

Partnership Projects

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'

PartnershipProjects

General enquiries:

referrals@partnershipprojectsuk.com

www.partnershipprojectsuk.com

PartnershipProjects

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 behaviour patterns tend to feed into highly charged angry and blaming communication, which in turn exacerbates psychotic symptoms. Dependent behaviour of younger adults, regardless of their mental health, undermines the development of life-stage appropriate autonomy.

Is NVR evidence-based?

Yes, it is. Working with nonviolence has changed the lives of many families, often inspiring them to change their outlook on relationships in general. Several controlled studies are now showing the efficacy of NVR, in terms of behavioural improvement of the child or young person, improvement of parental emotional well-being and mental health, and more constructive family interaction. (see the references at the end of this article).

How is NVR delivered?

It is used in Systemic Family Therapy and in Parent Coaching. Practitioners support families in using nonviolent methods on a one-to-one basis, or in groups. PartnershipProjects generally offers one-to-one Systemic Family Therapy and Parent Coaching based on NVR. Currently we have services in London, Hampshire, East Sussex, Kent and the Midlands.

We generally offer treatment for three months, and then review the progress that has taken place. This work is likely to entail seeing parents on a weekly basis at our offices, meeting the siblings of the child with aggressive or self-destructive behaviour in the family home, as well as carrying out support network meetings with parents and other adults around the family. It may also be helpful to work with parents and teachers together.

For more information, visit our website: www.partnershipprojectsuk.com

Some of the diagnostic areas NVR is used in are:

- Conduct Disorder and Oppositional Defiant Disorder.
- ADHD
- ASD
- Phobias, OCD, Social Anxiety and other anxiety disorders – in combination with the SPACE model, and in working with adult entitled dependency
- Developmental Trauma, Attachment Disorders, and aggression associated with PTSD – using child-focused NVR methods
- Eating Disorders
- Psychosis – where there is adult entitled dependency.

References

- Jakob, P. (2014). *Non-violent resistance and ADHD. ADHD in Practice* 6/2, pp 7-11
- Jakob, P. (2011). *Re-connecting parents and young people with serious behaviour problems - child-focused practice and reconciliation work in non violent resistance therapy.* New Authority Network International, available at: www.newauthority.net
- Jakob, P., Wilson, J. and Newman, M (2014). *Non-violence and a focus on the child: a UK perspective.* *Context* 132, pp. 37-41.
- Jakob, P. & Shapiro, M. (2014). *Overcoming aggression, harm and the dependence trap: Non Violent Resistance in families with a child on the autism spectrum.* In G. Jones & E. Hurley: *Good autism practice. Autism, happiness and wellbeing.* Glasgow: BILD
- Lebowitz, E.R. & Omer, H. (2013). *Treating childhood and adolescent anxiety. A guide for caregivers.* Hoboken: Wiley
- Omer, H. (2004). *Nonviolent resistance: A new approach to violent and self-destructive children.* Cambridge: Cambridge University Press.
- Omer, H. (2011/1) *The new authority: family, school, community.* Cambridge University Press.

References for evidence base

- Gleniusz, B. (2014). *Examining the evidence for the non-violent resistance approach as an effective treatment for adolescents with conduct disorder.* *Context* 132, pp 42-44.
- Jonkman, C.S, Van der Soet, K, Van Gink, N, Godard, N, Van der Stegen, B. & Lindauer, R.J.L. : *The effects of nonviolent resistance in a child and adolescent psychiatric ward setting.* Unpublished manuscript.
- Lavi-Levavi, I. (2010). *Improvement in systemic intra- familial variables by "Non- Violent Resistance" treatment for parents of children and adolescents with behavioral problems,* PhD dissertation, Tel- Aviv University, Tel Aviv.
- Newman, M, Fagan, C & Webb, R (2013). *The efficacy fo non-violent resistance groups in treating aggressive and controlling behaviour in children and young people: a preliminary analysis of pilot NVR groups in Kent.* *Child and Adolescent Mental Health* 19/2, pp 138-141
- Ollefs, B., Von Schlippe, A., Omer, H., and Kriz, J. (2009) *Adolescents showing externalising problem behaviour. Effects of parent coaching (German).* *Familiendynamik*, 3: 256-265.
- Van Hoen, F. (2014). *Looked after children; In print.*
- Weinblatt, U. & Omer, H. (2008). *Non-violent resistance: A treatment for parents of children with acute behavior problems.* *Journal of Marital and Family Therapy* 34, pp.75-92.