

Calmer Routines

Mornings, transitions, and evenings with less friction.

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

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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

Build one reliable routine

Begin with the hardest ten minutes, not the whole day.

01 Find the snag

Watch one routine twice. Where does it stall: remembering, choosing, starting, stopping, or finding something? Ask your child what makes that moment hard. A plan should solve that barrier.

02 Make three steps visible

Try: get dressed, eat breakfast, bring bag to the door. Use pictures, words, or a phone checklist chosen with your child. Teach each step when nobody is rushing. Add hygiene and other steps once the first sequence works.

03 Put support where the action happens

Clothes go beside the bed; the toothbrush stays visible; the bag has one home. Point to the next step, help with the first movement, and notice completion. A reminder is support, not evidence that the child failed.

Illustrative example

Three visible steps

- ☐ Get dressed

- ☐ Eat breakfast

- ☐ Bring bag to the door

Pictures, words, or a phone checklist chosen together.

Words to borrow

Instead of: How many times do I have to tell you? **Try:** The next step is socks. Would you like to find them, or shall we look together?

Ages 4-6: two pictures and adult help. Ages 7-11: rehearse a short list. Ages 12-17: agree on the outcome; let the teen choose the system.

 Your small experiment

Our three-step routine

Build one reliable routine

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

Our difficult moment and likely barrier

Our three visible steps

01

02

03

What the adult will set up tonight

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

Learn together

Help the brain change gears

A transition includes stopping, not just starting.

01 Agree on the ending before the activity

For screens or play, decide the stopping point and next activity together. Choose a finishable segment where possible. Give a brief warning with a timer or visual cue your child can use.

02 Build a bridge

At the signal, help save progress or photograph a project. Then use one concrete movement: stand, carry the bag, or walk to the sink. Keep the next instruction short.

03 Plan for protest

Disappointment does not automatically mean the limit is wrong. Acknowledge it and stay steady. If distress rises, lower the amount of talking and help the child settle before problem-solving.

Illustrative example

A transition bridge

Warning

Use the agreed cue



Ending

Save the progress



Bridge

Walk to dinner

Agree on the ending before the activity begins.

Words to borrow

I know you want more time. Saving now is hard. We are stopping for dinner. I can sit beside you while you save.

Younger children need nearby help. Older children can choose a timer. Teens should help negotiate stopping points and privacy-respecting reminders.

 Your small experiment

Our transition bridge

Help the brain change gears

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

The transition we want to practice

Our warning, stopping point, and bridge

Warning

Stopping point

Bridge

What we will do if it becomes too hard

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

Learn together

Make after-school landing easier

Check capacity before adding demands.

01 Offer a predictable landing

Try food, water, a bathroom break, and a short period of movement or quiet. Ask which helps. A difficult afternoon is not proof that your child was deliberately saving bad behavior for home.

02 Set the return point

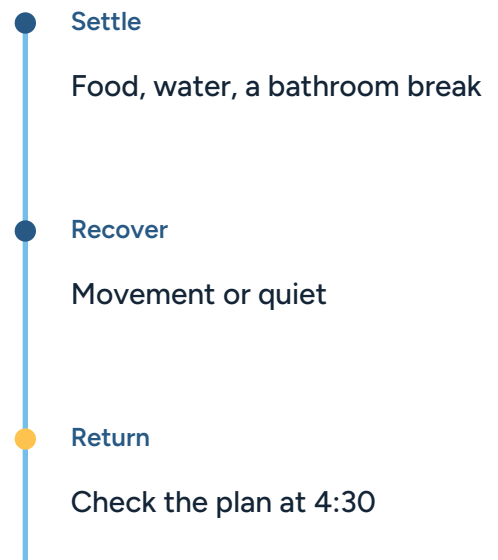
A break works best when its ending is clear. Agree on a time or cue to check assignments. Avoid making an open-ended scrolling session the only way to recover.

03 Notice patterns without diagnosing them

Track sleep, workload, hunger, social stress, and when difficulties appear. If a pattern seems related to medication timing or side effects, share observations with the prescriber. Do not change doses yourself.

Illustrative example

An after-school landing



The time shown is illustrative. Choose a return cue together.

Words to borrow

You do not have to tell me everything about school right now. Let us get settled. We will check the plan at 4:30.

Teens can choose their recovery routine. Respect that social or sensory strain may be exhausting even when the school report sounds positive.

 Your small experiment

Our after-school landing

Make after-school landing easier

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

Our child prefers quiet / movement / company / other

Circle any that fit. Add your own.

Quiet

Movement

Company

Other

Our landing routine and return cue

Landing routine

Return cue

A pattern worth sharing with the care team

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

Learn together

A routine that survives a hard week

The adults need an easy entry point, too.

01 Create a minimum version

Pick essentials for difficult days: basic care, required items, and a safe departure. Do not abandon the whole plan because the ideal version is unavailable.

02 Use one shared cue

For parents with ADHD, keep supplies in one place and put the routine where it happens. A phone alarm named Put bag by door is easier to act on than an alarm named Routine.

03 Review after a few tries

Ask what helped and what felt irritating. Keep one useful piece and change one obstacle. If routines regularly take far more support than you can provide, ask for professional or practical help.

The tool at a glance

A minimum day

- ☐ Keep
Basic care
-
- ☐ Keep
Required items
-
- ☐ Keep
A safe departure

Keep one useful piece. Simplify one obstacle.

Words to borrow

This plan was too complicated for our week. We are keeping the bag spot and simplifying the rest. Nobody is starting from zero.

Shared homes do not need identical routines. Aim for a few familiar cues, clear handoffs, and no blame directed at the child.

 Your small experiment

Our hard-week version

A routine that survives a hard week

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

Our minimum version

Our cue and backup adult or support

Shared cue

Backup adult or support

After three tries: keep / change / ask for help

Keep

Change

Ask for help

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.