**NVR for children with ADHD**

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Abstract

Attention deficit hyperactivity disorder (ADHD) is a chronic disorder affecting children performance on academic, social, and behavioral levels, their emotional condition, as well as the parent-child relationship. This disorder is believed to have an organic basis, with its development and severity being closely tied to parental and family functioning.

The purpose of this study is to assess the efficacy of nonviolent resistance (NVR) parent training (PT) for treating ADHD in children. This approach views improvement of both parent and child as equally important goals for the intervention.

Methodology: The study was conducted at the clinic for systemic treatment of ADHD at the Schneider Children’s Medical Center of Israel. One hundred and one families of children with ADHD participated in the study. Families were randomly assigned to a study group (50) treated with NVR intervention plan, and to a wait-list group (51), that received identical treatment 12 weeks later (that is, after the period of waiting). The NVR intervention was adapted for treatment of ADHD. The intervention included 12-14 weekly sessions supplemented by two support phone conversations everyweek. Treatment efficacy was assessed at three time points - intake, treatment end, and at a 4-month follow-up. The waiting group filled out questionnaires at four points: at intake, end of the waiting period, treatment conclusion and follow-up. Questionnaires included parental anchoring, parental helplessness, emotional disregulation, symptom check list (CBCL) and Conners. The Conners was completed by both parents and teachers. To assess changes in parenting experience , the "parental 'shaking-up' questionnaire" (designed for this study) was administered at four time points.

Results: By the end of the NVR intervention, parents in the intervention group reported a significant increase in parental ancoring and a significant reduction in parental helplessness relative to their condition at the beginning of the treatment and to the control group. Parental report also indicated significant reduction in emotional disregulation as compared with their condition before the therapy. The improvement in parental condition was preserved throughout the follow-up period. Additionally, it was found that the parents' report of bieng "shaken up" by the child decreased linearly with the progress of the treatment. The patterns for the parents’ questionnaires were similar for mothers and fathers.

In terms of therapy effects on children condition, based on parental reports, ADHD core symptoms, child externalizinginternalizing symptoms improved significantly following treatment and compared to control group. Teacher reports on the other hand showed no improvement in ADHD core symptoms. Also whereas ADHD core symptom improvement did not hold up during follow-up, the improvement in the child's externalizing and internalizing symptoms was sustained. The verage effect size of overall changes of child and parent variables was medium.

Findings also show that maternal helplessness mediated the improvement in the child’s symptoms following treatment in terms of externalizing symptoms, and father anchoring mediated the improvement in the child's ADHD core symptoms.

An additional, significant finding of this study was the low dropout rate from therapy among all families participating in the study. The dropout rate among families starting the therapy was only 4%-6%. This finding contrasts greatly with the mean dropout rate (40%-60%) in other interventions.

Conclusions: study results suggest the efficacy of NVR approach for treating children with ADHD. Study results also suggest that NVR intervention can improve the condition of both children with ADHD and their parents. The low dropout rate found in the study suggests higher acceptability of the NVR intervention compared to other treatment approaches in this area.