

# **Supervision for Non-Violent Resistance: Raising Practitioner Presence**

- *Luke Cousins*

It is widely agreed that effective supervision is integral to the effectual delivery of any form of psychological or therapeutic intervention. (Burnham, 1996. Barker, 1998. Sanders, 2002. Cooper, 2009.) The field of Non-Violent Resistance (NVR) is no exception. Yet, at the time of writing there are few, if any sources of information that outline exactly what would constitute effective supervision for NVR, in the way that there is for counselling or family therapy for example. This article explores what is meant by 'effective' supervision for NVR and how this might be achieved.

## **What is Non-Violent Resistance?**

Many families who receive specialist interventions from psychological services struggle with multiple, severely traumatic stressors such as sexual violence, physical abuse or neglect over several generations. The addition of further reinforcing stress factors creates challenges that can require specifically adapted therapeutic methodologies (Jakob 2016). NVR is one such methodology. Originally developed in the socio-political arena, groups that were opposed to conflict used non-violent means in their struggle against oppression and exploitation (Omer, 2008). Aimed at the parents of young people who display violent, aggressive, coercive or self-destructive behaviours, NVR is a family based intervention that teaches parents to actively resist rather than attempt to control their child's behaviour.

## **Supervision needs of practitioners**

Working with families to help them adopt an NVR approach inevitably involves a great deal of commitment from the facilitating practitioner. Not only in the delivery of a model which is viewed by many as contemporary, unorthodox and often counterintuitive (Alymer, 2017), but also in the need to be flexible, often work out of hours, respond to complex case needs and manage a multiplicity of viewpoints.

I interviewed 4 NVR practitioners in the wider Bristol area, asking general questions around what the practitioners feel constitutes 'good' supervision. Naturally practitioners stated that they would like to experience supervision as a supportive environment in which they could be open about their work, unpack their difficulties and receive constructive challenge on their practice. For the purposes of this article we will assume these conditions as a given and concentrate more on the specific areas in which NVR practitioners feel they need support. After collating practitioner responses I was able to categorise them into 5 main themes that ran throughout their feedback.

### **1. Development and ongoing training**

Each NVR practitioner identified that they would like supervision to include elements of ongoing training. This need fell into two main sub-areas: 1) Personal development - additional skills, ideas and sharing of materials. 2) How to practice NVR in a context in which

NVR is yet to become commonplace - working with other agencies who may not be aligned with NVR, building a professional support network, aligning other professionals with NVR principles, and support with academic endeavours.

## 2. Managing risk

The nature of the behaviours addressed by NVR means that there is usually an inherent level of risk attached to each case. Practitioners asked for further support relating to: how NVR can successfully interact with the safeguarding process, and support in applying NVR principles to “high-end risky behaviours”, like self-harm or suicidal ideation.

## 3. Group Dynamics

In either group or individual context, when the NVR practitioner joins with a family a complex, multi-person system is co-created. The NVR practitioner will naturally take up a position in this multifaceted system. When involving wider family members, colleagues, friends, neighbours and other professionals, the NVR practitioner is required to manage multiple complex dynamics, including their own relationship with each part of the system. The practitioners interviewed wanted to be able to examine their position within this co-created system. Practitioners were particularly interested in having the opportunity to reflect on: ‘games people play’ (Berne, 1964) in group contexts; to become aware of any patterns of interaction that the practitioner naturally adopts within a group; and an awareness of how any of ‘The Social Graces’ (Burnham, 2013) E.g. gender, religion, age, class, education, sexuality are addressed.

## 4. Case specific guidance

Practitioners were keen for examples of how to use NVR to address ‘difficult’ or ‘stuck’ cases. Examples given included: Helping parents to overcome difficulties in accessing NVR sessions; using NVR for anxiety based behaviours such as school refusal; and how to screen for any issues that may require initial work before NVR is undertaken.

## 5. Adherence to NVR principles

Being a comparatively modern approach with few dedicated NVR teams in the UK, it is likely that practitioners will be learning NVR after considerable training and experience in other approaches. Practitioners were eager for supervision to be able to highlight when a practitioner’s initial training or background naturally takes over. This can sometimes hamper or even work against the principles of NVR. There was a particular concern that practitioners may fall back into ‘linear’ or ‘individualised’ treatments that locate the focus of the problem (and therefore the treatment) within the young person, rather than adopting a wider systemic approach.

## Summary

Writing in the context of Social Care, Morrison (2003) suggests that the overall purpose of supervision is to augment the practitioner’s professional skills, knowledge, and attitudes in order to achieve competency in providing quality care. This summary seems to fit with the needs identified by the practitioners I interviewed. Interestingly, there was little focus on the supervisees’ emotional

needs: issues of stress, anxiety or overwork. This may be indicative of a workforce that is primarily focussed on paying attention to someone else's needs, where stress and feelings of being emotionally drained are commonplace {and underreported} (Hawkins & Shohet, 1993). Batterham et al (2018) provide an alternative explanation, suggesting that delivering NVR with the appropriate support network can enhance worker motivation, increase networks of professional support and provide a relief from the often isolating nature of individualised treatment. This in turn enhances job satisfaction and reduces risk of burnout.

### **Supervision recommendations by Supervisors**

I interviewed 3 highly experienced NVR Supervisors, all of whom also practice NVR with families in different areas of the UK. Again, I asked the supervisors general questions about what they feel is important to cover in NVR supervision and what they feel the needs of NVR practitioners might be.

After collating their responses I was once again able to identify 5 main themes running throughout.

#### **1. Reflection and hypothesizing**

It is my understanding that the principles of NVR are intended to be interpreted and adapted by the facilitating practitioner in order to best meet the needs of the family. It is safe therefore to assume that the facilitating practitioner will lend a great deal of influence to the way in which NVR is delivered. Critical then, to the effective and ethical delivery of NVR must be a space for the practitioner to reflect on and understand *the way* they practice NVR as well as *how* they practice NVR.

Each supervisor gave numerous examples of the importance of helping NVR practitioners to reflect on their own practice. All 3 supervisors noted that the practitioner's own values can dictate how they respond to families and how the practitioner may unconsciously direct the work towards or away from a certain NVR principle.

Traditional psychological approaches can be focused on trying to uncover the 'psycho-archaeology' behind problem behaviours. The supervisors I interviewed identified that it is their job to encourage hypotheses about behaviour, but to locate it within a 'here and now' context. For example, encouraging practitioners to hypothesise about the different functions of violent behaviour, rather than the underlying cause.

#### **2. Supporting the person and their practice**

As experienced practitioners themselves, each of the supervisors acknowledged the difficulties that may be faced by others working with NVR. All 3 supervisors highlighted the need for supervision to be flexible and led by the needs of the supervisee. Just as NVR is at its best when delivered flexibly, in a way that is led by the client/s.

There was a focus throughout the responses of building confidence in the practitioner. As NVR is still a relatively new intervention in the family therapy field, many practitioners may

feel less skilled, or even de-skilled when starting out with NVR. The supervisors placed great emphasis on the idea of 'supporters' for practitioners, just as supporters are utilised by families when working with NVR. Supervision can be a place where the efforts of practitioners can be witnessed and appreciated, small acts of resistance/progress can be noted and amplified, practitioners can accept the inevitability of 'not getting it right' every time and model a flexible approach for their clients. Practitioners can be encouraged to integrate NVR into their own lives, so as to deepen their understanding and be better placed to support the families they work with

### 3. Supporting NVR in an organisational context

One supervisor in particular talked about the importance of supporting the NVR practitioner who is often working as part of a multi-professional system, where the majority of other professionals are unlikely to be aware of, or potentially be working contrary to some of the NVR principles. All supervisors agreed that practitioners should be supported to "take the lead" on cases where appropriate. Throughout the NVR process, families are encouraged to harness the power of other supportive adults, utilise the good intentions of adults who 'mean well' and to resist the influence of unsupportive others. Supervision can be used to encourage practitioners to act in a similar way.

### 4. Upskilling practitioners, sharing good practice, deepening knowledge

All 3 supervisors gave many examples of how supervision can be used as a place for learning as well as reflection. As previously discussed, most NVR practitioners interpret and implement NVR in differing ways. This creates the opportunity to share ideas and develop skills. Many experienced practitioners and supervisors have a particular specialisms or areas of interest that can be harnessed through the NVR principles. The supervisors shared a wide array of these ideas with me ranging from reducing shame, to developing new neural pathways. From goal setting to the "futility of escalation" (Jakob, 2017). However, all three supervisors highlighted that practitioners most commonly ask for further input in two main areas: the mobilisation of other supportive adults and raising presence through small acts of resistance.

### 5. The need for specialist NVR supervision

Each of the supervisors agreed unequivocally that effective NVR supervision cannot be delivered by someone who does not have the minimum of a working knowledge of NVR. Standard line management, or supervision delivered by another professional who does not have an understanding of NVR was described as counter-productive and at risk of diluting the NVR principles. The supervisors described specialist NVR supervision as mandatory, rather than a luxury. Given its counterintuitive approach, supervisors without a good working knowledge of NVR are unlikely to be able to help a practitioner to grow.

## Summary

The stand-out theme for me from the supervisors' responses is the importance of parallel process. The NVR practitioner's job is to model NVR and enhance the ability of the client to practice NVR with their family. The NVR supervisor's job is to model NVR and enhance the ability of the practitioner.

Whilst there were some differences, it is encouraging to note that both practitioners and supervisors have similar feelings about how supervision should be delivered and what its content should be.

I felt that the general tone of the practitioners' responses was based on seeking ideas, solutions and practicalities. Whereas the general tone of the supervisors' responses was focussed on facilitation and reflection, and offering some knowledge where appropriate. This dynamic is unsurprisingly not dissimilar to the characteristics of a family seeking help from a practitioner. This style of exchange perpetuates a relationship that Hawkins and Shohet would describe as *vertical* (1993, p45). Meaning a lesser experienced person seeks help from a more experienced person. It would seem an element of this sort of hierarchy is expected by both supervisor and practitioner, especially in the early stages of one's NVR career. My own experience of delivering NVR groups is that the families who attend often start out from a position of helplessness or not-knowing and they seek a lot of input from the facilitators. As the group progresses, the parents' conversations move from problem focused to the sharing of solutions. Group participants take more responsibility for their own growth, they discuss ideas between themselves and adopt a more collegiate role. This process of problem reattribution and the collective efficacy to address it is known in social movement theory as 'cognitive liberation' (McAdam, 1982). It strikes me that this reduction of hierarchy rarely occurs in the professional world, where the practitioner, regardless of their experience, is maintained in a subordinate place to their supervisor. I would be interested to explore how we might be able to establish a more *horizontal* supervisory relationship for NVR practitioners.

## **Discussion**

The traditional notion of 'managerial' supervision from a superior member of staff has spilled over from the conventional medical model into many modern-day caring professions and mental health services. In these circumstances the practitioner may learn to automatically accept direction from their superior, rather than relying on their own knowledge and instinct. This organisational structure is so deeply embedded into our culture that the clients with whom we work have come to also expect this kind of intervention (Duncan, 2004). It could be argued therefore that hierarchical supervision in the wrong context can perpetuate the practitioner (and client) in a subordinate relationship in which their own ability to achieve the purpose of their role is quelled.

In the spirit of NVR, how can we as supervisors challenge the potentially coercive notion of hierarchical expertise, whilst simultaneously meeting the needs of our supervisees and owning our accrued experience? How can the principles of NVR be used in supervision to create the necessary situation for the practitioner to feel empowered enough to successfully go about their work with families?

My original intention in writing this piece was to establish a list of recommendations that could be employed by NVR supervisors in their work with practitioners. However, rather than arrive at certainty about how supervision for NVR should be provided, I find myself with more questions than answers. What follows is a list of questions, based around the main principles of NVR that supervisors might consider when consulting with an NVR practitioner.

#### Looking after Yourself:

- How can I best support the practitioner in the current moment?
- What are the practitioner's needs from this session?
- As a supervisor, what are my needs from this session?
- What is the practitioner already doing that is helpful / consistent with NVR?  
What is the practitioner doing that can be utilised in the NVR process?
- How can I / the practitioner remain compassionate towards all elements of the system? (in the face of violence for example)

#### De-escalation:

- What sequences of interaction frequently occur between practitioner and family / practitioner and supervisor?
- When do I as a supervisor feel the need to control what happens in our session?  
When does the practitioner feel the need to control what goes on with the family. Who is responsible for this need?
- What is the dynamic that plays out between us in supervision? Does this mirror the practitioner/family relationship?
- What are the multiple possible functions of the family's / practitioner's / my own behaviour?

#### Supporters:

- Does the practitioner have sufficient support from their colleagues/agency/setting?  
How can I help the practitioner to reflect on this?
- How can I help the practitioner to utilise the support of individuals who are present but not fully aligned with NVR?
- Who is supportive but not currently within the practitioner's professional network? Can they be included?
- How can we unpick the dialogue between the practitioner and his supporters / family and their supporters?
- Same questions as above for myself.
- Can we involve the family in supervision in any way?

#### Reconciliation gestures:

- What are the practitioner's unmet needs? What are those of the family with which she is working?
- How can I demonstrate that I understand what the practitioner needs from me?
- How can I ensure that supervision remains close to the needs of the practitioner?

#### Refusing orders, breaking taboos and active resistance:

- How can I help the practitioner to resist the influence of unhelpful professionals?
- How can I help the practitioner to resist coercive demands from others that are based on fear, obligation, guilt (Forward, 2007) or pressure to make change?
- How can I, as a supervisor resist unrealistic or unhelpful demands / expectations from the practitioner, whilst remaining supportive?

- Which parts of NVR am I / the practitioner avoiding? Why?
- What would I write in an announcement to myself about my supervisory practice?
- What would the practitioner write in an announcement to themselves about their NVR practice?
- Are we getting caught up in trying to find a solution for the family? How can we empower them to do that?
- What support does the practitioner need to deliver an intervention that might be considered unusual by their peers?  
How can I model some of these interventions?
- How can we challenge the hierarchy of client<therapist<supervisor?

Ultimately: How can I empower my colleague to raise his or her presence as an NVR practitioner?

The main distinction between supervision for NVR and other psychological therapies is the assumed need for specific working knowledge of NVR practice. I agree that a good working knowledge of NVR is needed, however I do feel that the assumption that the NVR supervisor needs to be a more experienced practitioner could potentially be counter-productive due to the risk of maintaining the supervisee in a 'subordinate' position. Van Ooijen (2013) argues that it should be possible for an effective supervisor to be able to practice supervision irrespective of the supervisee's occupation or professional group. She states that experienced practitioners (trainees will require an educative element to supervision) can benefit from supervision from someone with limited knowledge of their specific craft. To an extent I'm inclined to agree and feel that for the experienced NVR practitioner a supervisor who can help them to reflect on their work, acknowledge their own successes and limitations and assist them to identify how they would like to move forward, whilst maintaining their own neutrality could be more helpful than their superior knowledge of NVR. After all, the practitioner will always know their client and their own capabilities better than the supervisor does.

## References

Alymer, R. "NVR & Supervision". Email exchange. 22 Nov. 2017.

Association of family therapy. The Red Book'.

<http://www.aft.org.uk/SpringboardWebApp/userfiles/aft/file/Training/theredbook2009.pdf>

Accessed 13/02/18

Atwood, J. (2017) Non-Violent Resistance training for parents of adolescents misusing substances: a mixed-methodology service improvement evaluation. Submitted for publication to The Journal of Family Therapy.

Barker, P. (1998) Basic Family Therapy. 4<sup>th</sup> Ed. Oxford. Blackwell. Pp.240.

Batterham, M., Cousins, L., Mathers, A., Wilson, R. (2018) Non-violent resistance: towards a radically alternative mental health nursing practice. Journal of Mental Health Nursing. Apr/May 2018.

Berne, E. (1968) Games People Play: The psychology of human relationships. London. Penguin Books.

Burnham, J. (2013) Developments in Social GRRRAACCEEESSS: visible-invisible, voiced-unvoiced. In I. Krause (Ed.), *Culture and Reflexivity in Systemic Psychotherapy: Mutual Perspectives*. London: Karnac. Pp.96.

Cooper, M. (2009) Essential Research Findings in counselling and psychotherapy: The Facts are friendly. London. Sage Publications Ltd. Pp.93.

Duncan, B.L., Miller, S.D., Sparks, J.A. (2004) The Heroic Client: A revolutionary way to improve effectiveness through client directed, outcome informed therapy. San Francisco. Wiley.

Forward, S. (2007) Emotional Blackmail: When the People in Your Life Use Fear, Obligation, and Guilt to Manipulate You. New York. Harper Collins.

Gorell Barnes, G. Down, G. & McCann, D. (2000) Systemic Supervision: A portable guide for supervision training. London. Jessica Kingsley Publishers.

Hawkins, P. & Shohet, R. (1993) *Supervision in the helping professions*. Buckingham. OUP.

Henggeler, S.W., Schoenwald, S.K., Borduin, C.M., Cunningham, P.B. (2009) *Multisystemic Therapy for Antisocial Behaviour in Children and Adolescents*. 2<sup>nd</sup> Edition. London: The Guildford Press

Jakob, P. (2018). Multi-stressed families, child violence and the larger system: an adaptation of the nonviolent model. *Journal of Family Therapy* 40: 25-44.

Jakob, Peter. "Supervision for NVR." Skype interview. 30 Oct. 2017.

Kadushin, A. (1992) *Supervision in Social Work*. New York: Columbia University Press

Lubienski, J. "NVR Supervision". Email exchange. 21 Jan. 2018.

McAdam D. (1982) *Political process and the development of Black insurgency: 1930-1970*. University of Chicago Press: Chicago, Illinois.

Morrison, T. (2003) *Staff Supervision in Social Care*. Ashford Press: Southampton.

Omer, H. (2004) *Nonviolent resistance. A new approach to violent and self-destructive children*. Cambridge: Cambridge University Press.

Omer, H. (2011) *The new authority: family, school, community*. Cambridge: Cambridge University Press.

Patel, N. (2004) *Difference and Power In Supervision: The case of culture and racism*. In I. Fleming & L Steen. *Supervision and Clinical Psychology: Theory Practice and Perspectives*. Pp. 108-134. East Sussex. Brunner-Routledge.

Proctor, B. (undated) *Supervision: A co-operative exercise in accountability*. Cited in Hawkins, P. & Shohet, R. (1993) *Supervision in the helping professions*. Buckingham. OUP.

Sanders, M. & Ralph, A. (2007) *Facilitators Manual for Group Teen Triple P*. Revised Edition. Milton. Triple P International Pty. Ltd. Pp.99

Stewart, I. & Joines, V. (1987) *TA Today: A new Introduction to Transactional Analysis*. Nottingham. Russel Press Ltd.

University College London. "Specific Therapeutic Modalities." UCL Supervision of Psychological Therapies Framework, [www.ucl.ac.uk/pals/research/cehp/research-groups/core/pdfs/Supervision\\_of\\_Psychological\\_Therapies/all-specific-therapy-modalities](http://www.ucl.ac.uk/pals/research/cehp/research-groups/core/pdfs/Supervision_of_Psychological_Therapies/all-specific-therapy-modalities). Accessed 13/02/18

Van Ooijen, Els. (2013). *Clinical Supervision Made easy*. 2<sup>nd</sup> Edition. Hertfordshire: PCCS Books.

Weinblatt, U. and Omer, H. (2008) Non-violent resistance: a treatment for parents of children with acute behavior problems. *Journal of Marital and Family Therapy*, 34: 75–92  
*Journal of Marital and Family Therapy*; Jan 2008; 34, 1; Social Science Premium Collection

Wilson, H.M.N., Davies, J.S., Weatherhead, S. Trainee Therapists Experiences of Supervision During Training: A meta Synthesis. (undated).  
[http://eprints.lancs.ac.uk/78744/1/HW\\_Supervision\\_final\\_.pdf](http://eprints.lancs.ac.uk/78744/1/HW_Supervision_final_.pdf). Accessed 19/02/2018.