

Working Mechanisms of Behavioral Parent Training for Children with ADHD: A Protocol for a Multiple Baseline Single-Case Experimental Design Study

Marijn Nijboer

m.nijboer@accare.nl

Accare Child Study Centre

Marjolein Luman

Vrije Universiteit Amsterdam

Marie Deserno

University of Amsterdam

Barbara van den Hoofdakker

Accare Child Study Centre

Saskia van der Oord

KU Leuven

Tycho Dekkers

Accare Child Study Centre

Annabeth Groenman

Accare Child Study Centre

Study protocol

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are members of the European ADHD Guidelines Group (EAGG). SvdO is on the higher health council in Belgium, an advisory committee about ADHD to the minister of health in Belgium and on the board of trustees of “Zit Stil”, the ADHD advocacy organization in Flanders. BvdH and ML are a advisors of the Dutch Knowledge Centre for Child and Adolescent Psychiatry. BvdH, SvdO, ML, AG, and TD have received research grants from ZonMw. SvdO has also received several research grants from FWO (Flanders Research Foundation) and KU Leuven. MD received funding from the Dutch Research Council (NWO) VI.Veni.221G.017. APG received a JSPS grant from NWO. APG is a member of the editorial board at the journal of European child and adolescent psychiatry (ECAP) and received a honorarium for her work. BvdH receives royalties as one of the editors of “Sociaal Onhandig” (published by Van Gorcum), a Dutch book for parents that can be used in parent training. SvdO declares a financial honorarium and reimbursement for travel expenses from MEDICE for being a speaker on non-pharmacological treatments of ADHD. TD is part of the steering committee of EUNETHYDIS (European Network for ADHD), which receives funding from MEDICE and Takeda for educational purposes. The other authors have no financial conflict of interest.

Abstract

Background

Behavioral parent training is an effective intervention for reducing behavioral difficulties in children with Attention-Deficit/Hyperactivity Disorder (ADHD) and for improving parental functioning, yet not all families benefit equally. The mechanisms through which changes in parents' behavior, emotions, and cognitions translate into improvements in child behavior remain insufficiently understood, particularly given the likely interrelated nature of these processes. Previous studies have typically examined parenting components in isolation and relied on limited time points, making it difficult to capture the temporal and sequential dynamics that may drive intervention effects. This study aims to clarify the sequence and interplay of changes in parents and children following behavioral parent training, using ecological momentary assessments in daily life to provide a detailed picture of how change unfolds.

Methods

Participants are parents of children aged 6–10 years with a confirmed ADHD diagnosis and daily noncompliant behavior. A multiple-baseline single-case experimental design (MSced) with randomized baseline will be used. Twelve families will receive a tailored, single-session behavioral parent training, delivered by an experienced clinical psychologist. Parent and child outcomes - including parenting behaviors, parental cognitions, parental emotions, and child behaviors - will be assessed twice daily for 63 days using Ecological Momentary Assessment (EMA). Changes before and after the training will be analyzed using multilevel autoregression, and temporal relationships among variables will be explored using time-varying vector autoregressive models to create individualized temporal networks.

Discussion

This study will provide detailed insight into how behavioral parent training affects both parents and children, including the dynamic processes of change. Understanding these temporal patterns may inform more targeted and mechanism-driven interventions, helping to optimize training strategies and improve outcomes for families who do not fully benefit from standard programs.

Trial registration

The study is registered at ISRCTN – The UK's Clinical Study Registry (ISRCTN73584371), date of registration April 16, 2026, registration DOI: <https://doi.org/10.1186/ISRCTN73584371>

Background

Behavioral parent training is recommended as evidence-based intervention for children with Attention-Deficit/Hyperactivity Disorder (ADHD) (National Institute for Health and Care Excellence, 2019). The intervention is especially effective in reducing inattention, hyperactivity, impulsivity and oppositional behaviors in children with ADHD and in improving parenting behaviors, alleviating parental stress and

enhancing parents' sense of competence (Dekkers et al., 2022; Hornstra et al., 2023a). However, most effect sizes are small to medium, leaving room for improvement (Sibley et al., 2023). One key avenue for the improvement of parenting interventions may be a deeper understanding of the mechanisms through which these interventions exert their effects, which is the aim of the current study.

The content of behavioral parent training programs is based on different theoretical frameworks (e.g., Bandura (1978); Patterson, (1976)), which all hypothesize that changes in parents' behaviors, emotions, and cognitions mediate changes in their child's behavior. Indeed, the few studies that tested mediation models largely confirmed that improvements at parent level mediated improvements in child outcomes (Dose et al., 2021; Heath et al., 2015; Psyllou et al., 2025; van der Veen-Mulders et al., 2020). However, these studies mostly tested the behavioral, cognitive and emotional components of parenting in isolation, while these are likely interrelated and jointly influencing child behavior. In addition, parental factors are also expected to be influenced by child behavior. Furthermore, the relationship between changes in parents' and children's behaviors appears to be indirect and bidirectional, suggesting that changes in parents induce changes in children's behavior, while changes in children's behaviors may, in return, also elicit changes in parents (Forehand et al., 2014; Johnco et al., 2021; Pettit & Arsiwalla, 2008; Wade et al., 2026). Therefore, studying all these factors together in a single study is of value to get more insight into the mechanisms of change in behavioral parent training (Weeland et al., 2021).

Studies examining how parents and children with ADHD change after behavioral parent training typically include only two or three time points (e.g., pre-, mid-, and post- treatment). Such limited measurement schedules are insufficient for capturing the potentially sequential processes through which change unfolds. A better understanding of these temporal dynamics can provide clues for optimizing the targets and timing of behavioral parent training (Hinshaw et al., 2000; Weeland et al., 2018). For example, if early changes in parental cognitions - rather than changes in parenting behavior - initiate a cascade of positive changes in parents and children, a stronger emphasis on parental cognitions during training may enhance intervention effectiveness.

To address this gap, we here aim to examine the sequence in which changes in parents and children occur after behavioral parent training. As a first step, we will investigate whether parenting behaviors, parental cognitions, parental emotions, and behaviors of children with ADHD change after an intensive and individually tailored single-session behavioral parent training. In earlier studies, a brief behavioral parent training program of two or three sessions was as effective as longer parent training programs (Hornstra et al., 2021; Nijboer et al., 2025). For the single-session format we will make use of the same core components and therefore we expect it to yield reductions in behavioral problems. Second, to answer our main research question, we will explore the sequence of changes in parenting behaviors, parental cognitions, parental emotions, and children's behaviors. These dynamic temporal aspects have not been tested before. By examining associations between multiple factors within family interactions, this study seeks to advance our understanding of the mechanisms through which behavioral parent training exerts its effects.

We will use a Multiple baseline Single case experimental design (MSced) with Ecological Momentary Assessments (EMA). Such a design allows for frequent within-family measurements of daily fluctuations of parent and child functioning, which improves the ecological validity of findings (Russell & Gajos, 2020). By capturing temporally sensitive, fine-grained assessments, this approach allows us to delineate the dynamic processes of change that underlie behavioral parent training, which may ultimately guide the development of more targeted, mechanism-driven interventions.

Methods/Design

Participants and Recruitment

Participants will be parents of children diagnosed with ADHD according to the Diagnostic and Statistical Manual of Mental Disorders (5th ed., DSM-5; (APA, 2013)]. Parents will be recruited in cooperation with Balans (a Dutch association for parents of children with developmental problems and/or special needs) and via Dutch social media (Facebook and Instagram) channel 'ADHD en Druk Gedrag' (ADHD and hyperactive behavior). Parents can register themselves by reacting on online advertisements (e.g., on social media), after which we will contact them to provide information about the study.

Eligibility Criteria

We will include parents of children aged 6-10 years old who were previously diagnosed with ADHD, which we will confirm by the Diagnostic Interview Schedule for Children (DISC-IV; (Shaffer et al., 2000). As oppositional behaviors such as persistent defiant and noncompliant behaviors are often co-occurring in children with ADHD and causing severe functional impairment (Chen et al., 2025; Lahey et al., 2016), we will include parents who express a need for support with daily occurring noncompliant behavior of their child, which will be assessed by two screening questions: (1) Does noncompliant behavior of your child occur daily?; (2) Do you need help managing this behavior?

Families will be excluded if (a) the child is diagnosed with autism spectrum disorder by a clinician, because children with autism spectrum disorder might need other interventions; (b) the child used psychotropic medication in the present or past month or it was planned to start medication during study participation, to prevent interference between effects of parent training and medication; (c) the parents have received behavioral parent training in the past year or behavioral support (but not training) in the past three months, or any other parent support during study participation is planned.

Setting

All measurements and the training session will be conducted separate from potential ongoing mental healthcare. Nevertheless, to participate, parents will be requested not to start any other behavioral support during their participation in the study, nor medication treatment for their child. Any other support for the child that would take place outside the home setting, such as support at school, can be continued as this is not to be expected to directly affect children's behavior at home.

Design

We will use a Multiple baseline Single-case experimental design (MSced) with a randomized baseline, following the recommendations of the *Single-Case Reporting In BEhavioural interventions* (SCRIBE) guideline (Tate et al., 2016). Parents of 12 children with ADHD will participate in an individual three-hour single-session behavioral parent training. Outcome variables will be measured twice a day before and after the session using Ecological Momentary Assessment (EMA). To enable the estimation of intervention effects, we will randomize the length of the baseline phase (Heyvaert & Onghena, 2014; Kazdin, 2021). Families will be assessed for a maximum of 14 days prior to the intervention, allowing optimal variation in the timing of the intervention across families (Shadish et al., 2014). Based on findings from our feasibility pilot with this design, we assume that at least nine baseline days are required to achieve stable baseline estimation (Kazdin, 2021). This minimum duration provides reliable estimates of mean level and day-to-day fluctuations in the outcome variables, while minimizing the influence of unusually busy, chaotic, or stressful days. Consequently, baseline length will range from 9 and 14 days, resulting in six possible conditions (i.e., 9, 10, 11, 12, 13 or 14 baseline assessment days). Each participant will be randomly assigned using randomly generator sequence to one of these conditions, resulting in two participants per condition.

The randomization of each participant will be done by a researcher (APG) who is not involved in the data collection or intervention delivery. The clinical psychologist (MN) delivering the intervention will be blinded to each participant's assigned baseline duration.

Within the single-case experiments, each participant will go through the same phases (see Fig. 1). The entire MSced will span nine weeks, during which measurements will be conducted twice a day; one measurement in the morning and one in the afternoon. The total length of the measurements will be 63 days (i.e., 126 measurements). Because baseline length (phase A) is randomized between 9 and 14 days, the length of the post-training phase (phase B) will range from 49 and 54 days. As the behavioral parent training consists of a single session, phase B immediately follows phase A.

Power

Power calculations based on Heyvaert & Onghena (2014) indicate that the inclusion of 12 families is sufficient for a Multiple baseline Single case experimental design, allowing for optimal baseline randomization to detect intervention effects across outcome measures. The baseline phase of up to 14 days enables optimal variation in training timing within the total duration of EMA measurement of 63 days.

To answer our main research question, the study design of twelve families with 126 datapoints per family (measurements twice a day, for 63 days) enables estimation of temporal network structure for the four outcome variables. Research indicates that 75-100 time-points are sufficient to recover 25-50% of the strongest edges in networks with a maximum of six variables, providing informative network structures, while keeping the measurement burden feasible (Mansueto et al., 2022). Two daily

assessments will be conducted over 63 days, yielding a total of 126 measurements for each family. The baseline phase (9–14 days) comprises 18–28 measurements, leaving 98–108 measurements in the post-training phase. Thereby, the design meets the minimum requirements for idiographic network models (Epskamp et al., 2018), an analysis technique that can estimate temporal relationships within and between parent and child behaviors (Mansueto et al., 2022).

Description of Materials

Single-session Behavioral Parent Training

Parents receive an individually tailored single-session behavioral parent training ('workshop') for noncompliant behavior, delivered by the first author (MN). Their child is not present during the training session. The session takes three hours and is delivered at home or any other place that is convenient for parents. In the session, parents are provided brief psychoeducation about ADHD and they are taught parenting techniques that have proven to be effective (Dekkers et al., 2022; Hornstra et al., 2021; 2023a) to help their child towards positive behavior.

At the start of the session, the information that was given before the study about the program structure and content of the intensive single-session parent training is again explained briefly to parents. The trainer informs them that the session will end with a targeted action plan for addressing a key noncompliant behavior in a specific situation they encounter at home. The trainer also informs the parents that this action plan has to be practiced every day at home and starts as soon as possible after the session.

Next, together with parents, the trainer selects a noncompliant behavior in a specific situation, such as disobedience in the morning when making ready for school or in the evening during dinner or bedtime. The trainer verifies if the behavior and situation occurred in the past 24 hours; if not, another target behavior and situation is selected. The target behavior is selected based on priority and burden of the parents, its frequency (preferably daily), its potential to influence other behaviors, and the trainer's assessment of whether it is feasible to change the behavior.

After selecting the target behavior, the trainer introduces the Antecedent – Behavior – Consequence framework to the parents, using neutral, relatable examples. Characteristics often observed in children with ADHD - such as executive function difficulties, more need for external reinforcement, and altered sensitivity to rewards (Noordermeer et al., 2020) - are highlighted. The trainer then explains the following stimulus control (antecedent) techniques: setting rules and making appointments, giving clear instructions, providing structure, and anticipating and preventing problematic behavior. After stimulus control techniques are discussed, the trainer explains the following contingency management (consequent) techniques: praise, positive reinforcement, premack principle, planned ignoring and other mild negative consequences such as corrective messages and mild punishment. The trainer clarifies the rationale of stimulus control and contingency management techniques in relation to problems with executive functioning and motivation in children with ADHD.

Then, the trainer conducts a topographical analysis to detail the noncompliant behavior, its antecedents, and its consequences. Using this information, the trainer conducts a functional analysis of the behavior, in which potential antecedents (triggers) and sources of (positive and negative) reinforcement are identified.

After this, together with parents, the trainer identifies the desired behavior that has to replace the problem behavior. The target behavior has to be realistic and achievable, considering the child's age, developmental level, and strengths and weaknesses. The behavior has to be formulated clearly, concretely, positively, and measurably.

Based on the functional analysis, an action plan is created for the target behavior in the specific situation. Behavioral techniques are selected according to feasibility for parents and relevance to the child's behavior. In line with earlier studies (Hornstra et al., 2021; 2023b), the action plan mainly focusses on stimulus control techniques and praise. However, for noncompliance other contingency management techniques (i.e., mild negative consequences) are often needed and may even contribute to larger effects on behavioral problems (Hornstra et al., 2023a), and are therefore added to the action plan if indicated. Together with the target behavior and situation, parents write the action plan on a form, which is reviewed jointly and provided for home reference.

After completing the form parents practice applying the action plan through role-plays. This ensures parents understand the plan, addresses potential challenges, and confirms shared understanding between parents and trainer. The trainer encourages parents to take the lead in their action plan, and by practicing this their confidence in applying the action plan is likely to be increased.

The session concludes with a summary and clarification of questions. Parents are asked to implement the plan on a daily basis. Confidence and motivation are again reinforced, and parents are encouraged to apply techniques to other problem behaviors if appropriate. Handouts are provided, in which parents can read all discussed topics (antecedent – behavior – consequence framework; executive functioning and reward sensitivity in children with ADHD; all stimulus control and contingency management techniques) at home. The completed form with the action plan is also provided for reference at home.

Therapist Characteristics and Training Fidelity

The behavioral parent training session will be provided by a licensed clinical psychologist/psychotherapist and cognitive behavioral therapist (MN), who is highly experienced in behavioral parent training for children with ADHD and behavioral difficulties.

Training fidelity is assessed with a fidelity checklist based on the procedure used by Van Doornik and colleagues (2024). Directly after the session, the trainer will complete this checklist on which she indicates which items were covered in the session. In addition, sessions will be audiotaped. Every three sessions, one session (i.e., a selection of 33% of all sessions) will be scored on training fidelity by a

researcher not involved in the intervention or data collection. Before training the next participant, the trainer will be provided with feedback with the aim to maintain and improve training fidelity.

Measures

The EMA battery consists of three general items and 15 items about parenting behaviors, parental cognitions, parental emotions towards the child, and the child’s behaviors (see Table 1 for items translated from Dutch to English; see Supplement 1 - Table S1 for original Dutch items). Parents rate these items twice a day on a continuous scale from 0 to 100, where 0 indicates “not at all” and 100 indicates “very much”. In phase B, after the training, intervention compliance of parents is assessed by an item asking parents whether they practiced the intervention plan that day.

If parents indicate at the first item that they had not seen their child in the past two hours and therefore cannot rate the EMA items, the same number of replacement items will be used to make the duration of the measurement identical in all cases. Replacement items are general items about parenting, emotions and cognitions unrelated to the child’s behavior in the past two hours (see Supplement 2). Replacement items will not be analyzed.

Table 1 *Items used in the Ecological Momentary Assessments (translated from Dutch to English; see Supplement 1 for original Dutch items)*

1.	General item	Did you spend time with [your child]* in the past two hours?	Yes/No
2.	Child's behavior	<i>How well does this statement apply to [your child]?</i> In the past two hours, [my child] was defiant, oppositional, or disobedient.	0 - 100
3.	Child's behavior	<i>How well does this statement apply to [your child]?</i> In the past two hours, [my child] showed positive behavior.	0 - 100
4.	Child's behavior	<i>How well does this statement apply to [your child]?</i> In the past two hours, [my child] was angry or irritated.	0 - 100
5.	Parenting behavior	<i>How well does this statement apply to you?</i> In the past two hours, I made clear to [my child] what I expected from [him/her].	0 - 100
6.	Parenting behavior	<i>How well does this statement apply to you?</i> In the past two hours, I gave [my child] a compliment, a hug, something nice, a treat, or another form of positive attention for [his/her] behavior.	0 - 100
7.	Parenting behavior	<i>How well does this statement apply to you?</i> In the past two hours, I grumbled, snapped, or yelled at [my child].	0 - 100
8.	Parenting behavior	<i>How well does this statement apply to you?</i> In the past two hours, I was harsh with [my child].	0 - 100
9.	Parenting behavior	<i>How well does this statement apply to you?</i> In the past two hours, I responded consistently to [my child's] behavior.	0 - 100
10.	Parental cognitions	<i>How well does this statement apply to you?</i> In the past two hours, I believed in myself as a parent.	0 – 100
11.	Parental cognitions	<i>How well does this statement apply to you?</i> In the past two hours, I believed that [my child] deliberately didn't listen to me or tried to make me angry on purpose.	0 – 100
12.	Parental cognitions	<i>How well does this statement apply to you?</i> In the past two hours, I believed that I couldn't handle [my child's] behavior.	0 – 100

13.	Parental emotions	<i>How well does this statement apply to you?</i> In the past two hours, I felt happy with [my child].	0 – 100
14.	Parental emotions	<i>How well does this statement apply to you?</i> In the past two hours, I felt angry with [my child].	0 – 100
15.	Parental emotions	<i>How well does this statement apply to you?</i> In the past two hours, I felt powerless toward [my child].	0 – 100
16.	Parental emotions	<i>How well does this statement apply to you?</i> In the past two hours, I felt sad about how things were going between me and [my child].	0 – 100
17.	General item	Were there any special circumstances today?	No/Yes, namely...
18.	General item, only post-training	Did you carry out the intervention plan you made with the trainer today?	Yes/No, because...

* Items between square brackets are personalized by using the name of the child and/or preferred gender pronoun.

Procedure

Parents complete the measures using the m-path.io app (Mestdagh et al., 2023). The exact time of both measurements (morning and afternoon) is personalized, depending on parents' preference and on the specific situation the training focusses on. Parents receive a notification for each measurement. All measurements are accessible for two hours. If parents do not complete the measurement, they receive a reminder after one hour. In case parents have difficulties to complete the measurements in time, if the percentage of completed measures becomes below 90%, or if parents ask for extra support, a research assistant provides support by making phone calls or by sending extra reminders. Parents receive weekly feedback about their measurement completion rate. They receive a financial compensation of €2,50 for each measurement, plus a 10% bonus if at least 90% of measurements is completed, resulting in a maximum compensation of €350,- per participating parent.

Statistical Analysis

The four outcome variables consist of mean scores per measurement, combining items for parenting behaviors, parental cognitions, parental emotions, and children's behaviors, respectively. First, we will compare mean scores on these four outcomes before and after the training. To test whether scores change after behavioral parent training, we will conduct multilevel autoregression analyses for single-subject data for each outcome variable separately (see Maric et al. (2015) for a detailed description). This method analyzes general trends in temporal data through regression lines of the outcome variables. We will test differences between phases and calculate reliable change indices (Maric et al., 2015). This

approach examines whether (i) the overall mean and (ii) the rate of change of the outcome variables differ significantly between the baseline and the post-training phase.

Second, we will examine temporal associations between mean scores on parenting behaviors, parental cognitions, parental emotions and child behaviors using Time-Varying Vector Autoregressive (TV-VAR) models (Haslbeck et al., 2021), which originate from idiographic network models (Epskamp et al., 2018). TV-VAR models extend conventional stationary VAR (Vector Autoregression) models to examine how time-varying parameters change in response to interventions. This will yield family-specific network analyses and visualizations depicting how changes in outcome measures temporally relate to each other. Through network analysis, we will create temporal networks per family, mapping the patterns of change per family.

Discussion

This study protocol describes a Multiple baseline Single-case experimental design (MSced) study into the working mechanisms of behavioral parent training for children with ADHD. Instead of testing the effects of behavioral parent training on the behavior of children, and on the behaviors, cognitions, and emotions of the parents in isolation, we test how (changes in) these factors develop over time, using a MSced design.

We anticipate several challenges in the execution of this study. A first challenge is that our intervention might be too brief to elicit change on the outcome variables of interest. Meta-analyses, however, indicate that the number of sessions in behavioral parent training for ADHD was unrelated to the effects (Dekkers et al., 2022; Hornstra et al., 2023a), and our recent experiences with very brief (i.e., two or three sessions) behavioral parent training programs for children with ADHD and/or disruptive behavior are encouraging (Hornstra et al., 2021; Nijboer et al., 2025). In addition, single session interventions in other domains have shown promising effects (see Schleider & Weisz (2017) for a meta-analysis).

A second potential challenge could be that parents might not complete enough EMA measurements, or that they were not in contact with their child over the period of the measurement. We aim to prevent these scenarios by adapting the exact timing to the preferences of parents, by compensating them financially for the completion of measurements, by sending them reminders, and by providing additional support, if needed.

In behavioral parent training research, the proposed design has not yet been used to unravel temporal aspects of change. Ultimately, the findings of our study may generate hypotheses about the potentially bidirectional nature of changes in families receiving parent training, advance the understanding of the complexity of parent-child interactions (Wade et al., 2026), and enhance our understanding of the mechanisms underlying behavioral parent training. This knowledge could guide the development of more targeted, mechanism-driven behavioral parent training programs, ultimately increasing their effectiveness.

Abbreviations

ADHD	Attention-Deficit/Hyperactivity Disorder
DISC	Diagnostic Interview Schedule for Children
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th edition
EMA	Ecological Momentary Assessment
ISRCTN	International Standard Randomised Controlled Trial Number
MSced	Multiple-baseline single-case experimental design
SCRIBE	Single-Case Reporting In BEhavioural interventions
TV-VAR	Time-Varying Vector Autoregression
VAR	Vector Autoregression

Declarations

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Ethics approval and consent to participate

The Medical Ethics Review Committee (METc) of the University Medical Center Groningen has granted this study a non-WMO statement (METc 2024/233), meaning that the study does not meet the conditions of the Medical Research Involving Human Subjects Act. Ethical approval was obtained from The Scientific and Ethical Review Board (VCWE) of the faculty of Behavioral and Movement Sciences, Vrije Universiteit (VU) Amsterdam, the Netherlands (VCWE-2024–137). The study complied with the declaration of Helsinki (1964) and its later revisions.

Before deciding upon participation, participants are informed about the study in detail, both through an information letter and through telephone calls with a researcher. All participants provide informed consent during the recruitment.

Current status of recruitment at time of submission

The first participant was recruited in February 2025. At time of first submission in February 2026, ten out of twelve participants are recruited.

Consent for publication

Not applicable

Availability of data

Not applicable

Competing interests

BvdH, ML and SvdO were involved in the development and evaluation of several Dutch parent and teacher training programs, without financial interests. BvdH, SvdO and ML have been advisors of Dutch ADHD guideline groups and BvdH and SvdO are members of the European ADHD Guidelines Group (EAGG). SvdO is on the higher health council in Belgium, an advisory committee about ADHD to the minister of health in Belgium and on the board of trustees of “Zit Stil”, the ADHD advocacy organization in Flanders. BvdH and ML are a advisors of the Dutch Knowledge Centre for Child and Adolescent Psychiatry. BvdH, SvdO, ML, AG, and TD have received research grants from ZonMw. SvdO has also received several research grants from FWO (Flanders Research Foundation) and KU Leuven. MD received funding from the Dutch Research Council (NWO) VI.Veni.221G.017. APG received a JSPS grant from NWO. APG is a member of the editorial board at the journal of European child and adolescent psychiatry (ECAP) and received a honorarium for her work. BvdH receives royalties as one of the editors of “Sociaal Onhandig” (published by Van Gorcum), a Dutch book for parents that can be used in parent training. SvdO declares a financial honorarium and reimbursement for travel expenses from MEDICE for being a speaker on non-pharmacological treatments of ADHD. TD is part of the steering committee of EUNETHYDIS (European Network for ADHD), which receives funding from MEDICE and Takeda for educational purposes. The other authors have no financial conflict of interest.

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Authors’ contributions

ML, MD, BvdH, SvdO, TD, and AG prepared the grant application to obtain funding for the trial. MN prepared the body, figure, references and formatting of the present manuscript. ML, MD, BvdH, SvdO, TD, and AG supervised MN in preparing the study and writing the manuscript. ML, MD, BvdH, SvdO, TD, and AG contributed to preparing the body of the manuscript.

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Figures

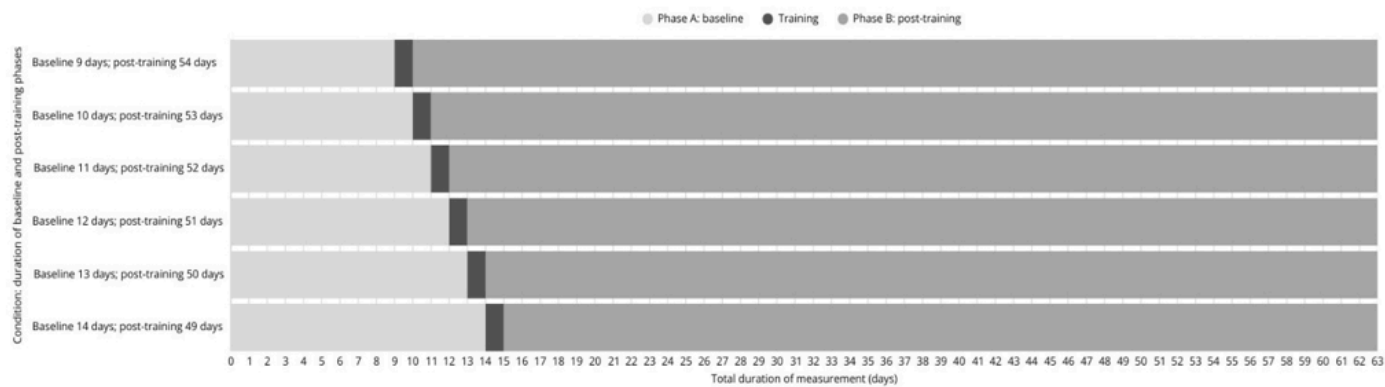


Figure 1

Phase Duration Across Baseline Conditions

Note. Phases A and B represent the measurement phases (baseline 9-14 days; post-training 29-54 days). The training is given between phases A and B.

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