

INITIAL REPORT of the Waldorf ADHD Research Project

Kim John Payne M.Ed, Bonnie River-Bento M.Ed, Anne Skillings MA

In recent times the Waldorf education movement began to be more clearly challenged by children who displayed attention related issues. Victor Frankl, the well-known psychologist spoke of aggression, depression, and addiction as being three signatures of our time but a fourth challenge could be added, attention. Yet how could we stand against the huge wave that was hitting families and schools that called for the drugging of children with such substances as Ritalin?

Waldorf Attention Related Disorders Research Project was launched in May 1999 to try to find some answers to this question. After two years of planning, fundraising and recruiting teachers and parents who enacted our suggested changes we are ready to release our initial findings.

Some Background

We had 55 families, 23 teachers, and 9 anthroposophic doctors and their therapeutic teams participating in Waldorf School communities across North America. A diagnostic implement was written that drew on both conventional and Anthroposophic methods. These packs containing forms for both parents and teachers were filled out and returned to the research center. The return rate was a very high 93%. All of the children surveyed fell within either the clinically or school related parameters for a positive diagnosis for ADD/ADHD.

In January 2001 a 52 page Intervention Pack for teachers and parents was sent out. This pack detailed the changes to the school and home life of the child we were requesting. These changes involved such things as diet, media, organizational structure, specific exercise, behavior strategies, environmental modifications and social skills training. Much of this information was intrinsic to Waldorf Education practice and school and home ethos. Many children also visited an Anthroposophic doctor and were given remedies and referred to other anthroposophic based therapists.

Parents and teachers filled out a detailed monthly log of the changes they made at home and school and the frequency with which they applied these strategies. These were mailed back to the research center at the end of each month for a period of four months. This information was analyzed and coded.

The Anthroposophical Society of America and the Medical Section sponsor the project. It is kindly funded by the Anthroposophical Society, the Research Institute for Waldorf Education, The Rudolf Steiner Foundation, the Fetzer Foundation, Weleda AG, The Hawthorn Foundation, Dr Hauschka Products and donations from individuals.

Initial Findings

The results we have back after four months show that of the children for which we have complete data 68.5% had some statistically and clinically significant improvements in behavior.¹ The figures also indicate their mean average improvement across a range of indicators was between 19.6% to 39.4%. These are statistically and clinically extremely significant figures that indicate very large positive shifts in behavior.

Here is a breakdown of the figures for those children given in percentage points of mean average...

School Inattentiveness	60.0%
School Hyperactivity	50.0%
Home Inattentiveness	57.1%
Home Hyperactivity	42.8%

Improvements in behavior in situations at school that are difficult for children with attention problems were 29.3% and at home 28.7%. Improvements in defiant and/or oppositional behavior at home was 32.8%

We also have found significant improvements across another range of areas. The figures below are mean average figures for all of the children taking part in the study.

In addition to this we wanted to find out if the children could make improvements in specific areas of their school life.

At School.....	Improvement by %
Academic improvement	36.8
Behavioral improvement	36.8
General motor ability improvement	39.4
Social ability improvement	31.9
Stress reactions/calmness improvement	32.3

At home we wanted to see what effect increased communication and cooperation in specific areas between parents and children would have. The headings of the changes we suggested and the resulting improvements in what the parents did were.....

At Home.....	Improvement by %
Changes to the child's environment	20.9
Help with organization	12.4

What's Next?

Even though this was a pilot study clearly these results are very important in establishing that very significant improvements across a wide range of behaviors associated with attentional challenges can be achieved without the use of medications such as Ritalin. Early evidence suggests that a multi-layered approach that involves the skills of teachers, doctors, therapists and parents is effective.

The task that stands before us is to find out why these large changes occurred and what were the most significant factors. We have the data to establish this and our work continues.

¹ The degree of change was determined following the recommendation of DuPaul et al in his clinical workbook ADHD Rating Scale-IV. Checklists, Norms and Clinical Interpretation. We followed this nationally accepted model and used "this scale in combination with the Jacobsen & Truax (1991) procedure for assessing clinical significance." (p. 65)