

# Managing Big Emotions at Home

**Practical ways to support your child through overwhelm and intense feelings without escalating the situation.**

ADHD is often described through attention, impulsivity and activity levels, but family life can also be shaped by intense emotional responses. Frustration may rise quickly, disappointment may feel enormous and a small request can become the final pressure after a demanding day. The visible reaction is sometimes only the last part of a much longer story.

Understanding this does not mean removing boundaries or accepting unsafe behaviour. It means recognising that a child who is overwhelmed may temporarily have less access to reasoning, flexible thinking, language and self-control. Regulation comes first; teaching, boundaries, responsibility and repair can follow when the child's thinking brain is more available.

## What might be sitting underneath the big emotion?

| What you may see                   | What may be underneath                                                                                        | A helpful first response                                                            |
|------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| An explosion after a small request | Accumulated demands, fatigue, hunger, sensory load or effort spent coping earlier.                            | Reduce language and demands. Look at what has built up, not only the final trigger. |
| Anger when plans change            | Difficulty shifting attention, uncertainty, disappointment or losing an expected sequence.                    | Acknowledge the change, make the new plan concrete and allow processing time.       |
| Crying or collapse after school    | The child may have spent the day concentrating, masking, navigating social demands or managing sensory input. | Offer a low-demand landing period before questions, homework or chores.             |
| Shouting when corrected            | Frustration, shame, perceived criticism or an already overloaded nervous system.                              | Keep correction brief. Return to learning and repair later.                         |

## Notice the warning signs before the peak

Big emotions often have an earlier stage. A child may become louder, unusually silly, argumentative, repetitive, withdrawn, restless or rigid. They may cover their ears, pace, ask the same question repeatedly or say that everything is “too much”. These signs can be useful information. If you can reduce pressure at this stage, there may be more opportunity for the child to use coping skills before they become completely overwhelmed.

## Regulation before reasoning

When emotions are already intense, long explanations and repeated questions can increase the load. Use fewer words and a slower pace. Some children need quiet; others need movement, pressure, familiar objects, headphones, dimmer lighting or simply an adult nearby without conversation. There is no universal calming technique. The useful question is: what genuinely helps this particular child return to themselves?

# Supporting the child in the difficult moment

Safety comes first. If needed, move siblings or hazards and give physical space. Avoid turning the moment into a debate about whether the child's feelings are reasonable. Feelings can be accepted while behaviour still has limits: "I can see you're overwhelmed. I won't let you hit. I'm staying nearby and we'll talk when things are calmer."

|                                                |                                                                                                                     |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Reduce the audience</b>                     | Where possible, reduce noise, questions and the number of people talking. More input can create more overwhelm.     |
| <b>Keep boundaries short</b>                   | A safety boundary can remain firm without a lecture. One clear sentence is often enough during escalation.          |
| <b>Offer support rather than interrogation</b> | Water, movement, quiet, sensory support or familiar comfort may help more than asking for an immediate explanation. |
| <b>Protect the relationship</b>                | A difficult behaviour is something to address; it does not need to become a judgement about who the child is.       |

## Afterwards: understand, repair and learn

Once everyone is genuinely calmer, return to what happened without humiliation. Name the emotion, describe the behaviour and restate the boundary where necessary. If someone was hurt or something was damaged, repair still matters. Understanding the reason for a behaviour and taking responsibility for its impact can exist together. Keep the conversation manageable: one useful insight and one plan for next time can be more effective than a long post-crisis lecture.

## Parents have nervous systems too

A child's escalation can activate a parent's stress response very quickly. Your heart may race, your voice may rise and you may feel an urgent need to make the behaviour stop. Where safety allows, noticing your own activation can help. This is not about expecting perfect calm from parents. Two overwhelmed nervous systems can amplify each other, and parents also need permission to regroup and repair when a moment has not gone well.

## Build a regulation menu when things are calm

Do not wait until crisis to introduce every strategy. With your child, explore a small menu of things that might help: movement, headphones, music, drawing, a blanket, lower lighting, quiet, a cold drink, sitting with someone, being alone for a while, breathing or another familiar sensory activity. Let the child tell you what feels helpful. A strategy that looks calming to an adult may feel irritating or demanding to the child.

# Your family's Big Emotion Plan

Choose one recurring situation and map it when everyone is settled. The purpose is not to prevent every strong feeling. It is to recognise patterns sooner and give both parent and child more choices before the situation reaches its peak.

|                                         |       |
|-----------------------------------------|-------|
| Common situation or trigger             | <hr/> |
| Early warning signs I notice            | <hr/> |
| Things that tend to make it bigger      | <hr/> |
| Things that reduce the load             | <hr/> |
| What my child wants from me             | <hr/> |
| The boundary that needs to remain clear | <hr/> |
| How we can reconnect afterwards         | <hr/> |

## When more support is needed

Seek additional professional support when emotional difficulties are frequent or severe, significantly affect education, relationships, sleep or family life, or create safety concerns. ADHD can coexist with anxiety, autism, learning differences, sleep difficulties and other needs, so not every intense response should automatically be attributed to ADHD. In the UK, parents can speak with the school SENCO, GP, paediatric or ADHD service, or professionals already involved with their child. Seek urgent help where there is immediate danger or risk of serious harm.

## A message for parents

Some days you will notice the signs early and help your child through the moment. Other days you may both become overwhelmed. The goal is not a home where nobody ever becomes angry, distressed or overloaded. It is a home where feelings can be understood, safety can be protected, difficult moments can be repaired and everyone can keep learning what helps.

## Further reading

Useful starting points include NHS information about ADHD, NICE guideline NG87 on attention deficit hyperactivity disorder, and ADHD Foundation resources for parents and carers. Parents may also wish to explore *The Explosive Child* by Ross W. Greene for ideas about recurring unsolved problems and collaborative problem-solving. This resource is educational and does not replace individual medical, psychological, educational or safeguarding advice.

### Space to Breathe Therapy

ADHD Parent Support Series - Part 3