Dartmouth Health

Complex behavior problems in children: treatment options (v. 3 June 2026). Use this decision aid to help you and your healthcare professional talk about how to treat complex behavior problems (aggression, hyperactivity) in children between ages 5 and 18.

Frequently Asked Questions ↓	Behavioral therapies	Stimulant medications	Non-stimulant ADHD medications	Antidepressant medications	Atypical antipsychotic medications
What does the treatment involve?	Weekly 1-hour visits for 3- 6 months. Learn how to improve relationships and manage behaviors. This will require practice.	After careful evaluation, medication is often used for about 1 year. You will have monthly visits to check for side effects. Ideally, you and your child will also get behavioral therapy.			
What options are offered?	Parent Child Interaction Therapy, Positive Parenting Program, Incredible Years, cognitive-behavioral therapy, and others.	methylphenidate and amphetamine formulations (Concerta, Focalin, Adderall, Vyvanse).	Alpha-agonists: clonidine (Kapvay) and guanfacine (Intuniv). Non-stimulant: atomoxetine (Strattera).	fluoxetine (Prozac), sertraline (Zoloft), citalopram (Celexa), escitalopram (Lexapro), fluvoxamine (Luvox), venlafaxine (Effexor), duloxetine (Cymbalta).	risperidone (Risperdal), quetiapine (Seroquel), ziprasidone (Geodon), olanzapine (zyprexa) and aripiprazole (Abilify) *antipsychotics are only FDA-approved for psychosis and extreme irritability in autism.
How well does the treatment work?	About 60 in 100 children (60%) have less behavior problems in a few months.	Up to 90 in 100 (90%) of children are less hyperactive and impulsive in a week or less.	About 50 in 100 children (50%) are less hyper, impulsive, and aggressive in a few weeks.	About 50-80 out of 100 children (50-80%) are less moody, sad, anxious, or irritable in a few weeks.	About 80 in 100 children (80%) are less moody and have fewer problem behaviors (80 in 100, 80%) in a few weeks.
What are some problems with this treatment?	Behavior change may take a few months. Behavioral therapies may not be available in all areas.	• 25 in every 100 children (25%) feel less hungry and have worse sleep. • 6 in every 100 (6%) have increased heart rate. • 3 in every 100 (3%) have increased blood pressure. • Can reduce growth by 0.3-0.4 inches per year. • 5 -10 in 100 (5-10%) high school students misuse or sell/give away prescribed stimulants.	• **Alpha-agonists:** 30 in 100 children (30%) feel sleepy. 40 in 100 children (40%) feel dizzy. • **Atomoxetine (Strattera)**: 15 in 100 (15%) have problems falling asleep. 10 in 100 (10%) have increased blood pressure. 10 in 100 (10%) feel sleepy. Rarely, children think about self-harm or about being dead (4 in 1,000 or 0.4%). Very rarely, children have serious liver problems. • Withdrawal from alpha-agonists can include irritable mood, headache, sweating, feeling sick, increases in blood pressure, fast heartbeat, or tremors.	• 10 in every 100 children (10%) have sleep problems, feel drowsy, or have trouble waking. • 4 in every 100 children (4%) gain weight. • 4 in every 100 children (4%) think about self-harm or about being dead. • About 15-60 in every 100 people (15-60%) have withdrawal symptoms. Youth might have irritable mood, racing heart, anxiety, sick feelings, sweating, trouble sleeping, headache, tingling skin, or dizziness.	• Most children gain weight, often 8-32 pounds per year. • 60 in every 100 children (60%) feel sleepy. • 30 in every 100 children (30%) have abnormal movements. • 20 in every 100 children (20%) have higher cholesterol. • 3 in every 100 children (3%) have higher blood sugar levels. • **Risperidone (Risperdal):** 40 in every 100 children (40%) have higher levels of prolactin. • About 40-70 in every 100 people (40 – 70%) have withdrawal symptoms, including anxiety, low or irritable mood, suicidality, sick feelings, strange sensations, or fast weight loss.
		Side effects may go away quickly. Long-term side effects are unknown. Many withdrawal symptoms are short-term. Ask about FDA approvals.			