Developing new service models in CAMHS, social care and education

What is NVR?

NVR stands for Non Violent Resistance

Increasingly, professionals in child mental health found that traditional therapies were ineffective for dealing with serious behaviour problems in children and young people, such as aggression and violence, running away, truanting, stealing, drug-taking, criminal involvement and putting themselves at serious risk in dangerous environments outside the family home. Helpless, humiliated, scared of their child or angry at them, parents seeking support from professionals can feel even more despondent because of their child’s refusal to cooperate in therapy.

Professor Haim Omer at the University of Tel Aviv started developing a new approach to these behaviours, helping parents to increase their “parental presence”. This approach uses methods within the family, which originated in the nonviolent political struggles that had been led by Mahatma Gandhi and Martin Luther King. None of these methods rely on the participation or cooperation of the child or young person - parents and their supporters take one-sided action. Like these activists, parents are coached in de-escalating and reducing conflict, but whilst taking back space in the family home and refusing to give in to unreasonable demands – At the same time, parents reach out and reconcile with their child using very specific methods.

Having felt isolated, parents now learn to engage and cooperate with other adults. These may be drawn from the extended family, friends or the community. In this way, they “grow” a community of support around them, which helps to resist the problematic and self-destructive behaviour of their child. From a position of strength, parents can begin showing their care for the young person, and address his or her unmet psychological needs.

‘Working collaboratively with people is more effective than ‘treatment’
Where can NVR be helpful?

Working collaboratively with NVR can be helpful wherever we find behaviour that has a controlling effect on others. Professionals are now coaching and therapeutically supporting parents and adoptive parents, teachers, foster carers and other adults who are engaged in the care or education of young people for a wide range of serious behavioural difficulties such as physical violence, verbal abuse, destruction of property, drug- and alcohol misuse, criminal activity and violent self-harm. NVR has also been successfully used in work with parents of gang members.

NVR-based work around young people with developmental trauma not only helps bring about behavioural improvement, but also reduces the risk of family or placement breakdown. Child-focussed NVR helps these children and young people develop more engaged and integrated mental states.

NVR is increasingly being used in response to children, young people and young adults with anxiety-related difficulties, who do not cooperate in therapy and may become socially withdrawn, using e.g. the ‘SPACE’ model.

An emerging field is work with families of adults who show “adult entitled dependency”, A.E.D. These are adults who do not fulfil their potential, underperform, and do not engage in work, education or making contributions to the running of their parents’ household they are living in. Many of these younger adults become extremely socially withdrawn. A growing, yet widely still unrecognised phenomenon, ‘AED’ can be linked to anxious avoidance of everyday challenges, more serious anxiety disorders, or enduring mental health problems such as psychosis. The tensions arising in families as a result of AED can lead to reactance, and to highly charged angry and blaming communication.

References for evidence base