NeuroFX
Changing Minds

LATER LIFE DIAGNOSIS GEN X · 13.6

The Parent Trigger: Getting Diagnosed After Your Child Is Diagnosed

The most common single trigger for late adult ADHD or autism diagnosis in current UK clinics is a child being diagnosed first. The parent sits in the assessment, hears the developmental history, and has a quiet jolt of recognition. The genetics make this entirely predictable.

FOR
Parents who have just realised the child's diagnosis describes them too

AUDIENCE AGE
18+

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PART OF
The NeuroFX resource library

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IN SUMMARY

The Parent Trigger: Getting Diagnosed After Your Child Is Diagnosed

Why the recognition is so common

- **ADHD heritability is around 74 percent.** One of the higher heritability figures in psychiatry. If a child is diagnosed with ADHD, the probability that at least one parent meets criteria is substantially elevated above the population base rate.
- **Autism heritability is similarly high.** Twin studies put it at 64 to 91 percent depending on the model. Two parents and a sibling sometimes all share elements of the picture.
- **The developmental history form often does the recognition work.** Sleep difficulty, sensory sensitivities, late or different language, intense interests, regulation difficulty, school history. Many descriptions catch the parent off guard because they describe the parent's own life too.

The decision to act on it

- **'I should focus on my child, not me' is understandable but often unhelpful.** A parent who is themselves unsupported, exhausted and running on empty is less able to do the parenting that the newly-diagnosed child needs. Supporting yourself is part of the same work as supporting the child, rather than a competing priority.
- **Timing is yours to decide.** Some parents wait six months until the child's situation stabilises; some find their own assessment helps them parent more effectively from the start. There is no clinical right answer.
- **Family conversations often shift after diagnosis.** Less blame between parents about whose genetics or whose parenting; more accurate reading of regulation demands; sometimes the family-of-origin conversation opens too.

How to take the next step

- **The process is the same as for any adult assessment.** NICE NG87 criteria, structured interview such as DIVA-5, self-report inventory, family corroboration where available. The child's diagnostic report can help you describe what you have recognised, but is not part of your assessment formally.
- **Three UK routes.** GP referral on the NHS. Right to Choose in England for a CQC-registered provider with shorter wait. Private self-referral to a CQC-registered clinic such as NeuroFX, which assesses both adults and children from age 6, which can simplify the logistics where parent and child are both being assessed.
- **Co-occurring conditions are common.** Anxiety, depression, sleep difficulty in late-diagnosed adults. The assessment will screen for them; treating them alongside is usually part of the plan.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if you have recognised yourself during or after your child's diagnosis and the pattern is genuinely affecting your work, your relationships, your parenting or how you see yourself. Ask about referral for adult ADHD or autism assessment. In England, ask about Right to Choose if the local NHS wait is long. The private route via a CQC-registered clinic such as NeuroFX is the faster option where that is workable.

SOURCES

NICE NG87; Faraone consensus 2021; Larsson 2014; Polderman 2015; Tick 2016; Faraone & Larsson 2019

NEXT STEPS

Speak to NeuroFX

Private ADHD and autism assessment for adults and children aged 6 and upwards. CQC-registered. Bedford Consulting Rooms, 4 Goldington Road, Bedford MK40 3NF.

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