



## **Behavioral Therapy Works Better than Medication when Treating Children with ADHD**

*A related study also revealed that behavioral therapy is a more cost effective approach*

**MIAMI, FL—Feb. 19, 2016-** A new [study](#) led by William E. Pelham Jr., psychologist and director at the [Center for Children and Families](#) (CCF) at Florida International University, revealed that most children diagnosed with ADHD who started with low doses of behavioral treatment first instead of medication, significantly improved their behavior. This study is the first of its kind in the field to alter types of treatment midcourse and evaluate the effects.

The year-long study, which treated 146 children ages 5 to 12, looked at various sequences in treatment strategies for ADHD. The children were broken up into two main groups—one that began with low doses of medication (at half the dose than normally prescribed) and the other group, began with low doses of behavioral therapy. At the end of eight weeks, if the children needed more treatment, either they got more intense treatment of what they began with or they received the opposite of what they started with.

Regardless of the treatment the children ended up with, the group that began with the low doses of behavioral treatment first, did significantly better. The study found that stimulants were most effective as a supplemental, second-line treatment for the children who needed it after receiving the behavioral therapy first. The group that performed the worst in the study was the one that received medication first and were assigned to receive behavioral treatment later.

“This study proves that the sequence in which we treat children with ADHD makes a big difference in the outcome,” said Pelham. “Giving our children medication doesn’t solve the problem—it only takes away the symptoms temporarily. We need to teach parents, children and teachers the skills they need to truly make a difference long-term.”

Currently, 90 percent of the eight million children and adolescents with ADHD in the U.S. are typically treated with medication as the first-line and often only treatment. The results of the study makes it evident that behavioral therapy should be the first-line treatment used when treating children with ADHD. Initiating treatment with medication appears to undermine parents and teachers’ willingness to learn and implement behavioral interventions.

Additionally, a [cost analysis](#) of the study, led by FIU Associate Professor and health economics expert Timothy F. Page found that beginning treatment with low doses of behavioral therapy first and medication at half the dose than normally prescribed as a supplement if necessary, is by far the most cost-effective approach, compared to the opposite sequence.

“Prior work had found that medication was cheaper than behavioral therapy,” Page said. “However, these studies were done before the introduction of extended release — and very expensive — medications. Our study shows that with the cost of the new medications, it is no longer the case that medication is cheaper than behavioral treatment.”

“Our estimate is that health care costs for ADHD could be reduced by more than \$4.5 billion annually in the country if doctors followed the behavioral treatment-first approach instead of medication first,” Pelham said.

The study was funded by the Institute of Education Sciences (IES) and published in the Journal of Clinical Child & Adolescent Psychology.

**Media Contact**

Rosanna Castro

Tel: 305.348.5472

Email: [roscastr@fiu.edu](mailto:roscastr@fiu.edu)

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**About the Center for Children and Families**

The Center for Children and Families (CCF) is a multidisciplinary center at Florida International University committed to improving the lives of children, parents and families struggling with mental health issues. A nationally recognized leader in child and adolescent mental health, the CCF is a one-stop care facility that provides effective, low-cost treatments to more than 3,000 families a year; conducts award-winning evidence-based research; and provides rigorous training to researchers, clinicians, mental healthcare professionals and schools.