

***No two children are the same***

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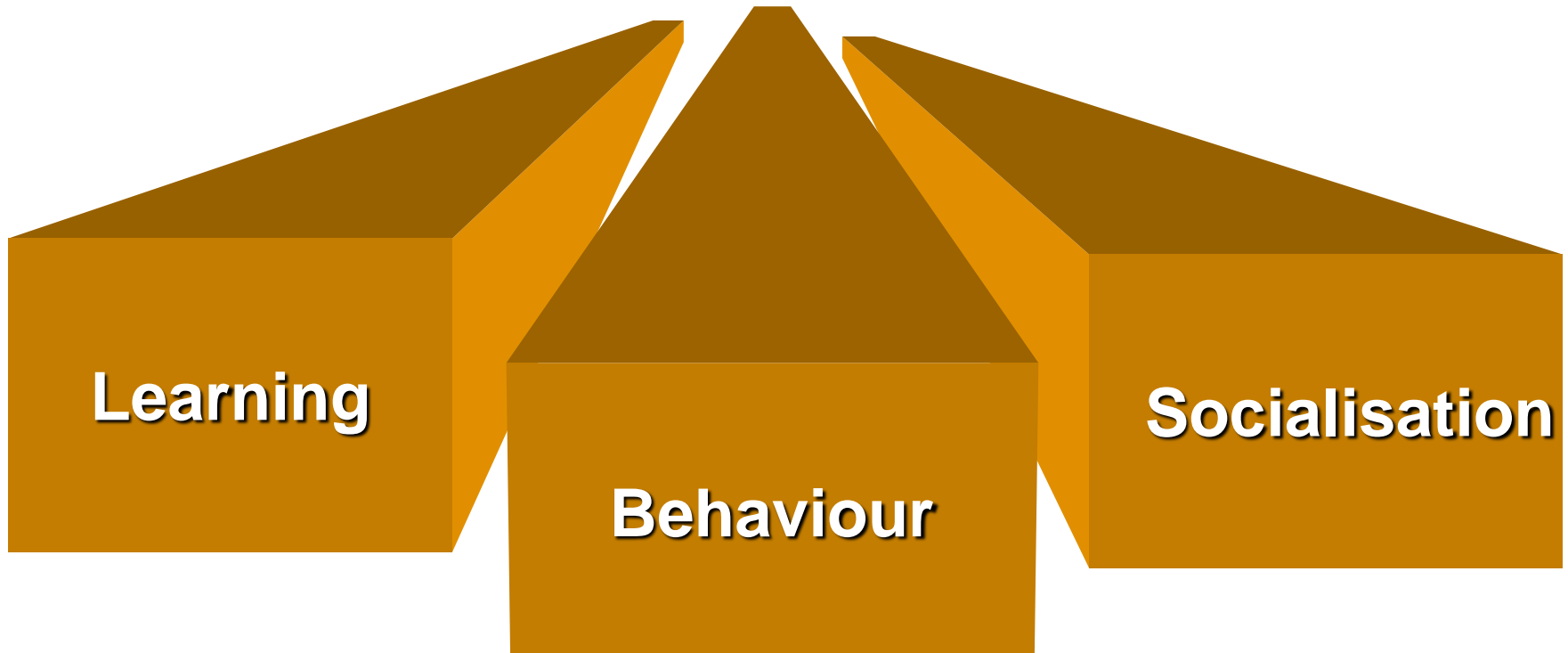
# Publications to date

- 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 (2022) 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

# Key issues to consider



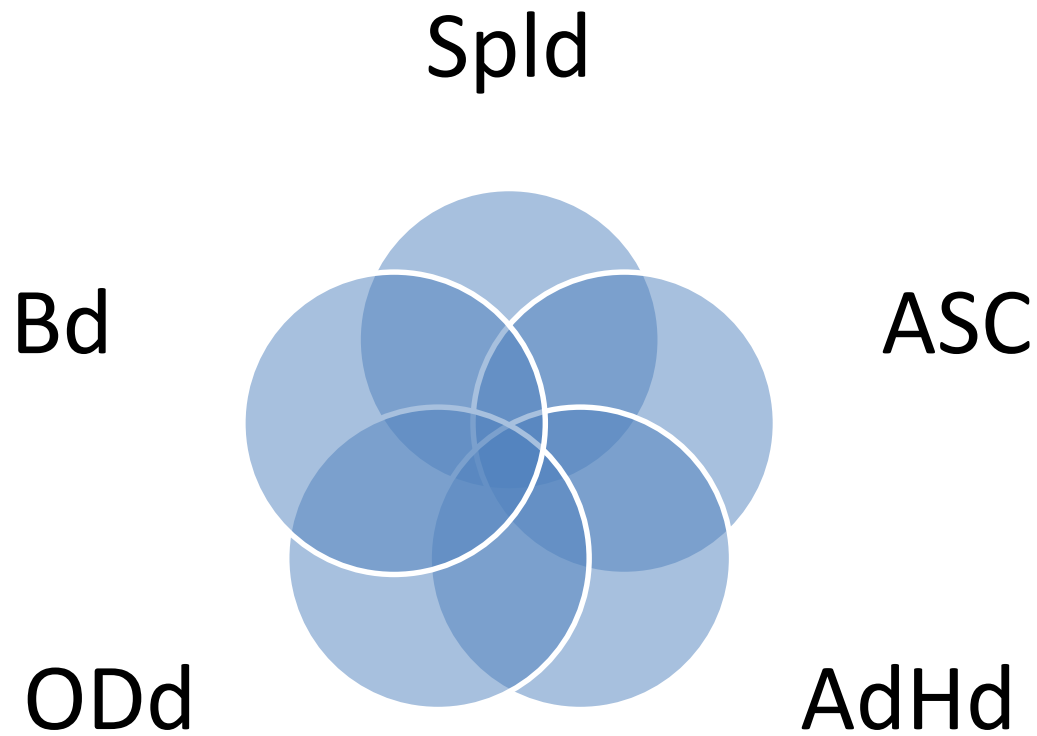
# Neurodiversity



Our brains (**neuro-**) naturally vary from person to person (are **diverse**) and are a part of human variation.



# Neurodivergence



Let's eat grandpa.

Let's eat, grandpa.

**Correct punctuation can  
save a person's life.**

# The Dyslexia Iceberg

## Dyslexia & Dyscalculia

orientation  
(L / R)

time management

processing  
speed

organisation

(visual processing)

phonological  
processing

sequence & order

self-esteem

stress

memory 'challenges'

• Rectangular Snip

Janette Beetham

# ASC 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.

# ASC higher functioning traits

- Literal thinking
- Obsession with certain topics that lead to exceptional knowledge in one area
- Talking or lecturing at another child rather than engaging in a 2 way conversation
- Excellent memory
- Difficulties with social interaction...monotonous speech tone
- Poor motor co-ordination
- Difficulty in understanding and appreciating other peoples feelings and perspectives
- Difficulties in reading social cues
- Little empathy for others

# ASC traits in girls

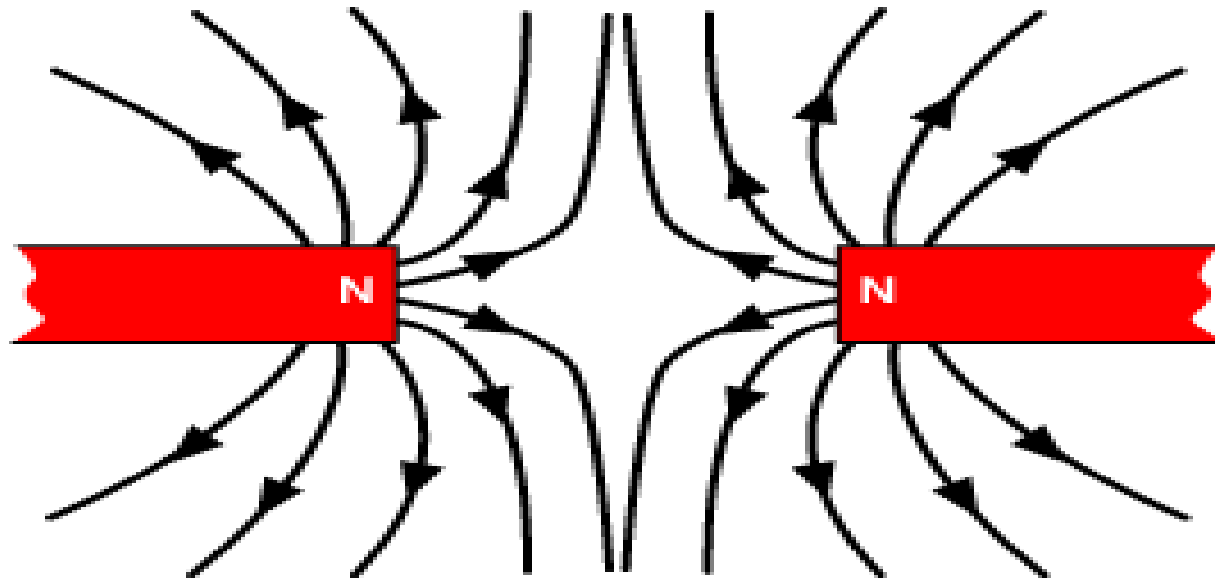
- Girls tend to learn social behaviours by observation and copying, but may have difficulties in achieving and maintaining friendships
- May be rule and routine focused
- May have difficulties with changes of schedules
- Can sometimes be obsessive regarding specific interests and/or may hang on to certain items for longer than peers.
- Multiple stimuli (such as crowds in corridors or screams in playgrounds) and changes to routines can increase anxiety

# The explosive child

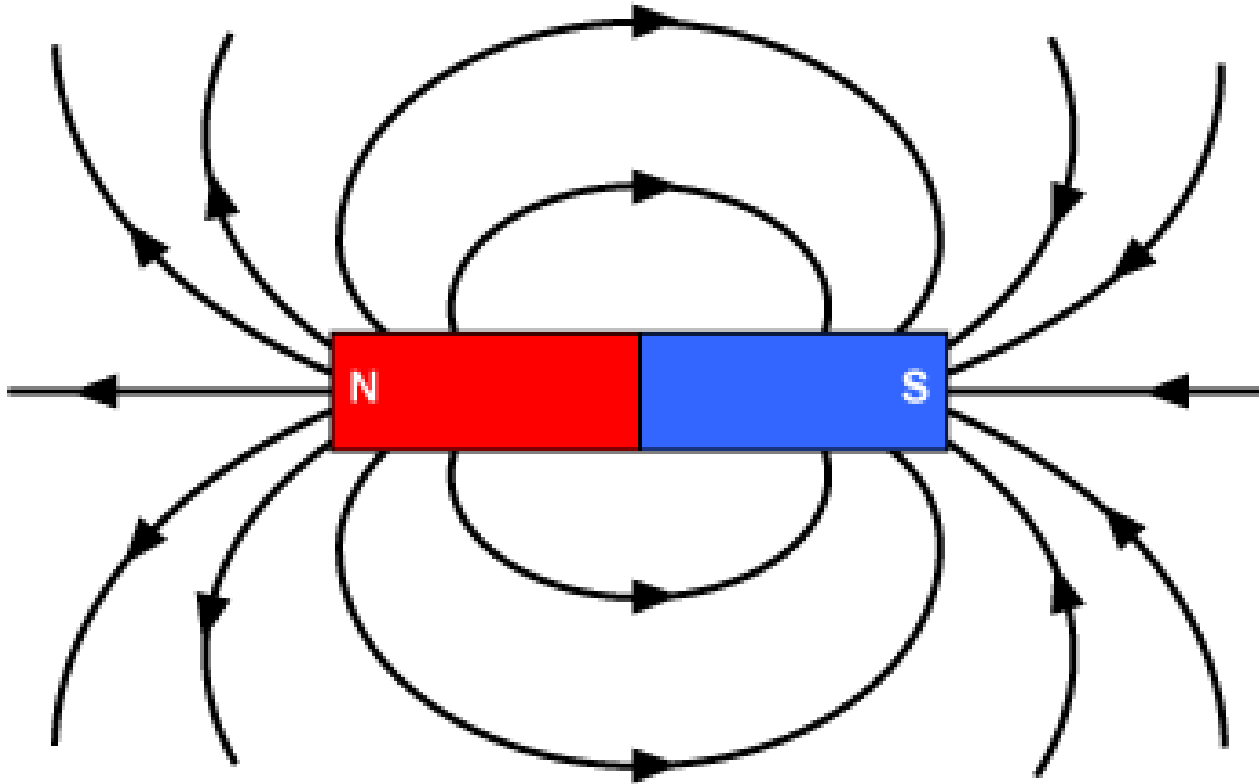
Inflexibility + inflexibility = meltdown

Ross Greene 2004

# North pole to north pole



North pole to South pole



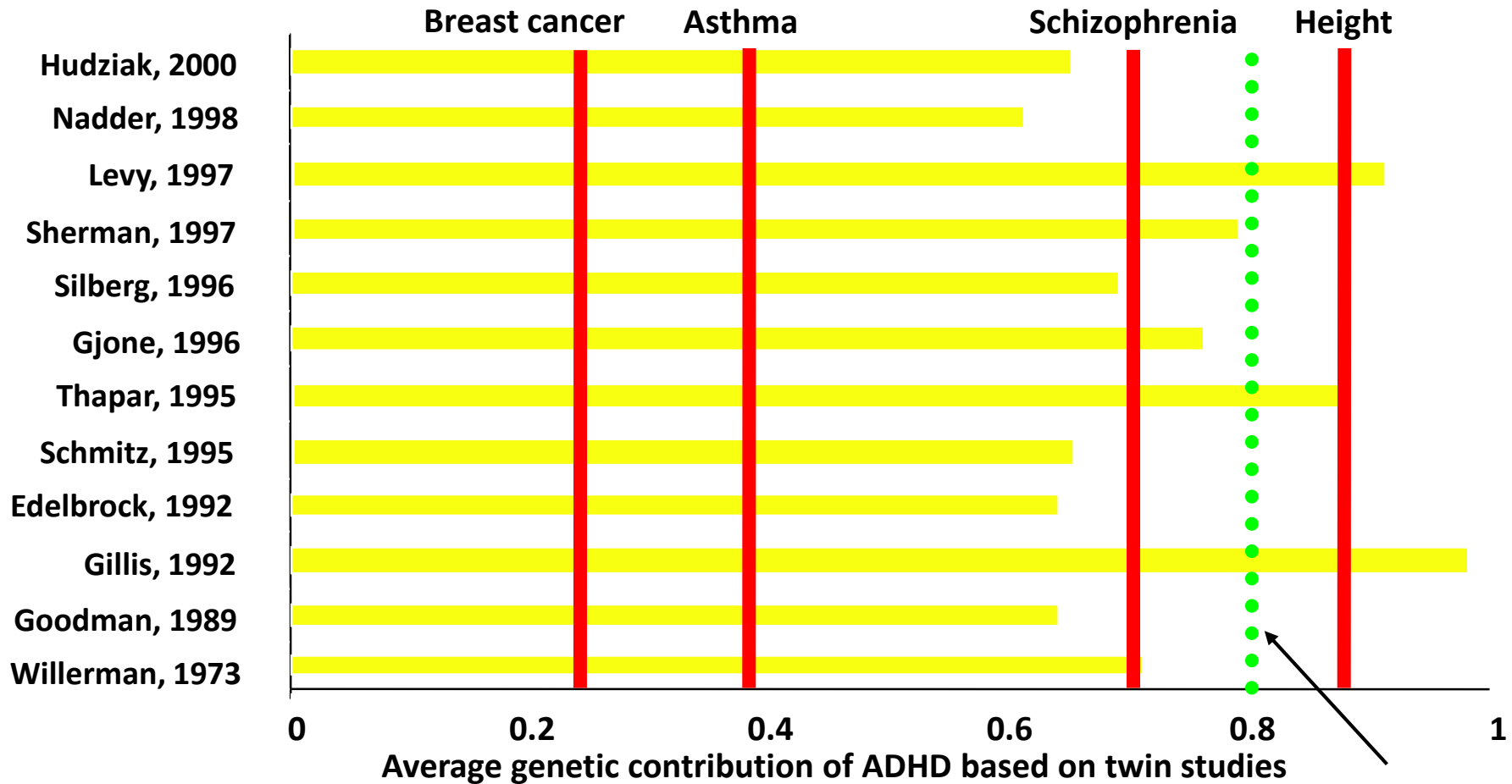
# AdHd

- A Developmental Difference
- Pervasive –affecting more than one setting
- Enduring- difficulties beyond childhood.
- **Neurological** condition

# 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.

# Symptom groups

Inattention	Hyperactivity	Impulsivity
<ul style="list-style-type: none"><li>• Does not pay attention</li><li>• Avoids sustained effort</li><li>• Doesn't seem to listen when spoken to</li><li>• Fails to finish tasks/assignments</li><li>• Can't organise</li><li>• Loses things, 'forgetful'</li><li>• Easily distracted</li></ul>	<ul style="list-style-type: none"><li>• Fidgets</li><li>• Leaves seat in class</li><li>• Runs/climbs excessively</li><li>• Cannot play/work quietly</li><li>• Always 'on the go'</li><li>• Talks excessively</li></ul>	<ul style="list-style-type: none"><li>• Talks excessively</li><li>• Blurts out answers</li><li>• Cannot await turn</li><li>• Interrupts others</li><li>• Intrudes on others</li></ul>

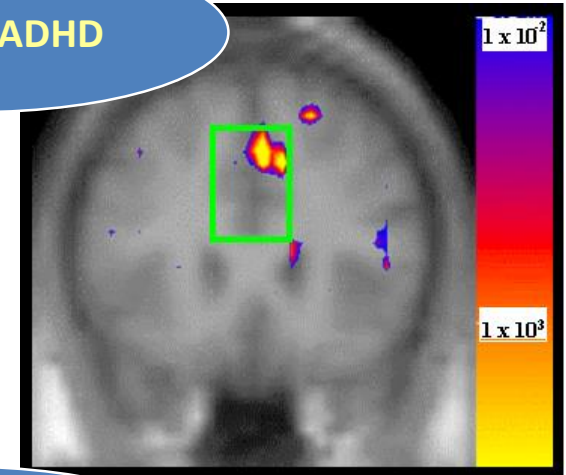
# Assessment

- **Medical evaluation**
- **Parent interview**
- **Teacher interview**
- **Patient interview**
- **Rating Scales**
- **Computerised testing**
- **Achievement testing**
- **Intellectual testing**

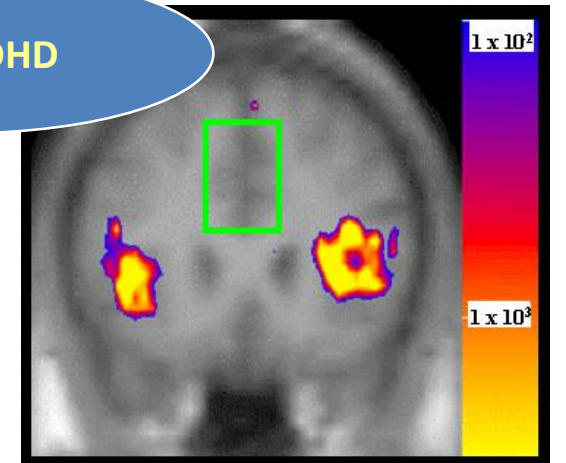
# Neuroimaging

- 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

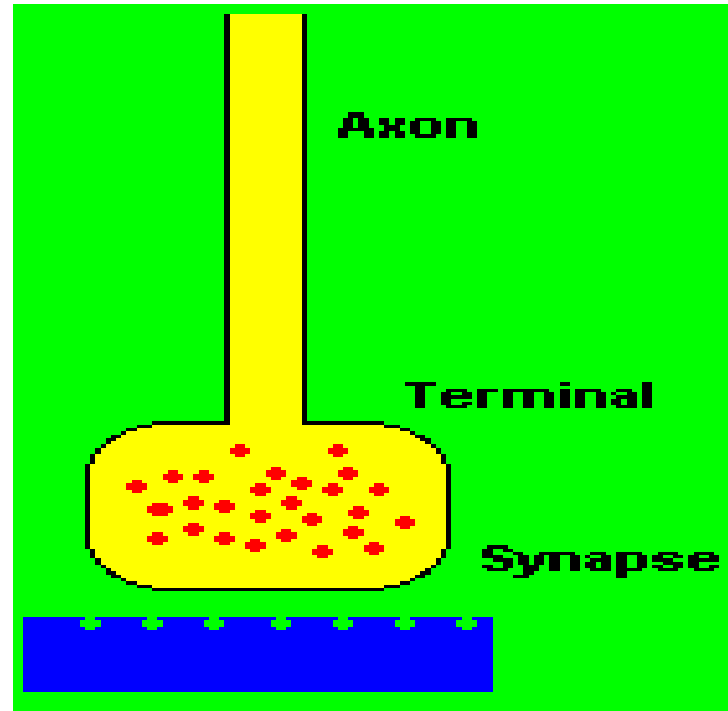
Without ADHD



With ADHD



# Neurobiology of ADHD



**Problem with neurotransmission of Dopamine**

# Computers without Printers attached



shutterstock.com · 55573504

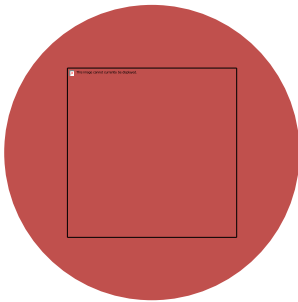




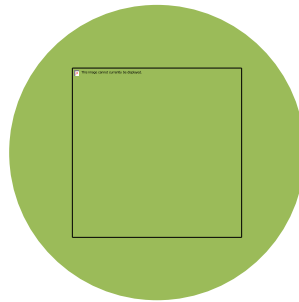
A management model to consider

**SF3R**

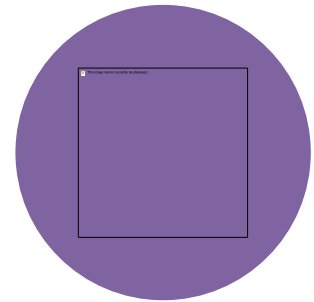
# Structure



RULES, RITUALS AND  
ROUTINES FOR  
CHILDREN WITHIN  
SYSTEMS FOR SAFETY  
AND SUPPORT.

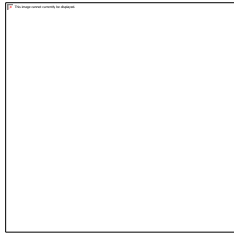


TRAINING FOR  
STAFF/PARENTS ON  
HOW TO ACHIEVE  
BEHAVIOUR FOR  
LEARNING PRACTICES.



IDENTIFICATION OF KEY  
AREAS OF STRENGTH  
AND WEAKNESSES OF  
SPECIFIC INDIVIDUALS.

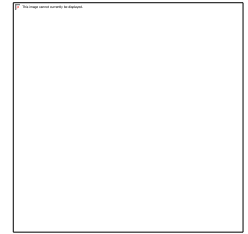
# Flexibility



Alternative ways of supporting skills in learning, behaviour and socialisation.

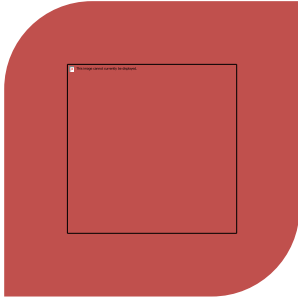


Mood and Motivation management.

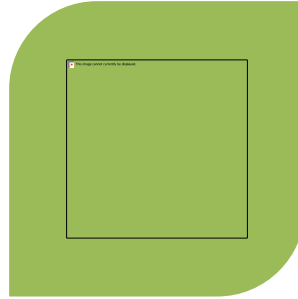


Understanding and appreciating diversity in learning, behaviour and socialisation.

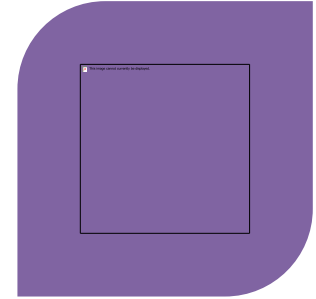
# Rapport



EFFECTIVE  
COMMUNICATION WITH  
CHILDREN AND YOUNG  
PERSONS.



PRACTICAL STRATEGIES  
FOR DEALING WITH  
FRUSTRATION AND  
DEFIANCE.



FEEDBACK FOR  
STUDENTS INCLUDING  
REWARDS AND  
CONSEQUENCES.

# Relationships



Developing  
effective peer to  
peer and sibling  
relationships.

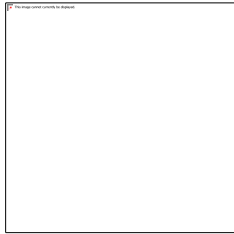


Dealing with  
bullying behaviour.



Working in  
Partnership  
between school  
and home.

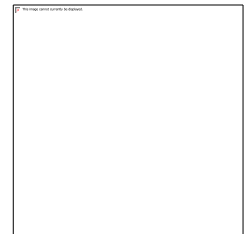
# Resilience



Dealing with  
expectations of self  
and others



Preparing for  
transition and  
change.



The 7 Cs of  
Resilience explored  
and explained.

# 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




To give your  
complete focus  
to what the  
other person is  
saying.




Let the other  
person finish  
before you  
start talking.




Flexible on  
eye contact  
when  
possible.




Keep your  
emotions in  
check.



Don't  
interrupt or  
jump to  
conclusions.



Look for  
feelings or  
intent behind  
the words.



# 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

# 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'

# 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

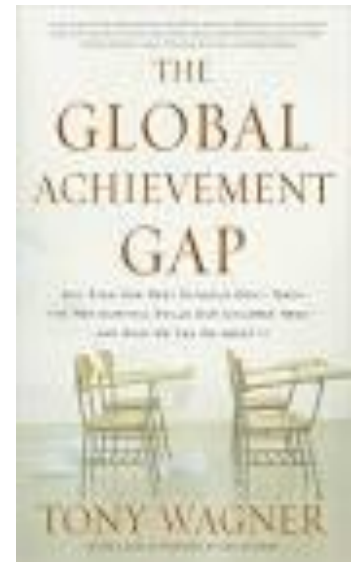


# Impact of Medication

- 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

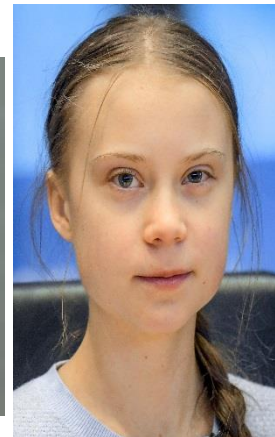
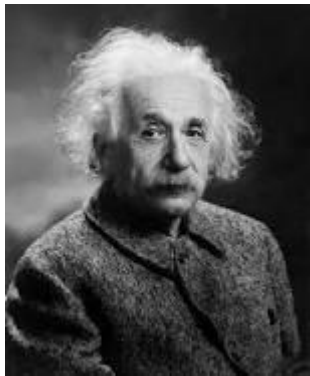
# Seven Skills Students need for their Future

- Critical thinking and problem-solving
- Collaboration across networks and leading by influence
- Agility and adaptability
- Initiative and entrepreneurialism
- Effective oral and written communication
- Accessing and analysing information
- Curiosity and imagination



Tony Wagner Harvard University 2009 the global achievement gap

# Neurodiversity graduates



# The 7Cs of Emotional Resilience



Competence



Confidence



Connection



Character



Contribution



Coping



Control

# Specialist Family Neurodiversity Consultant: Victoria Markou

Victoria Markou took a BSC degree in Psychology specialising in early years child development at Roehampton University in 2001. Before that she had an extensive career in advertising, working at Saatchi and Saatchi. She holds a post-grad in teaching (PGCE) and worked for three years as a primary school teacher in London in the early 2000s.

Victoria then trained with The Parent Practice and for seven years facilitated parenting classes, courses and workshops across London (in schools and homes), in addition to one-to-one consultations with parents. During this period, she helped 100s of parents make family life more enjoyable through the application of positive parenting skills and practical effective support.

Victoria has two sons of her own with their own neurodiverse challenges. She has also worked as a volunteer at the Parent Gym and within children's hospitals (such as Great Ormond Street and Evelina Children's Hospital). Victoria also sat as an Appeals Panel Member for Wandsworth Council for families appealing against decisions to exclude or refuse admission from school.

She currently holds a part time position in the Special Needs Department at an independent school in Surrey, working with the SENCo, screening and assessing children, running intervention groups, working one-to-one with children (those with a diagnosis) and she has trained as an ELSA (Emotional Literacy Support Assistant) and works with several children to address their emotional needs.

She is particularly interested in Sensory Processing Disorder, Dyspraxia, ASC and ADHD.

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