How to Coordinate ADHD Supports Across Life



When several people are involved, support can become harder to manage than the original difficulties. Learning **how to coordinate ADHD supports** means turning separate appointments, school adjustments, workplace conversations and home strategies into one workable plan. The aim is not to make every person use the same approach. It is to make sure each person understands their role, shares information appropriately and works towards the same practical priorities.

For adults who have already received an ADHD diagnosis, this may involve a psychologist, GP or psychiatrist, employer, partner and family members. For children and adolescents, it can include parents or carers, school staff, a paediatrician or psychiatrist, psychologist and other allied health professionals. The right mix depends on the person's age, daily demands, co-occurring concerns and current goals.

Start by identifying the current pressure points

A support plan is easier to coordinate when it begins with what is happening now. Broad goals such as "be more organised" can be difficult to act on. A clearer starting point might be keeping track of appointments, beginning tasks at work, completing schoolwork, managing morning routines, reducing conflict at home or responding to overwhelm before it escalates.

It can help to choose two or three priorities rather than trying to change every area at once. A teenager may need a consistent system for receiving and recording homework. An adult may need a way to manage competing work deadlines and household responsibilities. A parent may need clarity about which school adjustments are in place and who checks whether they are being used.

These priorities can change. During exam periods, a new job, a move, a return to study or a period of poor sleep, the plan may need to become simpler and more focused. Coordination is not a one-off administrative task. It is a process of reviewing what is needed as circumstances change.

Build one plan for ADHD supports

A useful plan does not need to be lengthy. One page can be enough if it records the main goals, agreed strategies, the person responsible for each action and a review date. Keeping it brief also makes it more likely that it will be used.

For a child or adolescent, the plan might identify what happens at home, at school and in appointments. For example, a parent may use a visible after-school routine, while a teacher provides written instructions and checks that key tasks have been

recorded. A psychologist may work with the young person and family on practical behavioural or cognitive-behavioural strategies that fit the goals identified in assessment or therapy.

For an adult, the plan may distinguish between clinical care and daily systems. A psychologist can help explore patterns affecting organisation, emotional regulation, sleep, anxiety or mood, and work on strategies within psychological therapy. A prescriber considers medical decisions, including whether medication is appropriate. At work, reasonable adjustments may relate to how instructions, deadlines, meetings or workload are managed. These are separate areas, but they should not pull in opposite directions.

Write down what each strategy is meant to support. For instance, “weekly planning session on Sunday evening” is more useful when paired with “to see appointments, family commitments and work deadlines in one place”. This makes it easier to decide later whether the strategy still fits.

Make roles explicit

Unclear roles often create frustration. A parent may assume school staff are monitoring task completion, while staff assume this is being managed at home. An adult may expect a partner to remind them about every appointment, while the partner sees reminders as becoming responsible for another person’s calendar.

The plan should state who will do what, and what they will not do. A support person might help set up a calendar system, but the individual may be responsible for checking it each morning. A manager may provide priorities in writing, but cannot be expected to track every stage of a task. Clear boundaries support independence while reducing avoidable misunderstandings.

Share information with consent and purpose

Good coordination does not mean everyone needs access to all clinical information. Adults decide who may receive information about their assessment or therapy, except in limited circumstances set by law. For children and adolescents, parents or

carers commonly coordinate care, while clinicians also consider the young person's privacy, capacity and involvement in decisions.

Consent should be specific. It may cover a psychologist speaking with a GP, providing a brief letter to a school, or discussing agreed strategies with another treating professional. It does not need to mean sharing every assessment detail, therapy discussion or personal history.

Before information is shared, decide what the recipient needs to know. A school may need recommendations about classroom access, workload planning or communication. An employer may only need information relevant to requested adjustments. A prescriber may need assessment findings and an update about psychological supports. Purposeful communication protects privacy and keeps reports from becoming unnecessarily long or confusing.

Coordinate clinical care without blurring responsibilities

ADHD can occur alongside anxiety, depression, sleep difficulties, learning concerns, autism or the functional effects of concussion. When more than one concern is present, it is especially useful for clinicians to understand who is addressing which part of the picture.

Psychologists provide assessment, diagnostic support and psychological therapy. A GP, paediatrician or psychiatrist manages medical decisions and may consider medication. Other professionals may be involved when there are specific needs relating to learning, communication, occupational functioning or nutrition. Referral for nutritional assessment may be considered where indicated.

A comprehensive ADHD assessment can provide a foundation for this coordination. It may include developmental history, structured measures, information about functioning across settings and consideration of other explanations for attention, organisation or emotional regulation difficulties. The resulting report can help a person and their other providers understand the basis for recommendations, rather than relying on a diagnosis label alone.

At Behavioural Neurotherapy Clinic, psychologists can provide ADHD assessment, diagnostic support and therapy as part of a broader multimodal plan. Medical decisions remain with the person's GP, paediatrician or psychiatrist.

Keep school and workplace supports practical

School and workplace arrangements work best when they relate to a defined functional difficulty. General requests for "more support" are hard to put into practice. Specific arrangements are easier to discuss, trial and review.

At school, this may include written as well as verbal instructions, access to a task planner, breaking larger assignments into stages, a check-in point for due dates, or a quieter setting where this is available and appropriate. The arrangement should fit the student's learning profile, year level and school processes. It should also be reviewed, because an approach that suits primary school may not suit secondary school.

At work, practical discussions may focus on written task priorities, clear deadlines, fewer unnecessary interruptions during concentration-heavy work, or a regular meeting to clarify changing priorities. Disclosure is a personal decision. Some adults may seek a formal workplace adjustment, while others may prefer to use organisational systems without sharing diagnostic information. The appropriate path depends on the workplace, the person's role and what information they are comfortable providing.

Use meetings sparingly, but review regularly

Too many meetings can become another demand to manage. A brief check-in at an agreed interval is often more useful than frequent, unstructured contact. For a child, a parent and key school contact may agree to review one or two goals every few weeks. For an adult, a monthly review of systems at home and work may be enough unless circumstances are changing quickly.

A review can be simple: what is working, what is not being used, what has become harder, and what needs to change? A strategy that is not used is not necessarily a

failure. It may be too complicated, poorly timed, dependent on someone unavailable, or no longer relevant to the person's current demands.

Keep records in one place where possible. This might be a calendar, notebook, shared document or task app. The tool matters less than whether it is accessible, understandable and checked consistently. Using several apps, notebooks and email threads can make coordination harder, particularly when the purpose of each system is unclear.

Plan for transitions before they become urgent

Support arrangements often need revision during transitions: starting secondary school, moving into higher education, beginning a new job, returning to work after leave, changing households or moving between health providers. Planning ahead can reduce the number of decisions that need to be made at once.

For young people approaching adulthood, this may include gradually involving them in appointments, helping them understand what information can be shared, and practising how to request practical support. For adults, it may mean updating workplace systems after a change in role or reviewing care arrangements when a long-standing GP or prescriber changes.

The most useful coordination plan is one that remains realistic on difficult weeks. It should leave room for ordinary life, privacy and changing needs, while giving each person involved a clear next step.

For more information

Call (03) 9848 9100

Published: 23/11/2026 and updated on: 23/11/2026 by Dr Jacques Duff-PhD; BA Psych; Grad Dip Applied Psychology; FANSA; Clinical Neuroscientist