NVR for children with ADHD, Irit Schorr-Sapir

This is the link for the doctorate's abstract

<https://www.dropbox.com/s/dh03lgxmjxgydmd/NVR%20for%20children%20with%20ADHD%2C%20Irit%20Schorr-Sapir%20%28Abstract%29.docx?dl=0>

This study is an important milestone in NVR research. ADHD is one of the most frequently diagnosed conditions in childhood and it is responsible for many severe scholastic and developmental problems. Although ADHD responds to medication, the effects are probably time-limited and do not sufficiently improve the child's adjustment and developmental prospects. Parent-training has long been considered an important alternative or addition to medical treatment. This is a controlled study comparing a detailed NVR-intervention for the parents of children with ADHD with a wait-list group. The development of a detailed treatment manual for those cases is one of the study's achievements. This is especially true in view of the results obtained. The NVR-treated group was superior to the control group in both parent and child variables. On the child variables, there was significant improvement in externalizing and internalizing (anxiety and depression) symptoms. These improvements were maintained at follow-up. On the parent variables, there were improvements in parental helplessness, parental anchoring, family chaos, and parental emotional-regulation. One of the important findings is the extremely low drop-out rates (only about 5% of the parents that started the treatment failed to complete it). Another unique finding is the 100% attendance by fathers! Those findings show NVR to be highly acceptable and relevant for both parents. This contrasts with the usually high parental drop-out rates reported in the literature (between 30 to 60%), and usually very low success rate in engaging fathers. The fact that NVR was highly effective also with internalizing symptoms (anxiety and depression) is the best possible answer to criticisms that hold NVR to be tough on children. The children obviously do not feel so, on the contrary, they become significantly less anxious and depressed. They also beome less aggressive, impulsive, disruptive and prone to high risk behaviors). We believe a unique feature of NVR to be the fact that it considers not only the child, but also the parents as clients on their own. This respect for the parents' distress may well explain the very low drop-out rate. Many parents say so explicitly: "This is the first time, that our difficulties are also taken into account!" An article describing the project is presently under preparation.