

## **Efficacy of the NACD Program**

**This study was conducted by the Department of Social Work at BYU-Hawaii  
2002**

### **Introduction**

The National Academy for Child Development, Inc. is an international organization of parents and professionals dedicated to helping children and adults reach their full potential. Founded in 1979 by internationally recognized educator and lecturer Robert J. Doman, Jr., NACD designs very specific home Neuro-developmental programs for infants, children, and adults. The over 15,000 clients served by NACD have come to them with medical labels including: Learning Disabled, Dyslexic, Distractable, ADD, ADHD, Hyperactive, Down Syndrome, Fetal Alcohol Syndrome, Williams Syndrome, Tourettes Syndrome, Rett Syndrome, Fragile X, Developmentally Delayed, PDD, Austistic, Cerebral Palsy, Brain Injured, Comatose, Retarded, Minimal Brain Dysfunction, Normal, Accelerated, and Gifted. The families served by NACD have traveled to our centers from all 50 states, Europe, Asia, Africa, South America, Australia, and Canada.

Emotional and health fields have become more and more compartmentalized, and treatment approaches driven more by symptom and label rather than by cause and an appreciation of the uniqueness and totality of the individual. NACD has created an approach to human development, the achievement of human potential, and the remediation of developmental, educational, and neurological problems that is based upon the gestalt of the individual. The Neuro-developmental Approach utilizes a neurologically based targeted eclectic treatment methodology.

In Social Work, we believe that there is no limit on a person's potential. NACD is confident that they have done the most effective treatment on people with special needs than any traditional school or hospital. What is attractive to social workers is that they don't base treatments solely on the medical model, although parts of the medical model is fundamentally necessary. NACD is an agency worth exploring to see if this approach could possibly meet the needs of social work clients.

### **Purpose of the study**

The purpose of this study is to determine whether or not NACD has significantly achieved their goals as an agency. NACD is attempting to significantly impact the lives of the children involved in their program through the efficacy of their Neuro-developmental approach and integrating the role of family in the process of assisting children in reaching their innate potentials. This study is to help the agency modify any interventions and challenging existing theoretical frameworks to further the progress of their clients.

### **Method of Analysis**

The sample of 127 parents of children who generally have (with the exception of one participant) a diagnosed mental disability was drawn from NACD's database of clients. Out of the sample 120 participants were mothers and 7 were fathers. The clients in NACD's database are either currently in the program or were at one time. Within the sample 59.1% are parents of children with Down Syndrome, 17.3% with Autism/PDD, 12.6% with ADHD, and 8.7% with other (*See figure 1*). The average (mean) age of child in the NACD program is 8.1 years old (*shown in figure2*). The duration of participant's children in the program was approximately 2.8 years (*shown in figure.3*). Out of the 127

participants 80 children were male and 47 children were female. Out of the participants 47.2% were referred to NACD through a friend, 41.7% heard through other channels such as internet, home school conferences, and books such as the *Circle of Friends*.

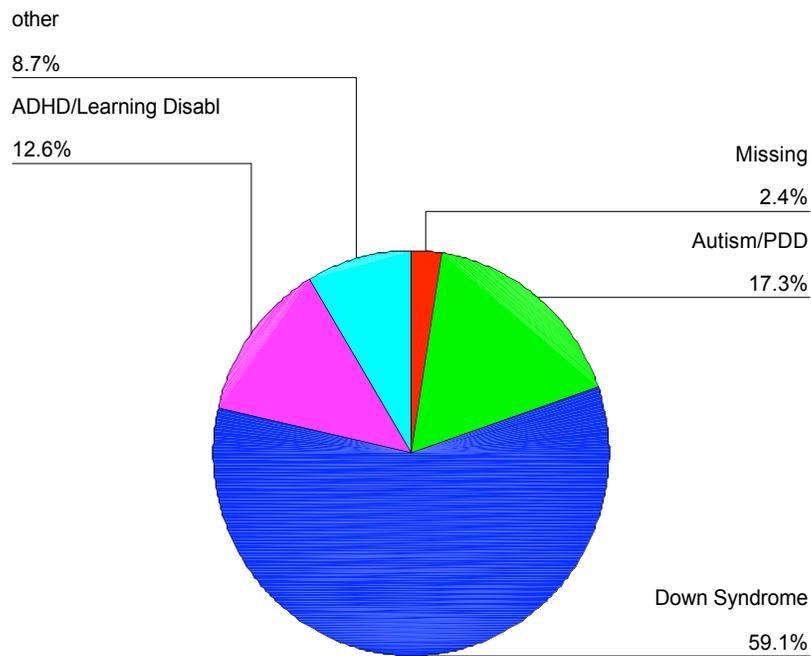


Figure 1. Demographics of participant's children by medical label

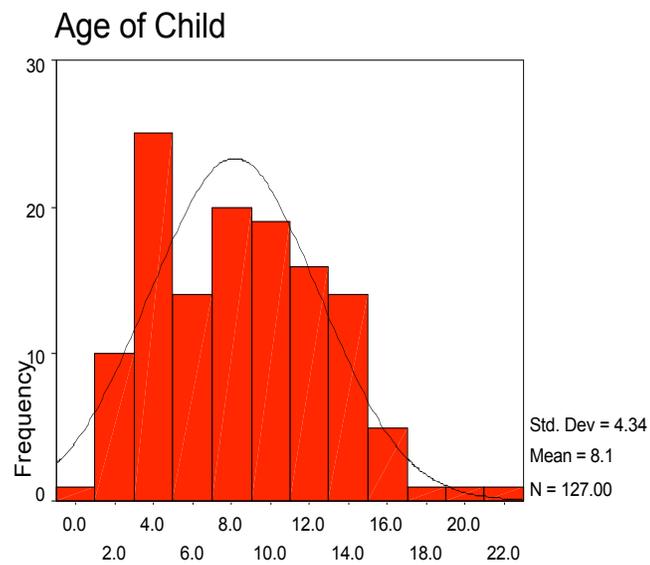
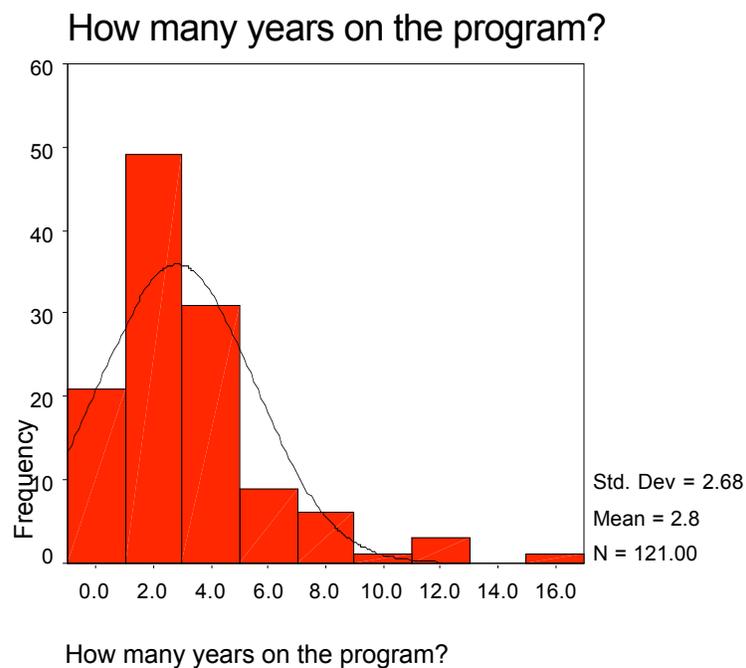


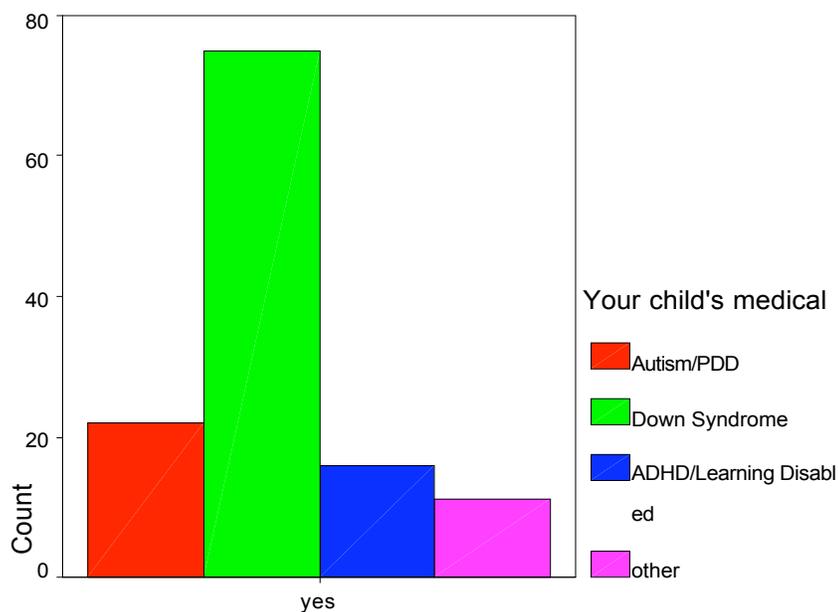
Figure 2.



From the population of all clients enrolled in NACD 300 were randomly selected and 127 responded. Parental satisfaction of the NACD program was measured with a survey developed for the use of this study. The survey contains 37 yes or no questions that over all compare NACD programs with traditional programs. The questions measure

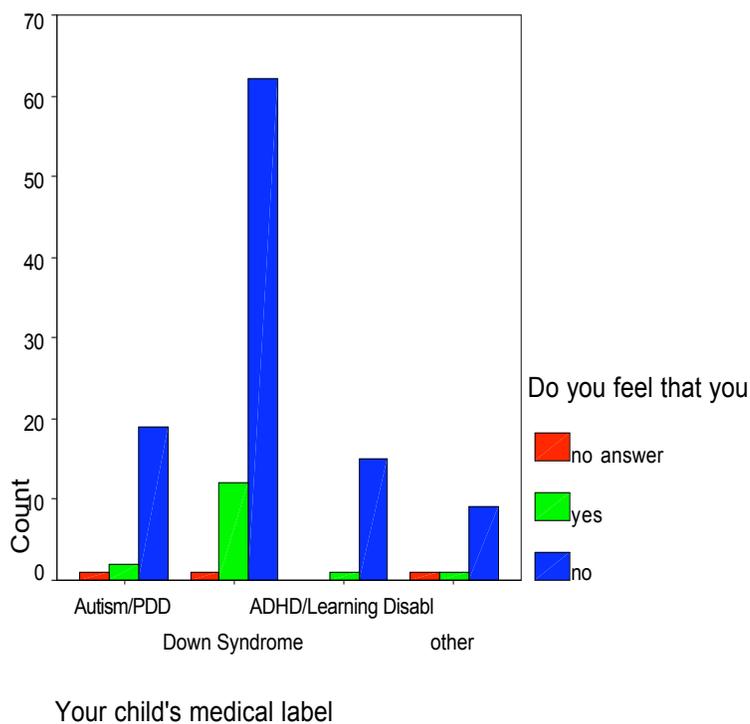
the over all benefit of the program, assistance and changes in different aspects of development, (i.e. physical development, language development, and sensory development) and the satisfaction of the neuro-developmental approach. Due to the nature of nominal data such as yes/no questions this instrument has a low level of reliability and validity that can be measured. However, the results of the survey can be used to create an instrument with a higher level of validity and reliability.

Our research question concerned whether NACD has achieved their stated goals based on parental satisfaction. Descriptive statistical analyses reveal that the majority of participants feel that the NACD program has been beneficial to their child. As shown in figure 4, 97.6% of participants felt the program to be beneficial, while 2.4% did not answer the question. In questions regarding traditional programs, the same percentage of participants felt that traditional programs do not meet the needs of their child.

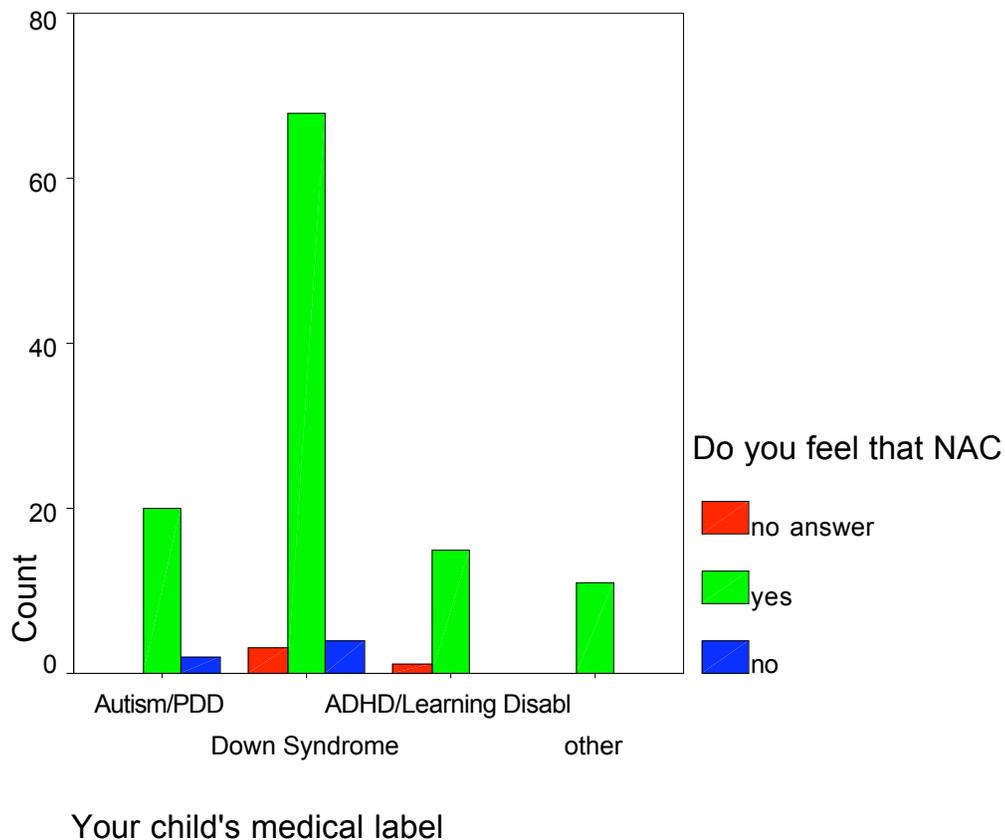


Do you believe that the NACD program has been beneficial to you

The most interesting trend in the survey had to deal with the issue of parents' primary responsibility in their child's development. In figure five, 13 percent of the participants indicated that their child's development could be optimized *without* the parent assuming primary responsibility for that development. Although there are no evident reasons on why such a relatively high percentage answered "yes" to this question, this should be explored in further detail



A high percentage of parents felt that the NACD model of empowering parents was so effective that it should be adopted into traditional therapies and schools. Approximately 94% felt that it would be beneficial as shown in figure 6.

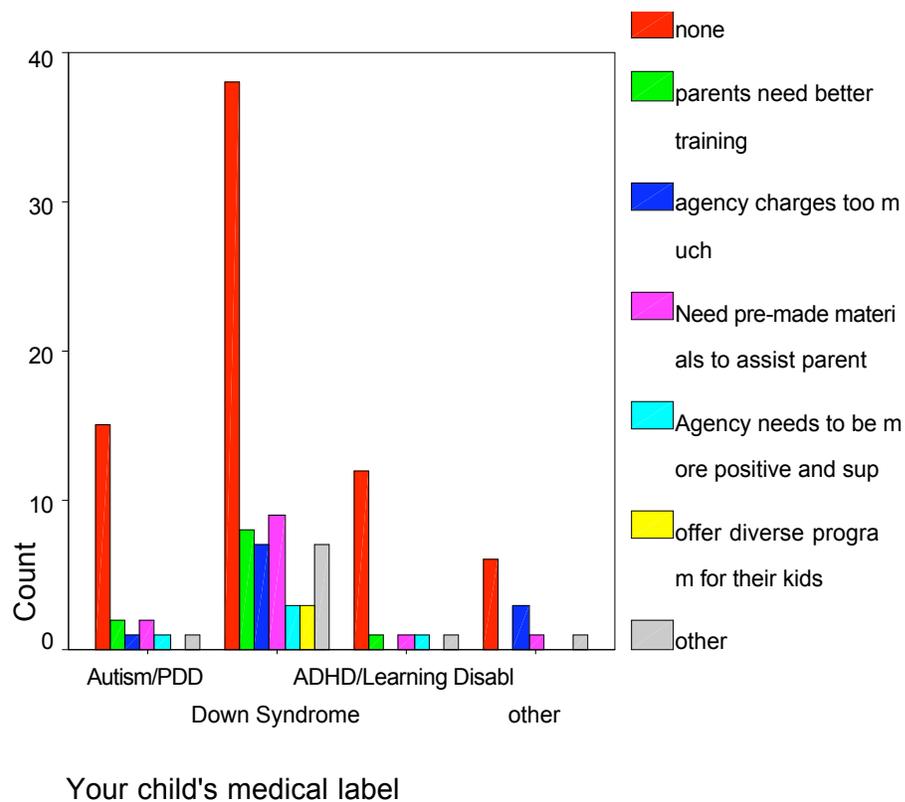


Parental suggestions for agency improvements were broken down into six categories: no comment, parents need better training, agency charges too much, need pre-made materials to assist parents, agency needs to be more supportive and positive, offer other diverse programs for the children, and other (see figure 7). A few of the participants have expressed difficulty in understanding the training process, one applicant said, “early explanation of the purpose of the different program activities would help—also what they are for and how they fit into the long term goals. I never understood the importance of digit span until many, many years into the program—and then it was from one of Bob’s articles I read on the net.”

There is a need for better training expressed through some of the clients. One client said “have handouts for all the program activities describing what to do exactly. I

have had different trainers tell me different ways.” Another comment that was given, “a video showing the correct way of doing exercises would help a lot. A few times I was not trained well and the activities were not preformed right.”

Some of the respondents suggested that pre-made materials would be very beneficial. They expressed that they have very little time to make the materials such as categorical cards and tapes. They also expressed the need to meet more often one respondent stated, “More frequent meetings-sometimes every 4 months is not enough.”



## Conclusion

The strength of this research is that we discovered the majority of the participants felt satisfied with the services they have received through NACD. The agency services are particularly more satisfactory than what traditional programs provide. We were also

able to receive feedback from the participants that could help strengthen programs, particularly those that would empower parents to take primary responsibility of their children. Overall, the clientele is satisfied with the services that NACD provides. Thus, the question of whether or not NACD has satisfactorily achieved their goals, the study shows that clients feel that the agency has achieved their goals.

### **Addendum**

Since this study took place, NACD has made some changes to the organization after receiving the parent's feedback. First, we have increased our evaluations to every three months rather than every four months. This enables the families to see us more often and for their programs to be modified more frequently. Second, we have changed how the programs are being taught. Rather than have a parent volunteer or staff member teach the programs to the families, they are receiving individualized DVD's of their child's program. The DVD has a video clip of each activity that is recommended on their program as well as detailed description of how to do the activity and why it has been recommended. We have also increased the family support to include program/video reviews after each evaluation, bi-monthly paperwork for initial families, and monthly telephone seminars. Since implementing these changes, NACD believes their clients are that much more satisfied with the program.