

Big Feelings, Steady Parenting

Safety, connection, coping, and repair after difficult moments.

For parents and caregivers of children ages 4-17

Start with one page and one real-life moment. These tools are designed to be practiced together, not assigned to your child as another thing to get right.

Choose a place to begin

01	Notice the build-up	02
02	During the hardest moment	04
03	After calm returns	06
04	Build coping and caregiver support	08

A steadier family life, one workable change at a time.

Print or annotate digitally. No fillable form fields. Use the developmental adaptations, not age alone, to choose the right level of support.

Learn together

Notice the build-up

There is often more room to help before the peak.

01 Look for early signs

Watch for louder speech, pacing, repeated arguing, withdrawal, or trouble shifting. Ask your child how rising stress feels in their body. Some children go quiet rather than loud.

02 Check the load

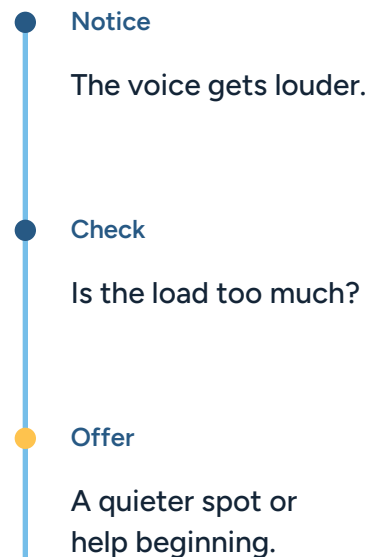
Consider fatigue, hunger, pain, sensory strain, peer problems, confusing work, or too many demands. Emotional outbursts are not unique to ADHD. Persistent or changing symptoms deserve a broader assessment.

03 Act early and lightly

Reduce words and offer one support: a quieter place, help beginning, or a short break with a return plan. Avoid interpreting every protest as an emergency or every shutdown as refusal.

Illustrative example

An early response



A possible need is something to explore, not a diagnosis.

Words to borrow

Your voice is getting louder and this looks hard. Would a quieter spot help, or shall we do the first part together?

Use drawings with younger children. Ask older children and teens what adult responses help, and what responses accidentally make things worse.

 Your small experiment

Before the peak

Notice the build-up

Choose one real-life moment. Write, sketch, or talk through the plan together.

Early signs we notice

Common situations and possible needs

Situations

Possible needs

One early support our child accepts

A plan can be revised. Keep the support your child still needs.

During the hardest moment

Safety first. Teaching can wait.

01 Steady the adult

Lower your voice, loosen your hands, and slow your movements. If another safe adult can take over, use an agreed handoff. Do not leave a young or unsafe child without supervision.

02 Reduce danger and pressure

Move siblings away and clear hazards if safe. Give physical space while staying appropriately available. Do not corner the child, demand explanations, or force touch. Avoid restraint; get emergency help if immediate safety cannot be maintained.

03 Offer simple co-regulation

Try I am here. We will work it out when we are calmer. Offer a familiar calm activity, not a long list. Some children want nearby quiet; others need more space. Do not force breathing exercises.

The tool at a glance

In the moment

☐ Adult

Lower voice.
Slow movements.

☐ Safety

Move siblings away. Clear hazards if safe.

☐ Connection

Stay appropriately available.

Safety first. Teaching can wait.

Words to borrow

You are very upset. It is okay to be angry. Hitting is not safe. I am moving your brother away and staying nearby.

If anyone faces imminent serious danger, call 911 or local emergency services. Repeated aggression, unsafe running away, or self-harm needs a clinician-led safety plan.

 Your small experiment

Our steadier response

During the hardest moment

Choose one real-life moment. Write, sketch, or talk through the plan together.

Our adult handoff or self-steadying cue

Our safer space and sibling plan

Safer space

Sibling plan

What helps / what we should not force

What helps

What we should not force

A plan can be revised. Keep the support your child still needs.

 Learn together

After calm returns

Reconnect before reconstructing the whole event.

01 Wait for readiness

A quieter body does not always mean the child is ready to talk. Offer brief connection first. Return later if necessary, but name when you will revisit the problem.

02 Use three short questions

What was hard? What could help earlier next time? What repair is needed? Hear the child's account before supplying your own. Keep the focus on one situation, not every past mistake.

03 Own the adult part

If you yelled or threatened, name it without blaming the child. Keep the boundary and correct your delivery. Repair is a model of responsibility, not surrender.

The tool at a glance

Three short questions

1

What was hard?

2

What could help earlier next time?

3

What repair is needed?

Hear the child's account before supplying your own.

Words to borrow

I yelled, and that was not okay. You did not make me yell. The no-hitting rule still matters. Next time I will step back and use fewer words.

Young children may rehearse with toys. Older children can choose a short conversation or note. Do not force apologies while they are still flooded.

 Your small experiment

A next-time plan

After calm returns

Choose one real-life moment. Write, sketch, or talk through the plan together.

What our child said was hard

Our next-time plan

Child repair / adult repair

Child repair

Adult repair

A plan can be revised. Keep the support your child still needs.

Learn together

Build coping and caregiver support

Practice calm skills when calm is available.

01 Create a short menu

Choose two options together: drawing, quiet company, movement, a familiar song, or slow breathing if comfortable. Practice for a minute on an ordinary day. The goal is access to support, not never feeling upset.

02 Protect the parent's capacity

Arrange a handoff, one supportive check-in, or a smaller evening plan. Parents with ADHD may benefit from their own treatment, visible reminders, and less complicated household systems.

03 Know when to widen care

Contact a clinician for frequent severe outbursts, persistent sadness or anxiety, significant sleep changes, or declining function. Take self-harm statements seriously. Ask directly about safety and seek urgent help when needed.

Illustrative example

A short coping menu

Choose two

01 Drawing

02 Quiet company

Practice

A minute on an ordinary day

Illustrative choices. Choose two options together.

Words to borrow

We both had a hard day. We can simplify tonight and still keep everyone safe. Getting help is part of caring for our family.

In the U.S., call or text 988 for suicide or mental-health crisis support, including concern about a child. Use 911 for imminent danger. These pages are not a crisis plan.

 Your small experiment

Our coping and support plan

Build coping and caregiver support

Choose one real-life moment. Write, sketch, or talk through the plan together.

Our child's two coping choices

Choice one

Choice two

My support person and specific request

Support person

Specific request

Care team contact / next appointment

Care team contact

Next appointment

A plan can be revised. Keep the support your child still needs.

 Care, evidence, and next steps

Support beyond the page

Use these resources alongside your child's care, not in place of it.

What these tools are

Original educational worksheets informed by established approaches to parent behavior training, routines, and school support. The exact scripts, time intervals, and layouts have not been validated as a treatment package. Adapt them with your clinician to your child and family.

When to ask for more help

Ask your child's clinician about structured parent training in behavior management and an individualized treatment plan. For children under six, parent behavior training is recommended before medication. School-age treatment commonly combines medication with behavioral and school supports. Discuss treatment choices and any medication changes with the treating clinician.

Make it fit your family

Adapt for developmental level, language, disability, sensory needs, culture, family structure, and available time. Tools should not demand eye contact, suppress harmless movement, or reward hiding distress. Never withhold basic needs or connection. Faith practices can support a family when welcomed; symptoms are not a spiritual failure.

Sources and further reading

CDC: Parent training in behavior management

<https://www.cdc.gov/adhd/treatment/behavior-therapy.html>

CDC: ADHD in the classroom

<https://www.cdc.gov/adhd/treatment/classroom.html>

CDC: Treatment of ADHD

<https://www.cdc.gov/adhd/treatment/index.html>

 Source review: September 2026. These PDFs do not establish a clinician-patient relationship. For urgent mental-health concerns in the U.S., call or text 988. For imminent danger, call 911.