

WHO CAN DIAGNOSE & TREAT ADHD

A guide to medical practitioners, their roles, and how to navigate care in the United States

OVERVIEW

Finding the right professional for an ADHD evaluation can feel overwhelming, especially when different practitioners have different roles, training, and legal authorities. This fact sheet explains who is qualified to diagnose ADHD, who can prescribe medication, and how to navigate the care system across the lifespan. Understanding these distinctions helps families, individuals, and faith community leaders ask better questions, seek appropriate referrals, and advocate effectively.

ADHD evaluation and treatment in the United States involve two overlapping categories of professionals: those who can diagnose, and those who can prescribe. Some practitioners do both. Others diagnose but cannot prescribe, and some play essential supporting roles in ongoing care. No single type of practitioner is right for every situation, the best fit depends on the person's age, the complexity of the presentation, insurance coverage, and what is available in their community.

An important starting point: More than 50% of ADHD medications in the United States are prescribed by primary care physicians, not specialists. For many families, the primary care doctor or pediatrician is both the first point of contact and the ongoing treatment provider. Specialists are most valuable for complex or unclear presentations, for co-occurring conditions, or when initial treatment has not been effective.

HOW ADHD DIAGNOSIS WORKS

There is no single lab test, brain scan, or biomarker for ADHD. Diagnosis is clinical, it is based on a comprehensive evaluation that gathers information from multiple sources, applies DSM-5-TR diagnostic criteria, rules out other possible explanations, and assesses functional impairment across settings.

A thorough ADHD evaluation typically includes some or all of the following, depending on the practitioner and the complexity of the case:

- Clinical interview covering developmental history, symptom onset, duration, and functional impact across home, school or work, and social settings
- Standardized rating scales completed by the patient, parents, teachers, or partners (e.g., Conners Rating Scales, Adult ADHD Self-Report Scale, Vanderbilt Assessment Scales)
- Review of prior records including school reports, past evaluations, or medical history
- Ruling out other conditions that can produce ADHD-like symptoms, including anxiety, depression, sleep disorders, thyroid conditions, and learning disabilities
- Cognitive or neuropsychological testing when the presentation is complex, when a co-occurring learning disability is suspected, or when documentation is required for licensing boards, bar exams, or medical board accommodations

DSM-5-TR criteria require that symptoms be present in two or more settings, cause clinically significant impairment, have been present before age 12, and not be better explained by another condition. Children under 17 must exhibit six or more qualifying symptoms; adults 17 and older must exhibit five or more.

PRACTITIONERS WHO CAN DIAGNOSE AND PRESCRIBE

01 Psychiatrist *MD or DO*

Licensing: Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO); board-certified in psychiatry after 4-year residency following medical school

Primary area: Mental health and psychiatric conditions across the lifespan; the highest level of medical specialization for ADHD with co-occurring mental health conditions

ADHD training: Comprehensive; psychiatry residency includes training in ADHD diagnosis and pharmacological management across presentations and ages

Best for: Complex cases with co-occurring anxiety, depression, bipolar disorder, trauma, or substance use; adults with complicated medication histories; cases where diagnosis is uncertain

▶ **Prescribing Authority: Yes: full prescribing authority including stimulants (Schedule II)** ▶ **Care Coordination: Yes: central coordinator in multidisciplinary teams**

02 Child & Adolescent Psychiatrist *MD or DO*

Licensing: MD or DO; additional fellowship training (2 years) in child and adolescent psychiatry beyond general psychiatry residency

Primary area: Mental health conditions in children, adolescents, and young adults; the most specialized option for pediatric ADHD with complexity

ADHD training: Extensive; fellowship training includes child-specific ADHD presentations, developmental considerations, family systems, and school-based coordination

Best for: Children and adolescents with complex presentations, co-occurring conditions, behavioral challenges, or when multiple previous treatments have not been effective

▶ **Prescribing Authority: Yes: full prescribing authority including stimulants** ▶ **Care Coordination: Yes: frequently coordinates with schools, therapists, and pediatricians**

03 Primary Care Physician (PCP) / Pediatrician *MD or DO*

Licensing: MD or DO; board-certified in family medicine, internal medicine, or pediatrics

Primary area: General health across the lifespan (PCP) or children and adolescents (pediatrician); often the first point of contact for ADHD concerns

ADHD training: Varies significantly by individual provider; general training in ADHD is included in medical school and residency, but depth of expertise differs. Pediatricians follow American Academy of Pediatrics (AAP) ADHD guidelines. PCPs more commonly serve adults. Training in adult ADHD is often less robust than pediatric ADHD training.

Best for: Straightforward presentations without significant co-occurring conditions; established patients whose doctor knows their history; ongoing medication management after specialist evaluation; access in areas with limited specialist availability

▶ **Prescribing Authority: Yes: full prescribing authority including stimulants** ▶ **Care Coordination: Yes: often the hub of care, referring to specialists and receiving their recommendations**

04 Psychiatric Mental Health Nurse Practitioner *APRN, PMHNP-BC*

Licensing: Advanced Practice Registered Nurse (APRN) with specialty certification as a Psychiatric Mental Health Nurse Practitioner (PMHNP-BC); master's or doctoral-level training

Primary area: Mental health diagnosis and medication management; many PMHNPs provide both medication management and therapy within a single practice

ADHD training: Graduate-level training in psychiatric diagnosis and pharmacology, including ADHD; training depth is comparable to psychiatry for straightforward presentations

Best for: A highly accessible alternative to psychiatrists, often with shorter wait times; appropriate for most ADHD presentations in children and adults; particularly valuable in underserved communities

Prescribing note: PMHNPs have full independent prescribing authority in the majority of U.S. states (Full Practice Authority states). In a smaller number of states, they require physician collaboration or supervision agreements. Prescribing authority for Schedule II stimulants is generally included.

▶ **Prescribing Authority: Yes: in most states (varies by state practice authority)** ▶ **Care Coordination: Yes: frequently collaborates with psychologists, therapists, and PCPs**

05 Physician Assistant *PA-C*

Licensing: Physician Assistant-Certified (PA-C); master's-level medical training with clinical rotations across specialties; licensed in all 50 states

Primary area: Works across medical specialties; PAs in psychiatry, primary care, and pediatrics all may evaluate and treat ADHD

ADHD training: General medical training includes psychiatric conditions; ADHD training depth depends heavily on the specialty setting in which the PA practices

Best for: Accessible care in primary care or psychiatric settings; appropriate for straightforward ADHD evaluations and ongoing medication management

Supervision note: PAs practice with physician oversight, though the degree of supervision varies by state. Most states now allow collaborative rather than strictly supervisory arrangements.

▶ **Prescribing Authority: Yes: with physician oversight (varies by state)** ▶ **Care Coordination: Yes: typically works within a physician-led care team**

PRACTITIONERS WHO DIAGNOSE BUT GENERALLY DO NOT PRESCRIBE

The following practitioners are fully qualified to evaluate and diagnose ADHD, and in many cases provide the most thorough evaluations available, but do not have prescribing authority for ADHD medication in most U.S. states. They play essential roles in comprehensive care and are often best used in partnership with a prescribing provider.

06 Clinical or Licensed Psychologist *PhD or PsyD*

Licensing: Doctoral degree (PhD or PsyD) in clinical, counseling, or school psychology; typically 5–7 years of graduate training plus supervised internship and postdoctoral hours; licensed by state psychology board

Primary area: Psychological assessment, diagnosis, and psychotherapy; psychologists have the broadest and deepest formal training in psychological testing and diagnostic assessment of any practitioner type

ADHD training: Comprehensive training in psychological assessment including cognitive testing, rating scales, behavioral observation, and differential diagnosis; often the most thorough ADHD evaluations available, especially for complex presentations or when co-occurring learning disabilities are a concern

Best for: When a thorough, multi-method evaluation is needed; when co-occurring learning disabilities, anxiety, or depression require differentiation from ADHD; when documentation is required for school accommodations, college disability services, or bar/medical licensing boards; when neuropsychological testing is indicated

Prescribing note: Psychologists cannot prescribe medication in most states. Exceptions exist in Louisiana, New Mexico, Illinois, Iowa, and Idaho, where psychologists with additional specialized prescribing training and certification may obtain prescribing authority.

▶ **Prescribing Authority: No: in most states (limited exceptions)** ▶ **Care Coordination: Yes: frequently partners with prescribing physicians and coordinates with schools and employers**

07 Neuropsychologist *PhD or PsyD with neuropsychology specialization*

Licensing: Doctoral-level psychologist with advanced postdoctoral training or fellowship in neuropsychology; typically the most extensively trained practitioner for evaluating brain-behavior relationships

Primary area: Comprehensive evaluation of cognitive functioning, including attention, memory, executive function, processing speed, and learning; used when the full cognitive profile is needed

ADHD training: The most rigorous ADHD evaluation available; neuropsychological testing provides standardized measurement of attention, working memory, inhibitory control, and executive function, allowing ADHD to be distinguished from other cognitive or neurological conditions

Best for: Complex or unclear presentations; suspected co-occurring learning disabilities or intellectual differences; post-traumatic brain injury; documentation required by medical licensing boards, bar associations, law schools, or other credentialing bodies that require a full battery of standardized tests with normative scores; cases where a diagnosis has been questioned or disputed

Cost note: Full neuropsychological evaluations are typically 4+ hours of in-person testing plus report writing; cost ranges from \$2,000-\$5,000+ out of pocket; insurance coverage varies. University training clinics may offer reduced-cost evaluations.

▶ **Prescribing Authority: No: evaluation and diagnosis only** ▶ **Care Coordination: Yes: detailed written reports inform all members of the care team**

08 Licensed Clinical Social Worker *LCSW or LICSW*

Licensing: Master's degree in social work (MSW) plus supervised clinical hours; licensed by state board; title varies by state (LCSW, LICSW, LCSW-C, CSW)

Primary area: Mental health counseling, case management, psychosocial support, advocacy, and connecting individuals to community resources

ADHD training: Graduate training includes mental health diagnosis and DSM criteria; scope of practice for formal ADHD diagnosis varies by state. In many states LCSWs can provide an ADHD diagnosis within their clinical scope; in others, they conduct screening and comprehensive history-gathering and refer to psychologists or physicians for formal diagnosis.

Best for: Therapy and counseling for individuals and families living with ADHD; navigating school systems, benefits, and community resources; case management for complex family situations; providing supportive therapy alongside a prescriber

▶ **Prescribing Authority: No** ▶ **Care Coordination: Yes: often the connective tissue of a care team, especially in community and faith-based settings**

09 Licensed Professional Counselor / Marriage & Family Therapist *LPC, LPCC, LPC-C | LMFT*

Licensing: Master's degree in counseling or marriage and family therapy plus supervised hours; licensed by state board; titles vary (LPC, LPCC, LPC-Associate; LMFT, LCMFT)

Primary area: Individual, couples, and family therapy; behavioral and emotional support; life skills and coping strategy development

ADHD training: Training in mental health diagnosis is included at the graduate level; ability to formally diagnose ADHD varies by state scope of practice laws. Many LPCs and LMFTs conduct screening, provide detailed clinical history, and support the diagnostic process in collaboration with psychologists or physicians.

Best for: Ongoing therapy for ADHD-related challenges (relationships, emotional regulation, self-esteem, family dynamics); CBT and behavioral interventions; supporting parents of children with ADHD; family system support

▶ **Prescribing Authority: No** ▶ **Care Coordination: Yes: routinely collaborates with prescribers and schools as part of the treatment team**

SUPPORTING ROLES IN ADHD CARE

The following practitioners do not diagnose ADHD or prescribe medication but play meaningful roles in evaluation support, treatment, and daily functioning.

Occupational Therapist (OT), OTR/L

OTs assess and treat challenges in daily living skills, sensory processing, fine motor coordination, and executive function strategies for home, school, and work. Particularly valuable for children with ADHD who also have sensory differences or motor difficulties, and for adults building practical organizational systems. OTs can provide documentation to support accommodation requests.

Speech-Language Pathologist (SLP), CCC-SLP

SLPs address language processing, social communication, and auditory processing difficulties that frequently co-occur with ADHD. They may be involved in evaluations when a language disorder or auditory processing disorder is suspected alongside ADHD.

School Psychologist, NCSP or state credential

School psychologists are employed by school districts and conduct evaluations to determine eligibility for IEPs and 504 Plans. They can evaluate for ADHD in the context of educational impact and are a key resource for families navigating school-based support. They do not diagnose for clinical or medical purposes and do not prescribe.

ADHD Coach

ADHD coaches are not licensed medical or mental health practitioners and do not diagnose or prescribe. They provide goal-directed, practical support to help individuals with ADHD build systems, accountability, and strategies for daily functioning. Coaching is most effective as a complement to medical and therapeutic care, not a substitute for it. Look for coaches with training through the Professional Association of ADHD Coaches (PAAC) or the International Coaching Federation (ICF).

TELEHEALTH AS AN ACCESS POINT

Telehealth has significantly expanded access to ADHD evaluation and treatment, particularly for adults and in communities with limited specialist availability. Following COVID-19 policy changes, the DEA expanded authority for licensed providers to conduct ADHD evaluations and prescribe stimulant medications via telehealth without an in-person visit first, though ongoing regulatory discussions have made this an evolving area.

- Telehealth platforms such as Done, Cerebral, Ahead, and others connect patients with licensed psychiatrists, PMHNPs, and physicians for ADHD evaluation and medication management via video appointment.
- Telehealth evaluations follow the same DSM-5-TR diagnostic criteria as in-person evaluations. The quality of the evaluation depends on the provider, not the platform.
- Telehealth is appropriate for many straightforward ADHD presentations in adults. Complex cases, young children, or situations requiring neuropsychological testing still typically require in-person evaluation.
- Stimulant medications are Schedule II controlled substances; DEA rules for telehealth prescribing of Schedule II medications have been subject to ongoing regulatory updates. As of 2025, registered telehealth providers can prescribe stimulants via video, but rules continue to evolve. Patients should confirm current regulations with their provider.
- The medication shortage that began in 2022 has affected stimulant availability nationwide. Telehealth prescribers and brick-and-mortar pharmacies alike have been affected. Patients may need to call multiple pharmacies or work with their prescriber on alternative formulations.

Access matters: For individuals in rural areas, those without reliable transportation, or those whose work schedules make in-person appointments difficult, telehealth may be the most realistic pathway to diagnosis and treatment. Faith communities can support members by sharing awareness of telehealth options alongside in-person resources.

HOW TO CHOOSE THE RIGHT PROVIDER

There is no single "right" answer for who to see first. The best starting point depends on the situation:

- **Start with your primary care provider:** if you have an established doctor and the presentation seems straightforward. Your PCP or pediatrician can diagnose, initiate treatment, and refer to a specialist if needed. This is often the fastest and most cost-effective entry point.
- **Seek a psychiatrist or PMHNP:** when co-occurring anxiety, depression, trauma, substance use, or mood conditions are present alongside ADHD; when prior treatment has not been effective; or when a specialist's expertise in psychiatric medications is needed.
- **Seek a child and adolescent psychiatrist:** for children and adolescents with complex presentations, significant behavioral challenges, or multiple co-occurring conditions.
- **Seek a psychologist or neuropsychologist:** when a thorough, multi-method evaluation is needed; when a co-occurring learning disability is possible; when the diagnosis is unclear or contested; or when formal neuropsychological testing is required for accommodations by a school, university, or licensing body.
- **Consider an LCSW, LPC, or LMFT:** for therapy and family support alongside whatever medical provider is managing diagnosis and medication.
- **Consider telehealth:** when local access is limited, when scheduling in-person appointments is a barrier, or for adult ADHD evaluation and ongoing medication management.

A note on wait times: Child and adolescent psychiatrists and neuropsychologists often have the longest wait times, sometimes months. If a child needs support while waiting for a specialist appointment, ask the

pediatrician or PCP whether they can initiate a basic evaluation or treatment in the interim. Most can. Waiting months without any support is not the only option.

QUICK REFERENCE: PRACTITIONER COMPARISON

The table below summarizes each practitioner type across the five key dimensions covered in this fact sheet.

PRESCRIBERS - Diagnose + Prescribe + Coordinate

- Psychiatrist (MD/DO) | Full Rx | All ages | Complex cases | Full coordination
- Child & Adolescent Psychiatrist (MD/DO) | Full Rx | Children & teens | Complex pediatric | Full coordination
- Primary Care Physician / Pediatrician (MD/DO) | Full Rx | Lifespan / children | Straightforward cases | Central coordinator
- Psychiatric NP, PMHNP (APRN) | Rx in most states | Lifespan | Most presentations | Strong collaboration
- Physician Assistant, PA-C | Rx with oversight | Lifespan | Straightforward-moderate | Team-based care

DIAGNOSERS - Diagnose + Coordinate (no Rx in most states)

- Clinical / Licensed Psychologist (PhD/PsyD) | No Rx* | Lifespan | Most to complex | Strong coordination
- Neuropsychologist (PhD/PsyD) | No Rx | Lifespan | Complex / testing required | Detailed reports for team
- Licensed Clinical Social Worker (LCSW) | No Rx | Lifespan | Therapy & support | Community coordination
- LPC / LMFT | No Rx | Lifespan | Therapy & family support | Collaborates with team

SUPPORTING ROLES - No diagnosis or Rx; essential treatment partners

- Occupational Therapist (OTR/L) | Sensory, motor, daily living, EF strategies
- Speech-Language Pathologist (CCC-SLP) | Language, communication, auditory processing
- School Psychologist (NCSP) | Educational evaluation, IEP/504 eligibility
- ADHD Coach | Practical systems, accountability, goal-setting, not a clinical service

*Psychologists may prescribe in Louisiana, New Mexico, Illinois, Iowa, and Idaho with additional specialized training and certification.

The Society for ADHD and Co-Occurring Conditions serves as a bridge between faith communities and the evidence-based resources families need. We are here to equip you.

For resources, training, or speaking inquiries: info@societyforadhd.org | www.societyforadhd.org

References available upon request. All content is science-backed and evidence-based.
