the situation, remove them, forewarn and forearm them



Ways to Replenish the Fuel Tank

- Immediate and greater rewards to illicit positive feelings
- Pep talks by others and positive self talk
- Frequent breaks – 10 minute on and 3 minute break
- 3 minutes of relaxation exercise
- Visualization of goals
- Routine physical exercise
- Glucose ingestion – sports drink



RECOGNIZING TRIGGERS

Physical Sensitivities

- Similar to those with ASD, those with ADHD are known to have higher rates of emotional sensitivity or criticism (Rejection Sensitive Dysphoria RSD???) and physical stimulation
- They notice more aspects of their environment leading to overstimulation while they have issues filtering out or disregarding sensations or stimuli (multiple conversations)
- They can be hypersensitive to noise, touch, light, sound, smell and pain
- Sensory processing disorder, the difficulty in processing external stimuli leading to overstimulation can be a factor in 40-80% of those with ADHD
- They have higher rates of asthma, eczema or allergies

[Atypical Sensory Profiles in Adult ADHD, Irrespective of Autistic Symptoms J Kooij](#)

[RSD Web MD](#) [TheraSpecs](#)



Strategies to Recognize & Decrease Triggers

- You will need to become a detective
- Keep a log or journal
- Use the Behaviour Chart
- Ask the teen why they are feeling a certain way – if you receive an “I don’t know” offer them two choices (e.g. “What you are doing is difficult” or “You would rather be doing something else” (homework assignment example)
- Think about which impairments may be adding to their frustration
- Question whether your expectations are reasonable and decrease if required
- Once impairments and triggers are apparent implement individualized strategies
- Review success of strategies and change when required – several may need to be tried



Using a Behaviour Tracking Chart

Using a Behaviour Tracking Chart (Revised ABC Chart)

If your child is having frequent “meltdowns” or exhibiting behaviours that are puzzling using this type of chart can be beneficial to pinpoint what situations or impairments may be triggering the behaviour.

Steps

- Record the date, time and place that this occurred and what the child was engaged in doing at the time.
- Record what happened right before the behaviour being recorded occurred (Antecedent)
- Record exactly what the behaviour looked like (Behaviour)
- Record what those around the child did, (Consequence) and how the child reacted
- This allows us to also evaluate the adult’s response and if their intervention was helpful or made things worse



CADDAC ABC Behavioural Chart



Date and Time	What occurred before the event - trigger?	What was the child's exact behaviour?	What was the parental or educator response?	What was the child's response to this action?

TIPS FOR PARENTS

Questions to Ask When a Meltdown Occurs

- Has the adolescent been triggered by a specific incident, time, place, situation, environment?
- Are they reacting to frustration?
- Does the teen feel that they are not being heard?
- Are they being asked to behave or do a task that is beyond them? Do they have the skills?
- Are they reacting to a certain task that requires EF skills that they lack?
- Which EF impairments are in play when these behaviours occur?
- Is something in the environment triggering a sensitivity?
- Did they have a “meltdown” because their fuel tank was depleted?



How Might You Be Able To Help?

- How might you change the teen's environment to avoid triggers?
- What is causing the frustration? Can you reduce the cause or assist them in dealing with it?
- What accommodations can we put in place to assist with the impairment that is causing the issue?
- Can you assist the teen to adequately express themselves?
- How can you help to replenish their fuel tank sooner or avoid depleting it?
- Can you decrease the load on their attention or EF skills?
- Can you help the teen become more aware that their fuel tank is becoming depleted?





Tips for Parents

- Do not punish for a lack of self-regulation skills – it will increase frustration, cause shame, erode the parent/teen relationship and will not teach skills.
- If quiet time away is needed for the teen to calm frame it as a tool or privilege, not a punishment.
- Keep your own emotions in check and remain calm.
- Adolescents mirror the emotions they see around them.
- Lower the volume of your voice and speak calmly.
- Let them know that you recognize what is happening or that what they are doing is difficult.
- Let them know that you want to help them figure out how to make it easier.
- Knowing that you “get it” can be very calming.



More Tips for Parents

- A structure and routine allows the adolescent to know what is coming and what is expected of them.
- Teach your teen about their brain, their emotions and the vocabulary to express their emotions.
- Use the situation, when emotions are reduced, as a teaching opportunity. How can we alter the situation to reduce stress the next time? What strategies can they use? How can they ask for help?
- Develop realistic expectations.
- Reduce demands if they are too great.
- Use an abundance of positive feedback and rewards.
- Teach self soothing skills – deep breathing/counting, music breaks, physical activity breaks, positive self talk, remove themselves from the thing that is causing them stress.

Useful References

- Russell Barkley [The Important Role of Executive Functioning and Self-Regulation in ADHD](#)
- Russell Barkley [The Importance of Emotion in Understanding ADHD](#)
- Cynthia Yoo [How to Support Self-Regulation Difficulties in Children, Foothills Academy](#)
- Amanda Morin [Trouble With Self-Regulation: What You Need to Know](#)



SOCIAL IMPAIRMENTS

50 to 70% of children with ADHD are rejected by peers

Which ADHD symptoms do you think are most often the cause?



Social Impairments

- Even bright teens with ADHD will not necessarily pick up skills naturally – especially social skills .
- Social impairments are due to poor social skills, caused by Executive Functioning impairment and emotional dysregulation.
- Poor language and engagement skills also lead to poor social skills.
- Aggressive interaction, lack of insight and a lack of social problem solving skills leads to social rejection by peers.
- These adolescents are easily frustrated by others, but fail to recognize how and why they frustrate others.
- Quiet inattentive adolescents may be bullied and ostracized.



Presentation of Poor Social Skills

- Impulsive acts and speech (blurting out things)
- Difficulty taking turns
- Difficulty initiating and using language
- Interrupting and disturbing others
- Aggressive interaction
- Misunderstanding rules and instructions
- Concrete thinking and inflexibility around rules
- Not knowing how to initiate interaction with others
- Emotions displayed in socially unacceptable ways



Social Skills Intervention

Social skill training programs have very limited success if they do not occur in the actual home and school environment

More Successful Strategies

- Teach and model specific social skills daily – actively teach and model the behaviour you want to see.
- Use immediate high levels of positive feedback.
- Be aware of teens who are at risk of being bullied.
- Put protections in place to prevent bullying and exclusion.
- Monitor your own behaviour to prevent setting up a child for bullying.
- Being part of a positive environment helps the teen feel connected and increases their desire to interact socially.
- Parent friendship Coaching (Amori Mikami UBC)



References

- Barkley RA, The Importance of Emotion in Understanding ADHD, adhdlectures.com/lecture-view.php?lectureID=16
- JJ Gross 1998 review of general psychology, 2,271-299
- Martinussen R, Tannock R, with McInnes A, Chaban P (2006). TeachADHD Teacher's Resource Manual (DVD enclosed; Website: www.teachADHD.ca). TVOntario, Toronto, Canada [www.tvontario.org/sales/teachadhd] (Particularly useful)
- Smoot DL, Understanding Oppositional- Defiant Disorder, <http://www.smootpsych.com/uploads/2/9/0/6/2906704/odd.pdf>
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2903643/>
- <http://adhdanswers.blogspot.ca/2011/02/how-you-can-be-friendship-coach-for.html>



OPPOSITIONAL DEFIANT DISORDER (ODD)

Oppositional Defiant Disorder/ ODD

Definition: Pattern of anger, hostility, stubbornness, low frustration tolerance, and resistance to authority (especially parental)

Facts:

- Most common comorbid disorder for ADHD – 40 to 80%
- Parents report difficult temperament in early years
- Studies show that ODD behaviour occurs most frequently at home, then at home and also at school and most rarely at school alone
- ODD need not turn into Conduct Disorder, but research shows that 40% do



Symptoms of ODD

- Argumentative and reacts defiantly and impulsively
- Falls apart when frustrated
- Extreme lack of flexibility in actions and relationships – black and white thinker and overly focused on unfairness
- Difficulty with transitions and change – cannot shift gears easily
- Annoys other people, yet easily annoyed by others
- Invades other's personal space
- Blame others for their own mistakes, yet easily annoyed by other's mistakes
- Quick to anger and hold on to anger for longer periods
- Continue negative behaviours even when it is clearly not in their best interest – unlike manipulative adolescents
- Defiance or temper may appear to come out of no where
- May experience sensitivities to clothing smells etc.
- More sensitive to being hungry or tired than other teens
- Meltdowns common – what is a meltdown?



Why Does ADHD set the Child up for ODD?

ODD is driven by biological issues

- Self and Emotional regulation impairments + executive functioning impairments + impulsivity sets the teen up for ODD
- Poor social skills, language difficulties and other LDs, anxiety and depression add to issues driving ODD
- Adolescents with ODD have underlying impairments

Social interaction can increase ODD

- ODD can be impacted by disruptive and inconsistent parenting – switching between very strict and permissive parenting
- Understandable due to parents' own ADHD and the difficulty parenting these teens – family stressors



Interventions for ODD

- Medication can improve Emotional Regulation
- Therefore medication may help to improve ODD
- Parenting interventions should be taught
- Collaborative Proactive Solutions (CPS) formally Collaborative problem Solving (Dr. Ross Greene)
- Parents should be screened for ADHD and disruptive parenting
- Parental treatment required if ADHD is diagnosed in the parent(s) WHY?
- If comorbid CD exists – moving away from area of deviant peers may be required



Questions to Ask Ourselves



How do we normally react to what we interpret as a teen's defiance?

Why does understanding ODD as an impairment helps us to put better interventions in place?

Beliefs about Behaviour

- Your underlying belief as to why the behaviour is occurring will dictate your reaction.
- A common belief is that a teen's behaviour is always due to a parent's (adult's) interaction with them (nurture/nature).
- If your belief that the teen is simply being, manipulative, attention seeking, controlling, defiant, stubborn your interaction will be negative and destructive.
- If so, behaviour modification/consequences will be your chosen intervention (this is most often how schools respond). (Next slide)
- Is the goal to just stop the behavior or discover the underlying cause to decrease/stop the reoccurrence?
- Impulsivity will prevent the teen from considering consequences prior to a behaviour.



Behaviour Modification

- Antecedent + choice in behaviour = consequence
- If behaviour is altered so is the consequence – bad to good, good to better, bad to worse
- If behaviour is not favourably altered, the negative consequence increases
- Punishment stops a behaviour but does not automatically replace it with the desired behaviour
- Traditional reward punishment, increases motivation to comply and perhaps some lessons in right and wrong
- However, if skills are lacking in EF, and ER, frustration control etc. punishment will not teach these skills
- We will simply be punishing the teen's impairments



COLLABORATIVE & PROACTIVE SOLUTIONS

Collaborative & Proactive Solutions

<https://www.youtube.com/watch?v=jvzQQDfAL-Q>





Collaborative & Proactive Solutions

(formerly) Collaborative Problem Solving Approach

**Dr. Ross Greene -Books “The Explosive Child” and “Lost at School”
“Children do well if they can” not “If they want to”**

“... challenging behavior occurs when the expectations being placed on a kid exceed the kid’s capacity to respond adaptively.” “They are lacking the skills to handle our demands and expectations.”

Green believes ODD is the “fever of the illness”

Main ideas behind this approach:

- ODD is caused by a lag in cognitive (thinking) or EF skills not due to attention seeking, manipulation or lack of motivation
- Therefore the best way to deal with this behaviour is to teach skills rather than through rewards and punishments
- These skills need to be taught in the natural setting by figuring out what the lacking skills are and problem solving

CPS Approach

- CPS does not focus on the behaviour but rather on the unsolved problem
- It is not focused on rewards and punishment
- A hint that lagging skills are the issue is when teens are not always exhibiting challenging behaviours
- Our job as adults is to figure out what is getting the child's way of doing well
- What skills is the child lacking?
- Four main categories: flexibility, frustration tolerance, adaptability and problem solving
- Or, do they have the skills but are lacking the ability to apply them when needed?



Lagging Skills (ALSUP)

Dr. Ross Greene, Lives in the Balance

https://www.livesinthebalance.org/sites/default/files/ALSUP%202020_0.pdf

- Difficulty maintaining focus
- Difficulty seeing “grays”/concrete, literal, black & white, thinking
- Difficulty handling transitions, shifting from one mindset or task to another
- Difficulty taking into account situational factors that would suggest the need to adjust a plan of action
- Difficulty considering the likely outcomes or consequences of actions (impulsive)
- Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g., “Everyone’s out to get me,” “Nobody likes me”)
- Difficulty persisting on challenging or tedious tasks
- Difficulty attending to or accurately interpreting social cues/poor perception of social nuances
- Difficulty considering a range of solutions to a problem
- Difficulty shifting from original idea, plan, or solution
- Difficulty expressing concerns, needs, or thoughts in words
- Difficulty appreciating how his/her behavior is affecting others
- Difficulty managing emotional response to frustration so as to think rationally
- Difficulty starting conversations, entering groups, connecting with people/lacking other basic social skills
- Chronic irritability and/or anxiety significantly impede capacity for problem-solving or heighten frustration
- Difficulty empathizing with others, appreciating another person’s perspective or point of view
- Sensory/motor difficulties
- Difficulty handling unpredictability, ambiguity, uncertainty, novelty



Unsolved Problems (ALSUP)

Dr. Ross Greene, Lives in the Balance

[https://www.livesinthebalance.org/sites/default/files/ALSUP%2020 0.pdf](https://www.livesinthebalance.org/sites/default/files/ALSUP%2020%200.pdf)

An unsolved problem occurs when the child is having difficulty meeting a specific expectation.

Possible HOME PROMPTS:

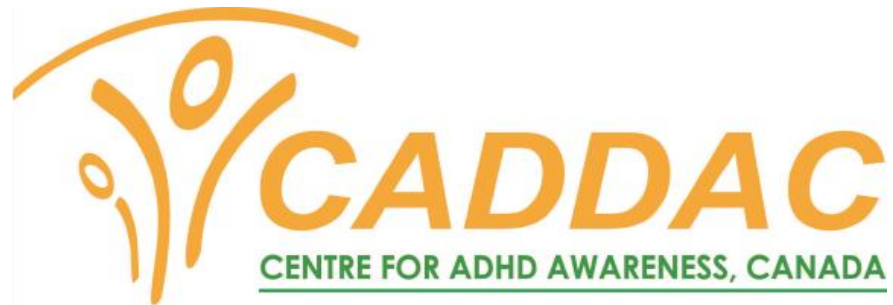
- Are there chores/tasks/activities the teen is having difficulty completing or getting started on? Have they been taught the skill?
- Are there siblings/other people the teen is having difficulty getting along with in specific conditions?
- Are there aspects of hygiene the teen is having difficulty completing? Sensory issues?
- Are there activities the teen is having difficulty ending or tasks the teen is having difficulty moving on to?



References

- <http://www.livesinthebalance.org/about-lives-in-the-balance>
- Smoot DL, Understanding Oppositional- Defiant Disorder, <http://www.smootpsych.com/uploads/2/9/0/6/2906704/odd.pdf>
- Green RW, The Explosive Child Fifth Edition: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children, Harper Collins, original 1998, last revision 2014
- Additional resource for schools, “Lost at School” <http://www.lostatschool.org/>





THANKS FOR LISTENING

QUESTIONS???

DEVELOPING YOUR TEEN'S PROFILE PART 2

Developing Your Teen's Profile Part 2

Developing the Profile Part 2

<https://caddac.ca/adhd/wp-content/uploads/2021/03/Developing-Your-Adolescents-Profile-Part-2.pdf>

Speaking with Your Adolescent

<https://caddac.ca/adhd/wp-content/uploads/2021/03/Tips-on-Speaking-with-an-Adolescent-Part-2.pdf>





Discussion

Discussion Questions

- While listening to the presentation did you get any insight into why your teen may be having difficulty with emotional dysregulation? How do they express their difficulties?
- Do you have a different understanding about your teen's issues with social skills?
- Have you found any helpful strategies that work with your teen that you can share with the rest of us?
- How does the school react when your teen has difficulty with their self and emotional regulation?