EARLY INTERVENTION FOUNDATION

GUIDEBOOK

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Downloaded from https://guidebook.eif.org.uk/programme/helping-the-noncompliant-child

Helping the Noncompliant Child

Review: Foundations for Life, July 2016

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Helping the Noncompliant Child (HNC) is for parents who are having difficulties managing the behaviour of a child between the ages of three and eight years.

The parent and child attend between five and 12 individual sessions where they learn how to manage unwanted child behaviour.

Evidence rating: **3**

Cost rating: **3**

EIF Programme Assessment

Helping the Noncompliant Child has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

Evidence rating: **3**

What does the evidence rating mean?

Level 3 indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

Cost rating

A rating of **3** indicates that a programme has a **medium cost** to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of **£500–£999**.

Cost rating: **3**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Preventing crime, violence and antisocial behaviour

Reduced symptoms of ADHD

Based on study 1

5.93-point improvement on the ADHD Rating Scale-IV

Improvement index: **+49**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 99% and worse outcomes than 1% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced defiant symptoms

Based on study 1

0.35-point improvement on the New York Parent Rating Scale

Improvement index: **+25**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 75% and worse outcomes than 25% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced physical aggression

Based on study 1

0.24-point improvement on the New York Parent Rating Scales

Improvement index: **+14**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 64% and worse outcomes than 36% of their peers, if they had received the intervention.

Reduced inattention and hyperactivity

Based on study 1

13.82-point improvement on the Conners Parent Rating Scale

Improvement index: **+39**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 89% and worse outcomes than 11% of their peers, if they had received the intervention.

Immediately after the intervention

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preschool

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Out-patient health setting

The programme may also be delivered in these settings:

- Home
- Out-patient health setting

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted indicated

Where has it been implemented?

United Kingdom, United States

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- parenting programmes with violence reduction outcomes
  programmes for children with recognised or possible special education needs

About the programme

What happens during delivery?

How is it delivered?

- HNC is delivered in up to 12 sessions of approximately one hour by a psychologist, counsellor or social worker with a QCF-Level 6 (or higher) qualification. The practitioner works individually with parents and their child.

What happens during the intervention?

- Sessions take the form of learning specific skills through practice and practitioner feedback.
- The child participates in all treatment sessions.
- Parents also complete homework exercises and monitoring sheets to track their progress through the programme.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is a psychologist, counsellor or social worker with a QCF-level 6 (or higher) qualification and 32 hours of programme training.

What are the training requirements?

- Practitioners have 32 hours of programme training. Booster training of practitioners is recommended.

How are the practitioners supervised?

- Supervision is provided by two host-agency supervisors. Both have QCF-7/8 level qualifications and 32 hours of programme training. In addition, it is recommended that practitioners are supervised by one programme developer supervisor also with QCF-7/8 qualifications.

What are the systems for maintaining fidelity?

- Telephone consultations
- Onsite supervision
- Fidelity checklists
- Ongoing consultations
- If practitioners are having difficulty delivering programme, an HNC consultant provides onsite booster sessions until proficient

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- HNC assumes that child behavioural problems are the result of coercive interactions between the parent and child that inadvertently reinforce the child's noncompliant behaviour.
- HNC provides parents with a repertoire of effective strategies for managing noncompliant child behaviour.
- In the short term, the child should be able to better regulate his or her behaviour, and the parents should experience less stress.
- In the longer term, children will get along better with others, do better at school and be less likely to engage in antisocial behaviour.

Intended outcomes

Contact details

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About the evidence

Helping the Noncompliant Child's most rigorous evidence comes from an RCT which was conducted in the US.

This study identified statistically significant positive impact on a number of child and parent outcomes.

This programme is underpinned by one study with a Level 3, hence the programme receives a Level 3 rating overall.

Study 1

Citation: Abikoff et al (2015)

Design: RCT

Country: United States

Sample: 164 children with ADHD symptoms living in New York City

Timing: Post-test; two-year follow-up

Child outcomes:

- Reduced symptoms of ADHD
- Reduced defiant symptoms
- Reduced physical aggression
- Reduced inattention and hyperactivity

Other outcomes:

- Improved parenting Increased parenting satisfaction

Study rating: 3

Abikoff, H. B., Thompson, M., Laver-Bradbury, C., Long, N., Forehand, R.L., Miller Brotman, L., Klein, R.G., Reiss, P., Huo, L., & Sonuga-Barke, E., (2015). Parent training for preschool ADHD: a randomized controlled trial of specialized and generic programs. *Journal of Child Psychology and Psychiatry, 56*, 618-631. Available athttp://onlinelibrary.wiley.com/doi/10.1111/jcpp.12346/full

Study design and sample

The first study is a rigorously conducted RCT.
This study involved random assignment of children to an HNC treatment group and a wait-list control group. This study was conducted in the US, with a sample of 164 preschool children (aged three to five). The majority of children were male (73.8%) and Caucasian (69.2%).

Measures

Child ADHD symptoms were measured using the ADHD ratings on the Conners scales (parent report) (teacher report) and the ADHD-Rating Scale-IV (diagnostic interview). Child levels of sustained and focused attention and activity were measured using coded observation (expert observation of behaviour). Child oppositional and defiant symptoms were measured using the New York Teacher and Parent Rating Scales (parent report) (teacher report). Child delay of gratification was measured using the Delay of Gratification-Cookies Delay Task (direct assessment).
Parenting behaviours were measured using the Parenting Practice Interview (parent report). Observed parenting was measured using the Global Impressions of Parent Child Interactions-Revised (GIPCI-R) (parent report). Parenting stress was measured using the Parenting Stress Index-Short Form (PSI-R) (parent report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes.
Child outcomes include:

- Reduced symptoms of ADHD
- Reduced defiant symptoms
- Reduced physical aggression
- Reduced inattention and hyperactivity

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Wells, K.C. & Egan, J. (1988). Social learning and systems family therapy for childhood oppositional disorder: Comparative treatment outcome. Comprehensive Psychiatry, 29, 138-146 - **This reference refers to a randomised control trial, conducted in the USA.**
Forehand, R.L., Merchant, M.J., Parent, J., Long, N., Linnea, K., & Baer, J. (2011). An examination of a group curriculum for parents of young children with disruptive behavior, Behaviour Modification, 35, 235 – 251 - **This reference refers to a randomised control trial, conducted in the USA.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

How to read the Guidebook

EIF evidence standards

About the EIF Guidebook

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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