



The ADHD Communication Playbook for Clinicians

Your guide to *clear conversations*
and *confident assessments*

Disclaimer: This guide is designed to help clinicians reduce miscommunication, set realistic expectations early, and gather higher-quality observational data from parents and families of children with ADHD. Clinician discretion is advised.

Opening the ADHD conversation

Setting expectations in the first appointment

Parents are in the driver's seat of their child's treatment decisions. If expectations aren't clear from the start, you may feel pressure during the later stages of your ADHD care workflow. This is because parents typically tend to expect, in their first meeting with you:

- An immediate diagnosis
- Validation of their self-diagnosis
- Dismissal of school feedback



Teach families to shift from labels to patterns

This improves diagnostic precision and reduces emotional bias. When talking about their child's behaviors, encourage them to describe:

- Frequency ("3–4 times daily")
- Duration ("takes 60–90 minutes to complete a 20-minute task")
- Context ("during independent work but not during group activities")
- Comparison ("more frequent than peers")



A structured opening script

This is for your reference only. You may adapt this language to fit your clinical workflow and evaluation style.

Clarifying the process

"Before we begin, I want to explain how our ADHD evaluation process works. Our goal today isn't to label anything quickly or reach any immediate conclusion."

Address expectations and timeframe

"We don't diagnose ADHD based on one behavior or one setting. We look for consistent patterns over time and across environments, like your home and his/her school"

"We will also assess whether these patterns cause any meaningful functional impairment."

Address social-media or self-diagnosis

"I know there's so much information about ADHD online that may resonate with your family. But, many ADHD traits are also common human traits."

"Our job is to determine whether those experiences meet formal diagnostic thresholds."

Stress the importance of multiple data sources

"Children often behave differently depending on their environment. To ensure a complete and rounded evaluation, we may need to gather teacher reports or standardized questionnaires."

"When we gather data about your child's behaviors from multiple sources, it's easier to find patterns."



Set expectations about differential diagnosis

“Some symptoms that look like ADHD can also be caused by anxiety, learning differences, sleep issues, or stress.”

“Part of our job here, is to identify the correct root cause of those symptoms.”

Set expectations about treatment

“Treatment decisions are collaborative.”

“Medication can be helpful for some children, but behavioral therapy can also help manage symptoms.”

“Whether this turns out to be ADHD or something else, our focus is understanding your child’s strengths and challenges and ease some of your worry.”



Clinical Sources Referenced

- American Academy of Pediatrics (2019). Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of ADHD in Children and Adolescents
- American Academy of Child & Adolescent Psychiatry (AACAP) Practice Parameter for ADHD
- DSM-5-TR (APA)
- NICE Guideline NG87: Attention deficit hyperactivity disorder: diagnosis and management
- Miller & Rollnick. Motivational Interviewing (3rd ed.)
- SAMHSA Trauma-Informed Care Framework