NeuroFX
Changing Minds

FAMILY, PARTNERS AND LIFE ADMIN · 10.3

Talking to Your Child About Their Diagnosis

This is rarely one conversation. It is the first of many, and what your child takes from it usually has more to do with the tone than the script. The aim is to start a slow conversation they can return to as they grow.

FOR
Parents and carers

AUDIENCE AGE
6-17

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PART OF
The NeuroFX resource library

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IN SUMMARY

Talking to Your Child About Their Diagnosis

What the conversation is for

- **It is the start, not the headline.** Children who learn about their diagnosis from a calm parent at the right age generally take it in stride. Children who pick it up sideways more often fuse it to secrecy and shame.
- **Framing matters more than the script.** Use the actual word. A clumsy conversation that lands "this is information about how your brain works" beats a polished conversation that lands "there is something wrong with you that we need to manage".
- **Your tone goes first.** Your child will hear your tone before they hear your words. If you cannot say in two sentences what the diagnosis is and why it is useful, give yourself another week before you have the conversation.

What to say at different ages

- **Aged 6 to 8: short, concrete, brain-difference.** "Your brain works differently to some people's. It is called autism or ADHD. It makes some things harder and some things easier. We met the doctor so school can help." Three minutes, answer the questions they ask, expect more over weeks.
- **Aged 9 to 12: more nuance, more agency.** Ask what they have noticed. Talk about specific things the diagnosis explains. Ask whether they want to tell friends, who, and how. If medication is being considered, frame it as a tool some people find helpful, not as a fix.
- **Teenagers 13 to 17: lead with their experience.** They have often noticed before you did. Give them autonomy over disclosure. Make space for identity work. Be honest about the harder parts (anxiety, low mood, burnout) instead of only naming strengths.
- **Use the language each community uses.** Identity-first for autism ("autistic child"). Person-first for ADHD ("child with ADHD"). Where the diagnosis is both, use both forms.
- **Expect questions in fragments.** At bedtime, on car journeys, after a hard day at school. Answer the question being asked. Don't pre-empt the next one. The conversation will come back on their schedule.

How we can help

- **Use NHS and patient-org resources first.** The National Autistic Society and ADHD UK both publish age-appropriate parent-facing guides. Your paediatric team or GP can advise on local post-diagnostic support.
- **Watch for the signs that didn't land well.** Persistent low mood, withdrawal from friends, drop in school engagement, or repeated "I'm broken" lines are worth a GP conversation. Most children land fine; some need more support.
- **Specialist support where it helps.** NeuroFX offers private paediatric assessment and prescribing where the NHS route is not workable, and adult assessment for parents who recognise themselves in what their child is going through.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if your child shows persistent low mood, sharp withdrawal, drop in school engagement, or repeated assertions of being "broken" or "stupid" in the weeks after the conversation. For age-appropriate disclosure resources, the National Autistic Society and ADHD UK both publish parent-facing guides. For teenagers who want professional support to work through identity questions, an ADHD-literate or autism-literate therapist is usually a better fit than generic counselling. NeuroFX offers private paediatric assessment and prescribing where the NHS route is not workable.

SOURCES

NAS; ADHD UK; NICE CG170; Mogensen & Mason 2015; Crane 2021 Autism; Faraone consensus 2021

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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