Innovations in Practice: The efficacy of nonviolent resistance groups in treating aggressive and controlling children and young people: a preliminary analysis of pilot NVR groups in Kent

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Running Title: A Preliminary Analysis of Pilot NVR Groups in Kent

The Efficacy of Non Violent Resistance Groups in Treating Aggressive and Controlling Children and Young People: A Preliminary Analysis of Pilot NVR Groups in Kent

Mary Newman, Catrin Fagan & Rebecca Webb

Background: Conduct disorders and adolescent violence have been found to be a significant problem in the UK. **Method:** Non Violent Resistance (NVR) Parenting Groups were piloted in Kent to address the demand on CAMHS for young people with this issue, and preliminary analysis on outcome measures was conducted. **Results:** A significant difference in a positive direction was found on all but one of the measurements used. **Conclusion:** Findings suggest that using NVR methods in a group format is an effective intervention for these families. De-escalation and acts of unconditional love were rated by parents as the most useful interventions.

Key Practitioner Message:

- **Preliminary results in the UK suggest that a group NVR parenting approach improves family relationships and reduces the young person's violence and aggression**
- **This is likely to be beneficial within a CAMHS setting in which the young people have various diagnoses and co-morbidities, including ASD and ADHD**

Key Words: Adolescent Violence, Conduct Disorders, Parenting, Non Violent Resistance.

Introduction

Conduct disorders are a significant problem in the United Kingdom and are the most common reason for referral of young people to mental health services (National Institute for Clinical Excellence, 2013). According to the Diagnostic and Statistical Manual of Mental Disorders' IV classification of conduct disorder, aggression is one of the defining symptoms (American Psychiatric Association, 2005).

Preliminary findings from the first large-scale study of adolescent to parent violence in the UK suggest that it is a problem that appears to be widespread and regularly encountered by professionals working in fields such as parenting, youth justice, mental health and the police. However, it seems to be generally felt that there is "a lack of appropriate support services or responses" (Condry & Miles, 2012, p. 241). Early signs of aggression in children and young people have been found to predict some later patterns, for instance approximately 40-50% of young people with conduct disorders may be at risk of developing antisocial personality disorder in later life (American Academy of Child and Adolescent Psychiatry, 1997). For younger children the Webster-Stratton Parenting Programme, The Incredible Years, is a recommended treatment (National Institute of Clinical Guidance 2007) which has also been found to be beneficial by the authors who have facilitated many of these groups. However for more complex cases, and older children, a different approach is required.

Systemic approaches such as Multi-Systemic Therapy, Multi-dimensional Treatment Foster Care and Functional Family Therapy have been found to be effective in reducing violence and aggression in adolescents (Chamberlain, Leve, & DeGarmo, 2007). However these interventions are expensive to deliver which may not be sustainable in a cost-effective NHS. As described by Holt (2013) abuse of parents by

their children does not have a national policy response, which has meant that ‘practitioners from a number of agencies at the local level have had to develop programmes and interventions of their own’ (p. 8). This paper describes the outcomes of one such intervention.

CAMHS teams in South and East Kent had been using Non Violent Resistance (NVR) as a therapeutic approach for individual families since 2004 (Jakob, 2006). The NVR approach encourages parents to model non-aggression, de-escalate situations, delay responses, increase parental presence, re-establish their quiet authority, break the secrecy and enlist supporters to help in resisting the violent and controlling behaviours (Omer, 2004). It is recognised that it can be challenging for parents to feel and show their love for their child, as anger and resentment on both sides can mask those caring feelings. NVR encourages parents to use reconciliation gestures which aim to repair the relationship by using small gestures which reinforce the unconditional love the parents have for their child.

A trial of the efficacy of NVR in Israel for individual families found reduced aggressive and externalising behaviour in the child and increased feelings of self-efficacy in the parents (Weinblatt & Omer, 2008). In a comparison study in Germany, Ollefs, von Schlippe, Omer, and Kriz (2009) found a NVR group to be superior to another parenting programme (Teen Triple P; PPP) and to a waiting list control group in terms of a significant improvement in the child’s externalising behaviours. In Israel, Lavi-Levavi (2010) found that parents attending a NVR group reported fewer power struggles, increased parental supervision and an improvement in the child’s behaviour.

In 2010 a team in the Oxleas NHS Trust in Greenwich began delivering their own NVR parenting group and 'graduate parents' from these early groups presented the benefits of attending the group at the NVR conference in London (Graduate Parents of the Oxleas Parenting Programme, 2011). The authors, who are experienced group facilitators, also recognised the power of groups, which include peer encouragement, accounts of successes and support being shared in other parenting groups compared to individualised interventions. Following this conference, in September 2011 and January 2012 two pilot 12 week NVR parenting groups began in East and South Kent, and outcome measures were obtained to monitor their efficacy and hopefully to build on the emerging evidence for NVR. We were also interested in which aspects of the NVR programme parents believed to be most helpful, as this might inform development of the programme further.

Method

Participants

The parents of children currently known to tier 3 CAMHS exhibiting aggressive, violent or controlling behaviour were referred by CAMHS Clinicians to participate in two pilot NVR groups, running sequentially in East and South Kent. Forty parents were invited to attend, and 29 parents completed at least 10 out of the 12 weekly sessions, representing 24 targeted children. Fathers represented 7 out of the 29 participants, 5 of whom attended with the mother. The parents came from a range of socio-economic backgrounds, and included single parents, couples, and separated parents working together. The age range of the children was from eight to 17 with a mean age of 12.8. Twelve and nine of these children respectively were being investigated for Attention Deficit Hyperactivity disorder (ADHD) or Autistic Spectrum disorder (ASD) or had received the diagnosis; two children had been

diagnosed with attachment disorders. All the cases were seen as complex by the referring clinicians and had been involved with CAMHS for an average of 3 years.

Materials

The outcome measures used were those recommended by the CAMHS Outcome Research Consortium (CORC) as required by the local CAMHS Commissioners, details of which can be found on the CORC website (CAMHS Outcome Research Consortium, 2013). These comprised Parental Strengths and Difficulties Questionnaire (pSDQ) which monitored the parental view of the young person's behavioural, social and emotional strengths and difficulties), and the clinician rated Children's Global Assessment Scale (CGAS), with both of these filled out for each child (n =24). Finally the parental Goal Based Outcomes measure (GBO) which related to individual parent's goals for the work was used. Parents assessed how close to their goals they were on a 10 point scale, with 10 representing goal achievement. The typical goals included no violence in the house, better relationships in the family and decreased parental stress (n= 29).

An in-house questionnaire was devised to evaluate which NVR topics covered in the groups were considered to be the most helpful. In the last session parents were asked to rate each topic as 'useful', 'slightly useful', 'neutral', 'slightly unhelpful' or 'unhelpful'. The topics were: De-escalation, The Three Baskets (or prioritising the behaviours to resist), The Announcement (letting the child know which behaviours they will be resisting), Active Resistance (other than the sit-in), Reconciliation Gestures (signs of unconditional love independent of the child's behaviour), using Supporters, Increased Parental Presence, and the 'Sit in' (an advanced act of resistance).

Procedure

The content of the groups were based on information drawn from the training PR4f had previously received from Haim Omer, Uri Weinblatt and Peter Jakob, the NVR group training manual (Day & Heismann, 2010), the information presented at the April 2011 NVR conference and PR4f's own experiences of clinical practice with individual families using the NVR approach. The delivery of the group followed a Solution Focused approach.

Following referral, parents were invited to an initial consultation up to one month prior to the start of the group. If it was agreed that it might be suited to the needs of the family, parents were asked to complete the time 1 pSDQ and the clinician completed the time 1 CGAS. The time 1 GBO (3 goals per parent) was completed in session 1. The time 2 outcome measures were all completed in Session 12.

For each group there were 4 facilitators. Small group and large group discussions, role play, homework and telephone support between sessions were used throughout the intervention of 12 weekly 2-hour group sessions.

For data analysis, only data that had both a time 1 and time 2 were included. Paired t-tests were carried out on the pre- and post-intervention measures. The post-intervention questionnaire was tabulated and transferred to a bar chart.

Results

Table 1 presents the analysis of the pSDQ's showing that all of the measures except the Total Emotions Score had a significant beneficial difference between time one and time two, which is shown graphically in Figure 1.

Figure 2 shows the average and standard deviation of the three parental Goal Based Outcomes (GBO). Every averaged goal was significantly different at both time one and two.

Figure 3 shows the time one and time two averages and standard deviations of the Children's Global Assessment Scale (CGAS) which were also significantly beneficially different.

Figure 4 shows those interventions which parents found most useful, with de-escalation and reconciliation gestures seen to be the most helpful strategies from the groups.

Table 1
Fig 1
Fig 2
Fig 3
Fig 4

Discussion

The results shown above indicate that NVR groups could be an effective intervention in the UK to help children with violent and aggressive behavioural problems. While there was a demonstrated reduction on total difficulties on the pSDQ scores, the targeted young people still remained within the clinical need range as specified by the SDQ Training Manual (Goodman, 2005 p1)). This states that children scoring 17 or higher on the Total Difficulties Score are at "high substantial risk of clinically significant problems". As the majority of the young people had, or were likely to receive, diagnoses of ASD or ADHD, it is not surprising that they are still in need of services, and might be at time to time throughout their life. Indeed the national

average for the time 1 total difficulties scores for those in all of CAMHS is 19, while for those in this study it was 25.27. The average drop in scores across CAMH Services is 4 (national data as supplied to CORC members in 2013), and in this study it was similar (3.72). When taken together with the Parental Goals-based results, in which parents reported a reduction in parental stress, violence in the home, and an improvement in family relationships, it suggests that the intervention is helping the parents and families of these high risk young people manage their difficulties better, improving the quality of life for the targeted young person and that of the whole family.

One emphasis of the NVR approach is to increase the awareness of the parents of some of the needs of the young person (Newman & Nolas, 2008). This can enable parents to become more empathic to their child, possibly recognising the young person's anxieties more, which could have an effect on their understanding of the young person's emotional needs. Also this cohort of young people included a large number of young people on the autistic spectrum, who are likely to struggle with social and emotional reciprocity (American Psychiatric Association, 2005). While these two factors might impact on the emotional score, the lack of significance on this measurement might also simply be due to the small numbers of participants in this study.

The parents' perception of usefulness of the particular topics in the NVR Groups, especially those of de-escalation and reconciliation gestures, matched with clinicians own perceptions. These focus on the main themes of NVR, that of the parents taking a personal non-violent stance, and showing unconditional love, and also fits with the common parental goals of reducing violence and improving relationships. As all the other strategies were rated as helpful by some parents, it is important to recognise that

de-escalation and reconciliation gestures for some families are not sufficient in themselves. However, teaching these two approaches to CAMHS workers might help improve outcomes for some families. These approaches are very different to the more familiar use of rewards and consequences that often can work very well for younger children, or those whose behaviours have not become controlling and violent. In line with the idea of 'making the unfamiliar familiar' (see Newman & Nolas 2008), and not creating 'too great a difference' to help prevent disengagement, acts of resistance, such as withdrawing services, were introduced in the course prior to the sit-in, and it is likely that by this stage some parents found that the sit-in was not required.

We believe that these results are suggestive of the potential of NVR as a group approach within a normal CAMHS setting, rather than in a research setting, in which parents of young people with diagnoses such as ASD, ADHD, and attachment disorders are not excluded from the research study.

This is a very small scale pilot study, and yet it produced statistically significant results. More quantitative research on the approach is required using control groups with possible ANOVA analysis to regarding possible differences of the intervention on different groups, such as parents with children diagnosed with ASD, ADHD and/or Attachment Disorders, together with longitudinal studies. A broader view of the NVR Group may be achieved through qualitative analyses of the parent's experience of the group, the young person's view of how things may have changed in their family, and of the views of the referring professionals.

Acknowledgements

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Table 1.

Results of paired t-test for the SDQ Measurements

	Time 1			Time 2					
Variable	*M*	*SD*		*M*	*SD*	*n*	*t*	*df*	*p*
PSDQ Total Difficulties Score	25.2727	4.99697		21.5455	7.34022	22	3.775	21	0.001
PSDQ Total Emotions	6.5455	2.70321		5.7727	3.19124	22	1.907	21	0.070
PSDQ Total Impact Score	7.0909	2.68876		4.6818	3.19801	22	3.144	21	0.005

Figure 1

Results of paired t-test for the parental SDQ Measurements (completed for each targeted child)

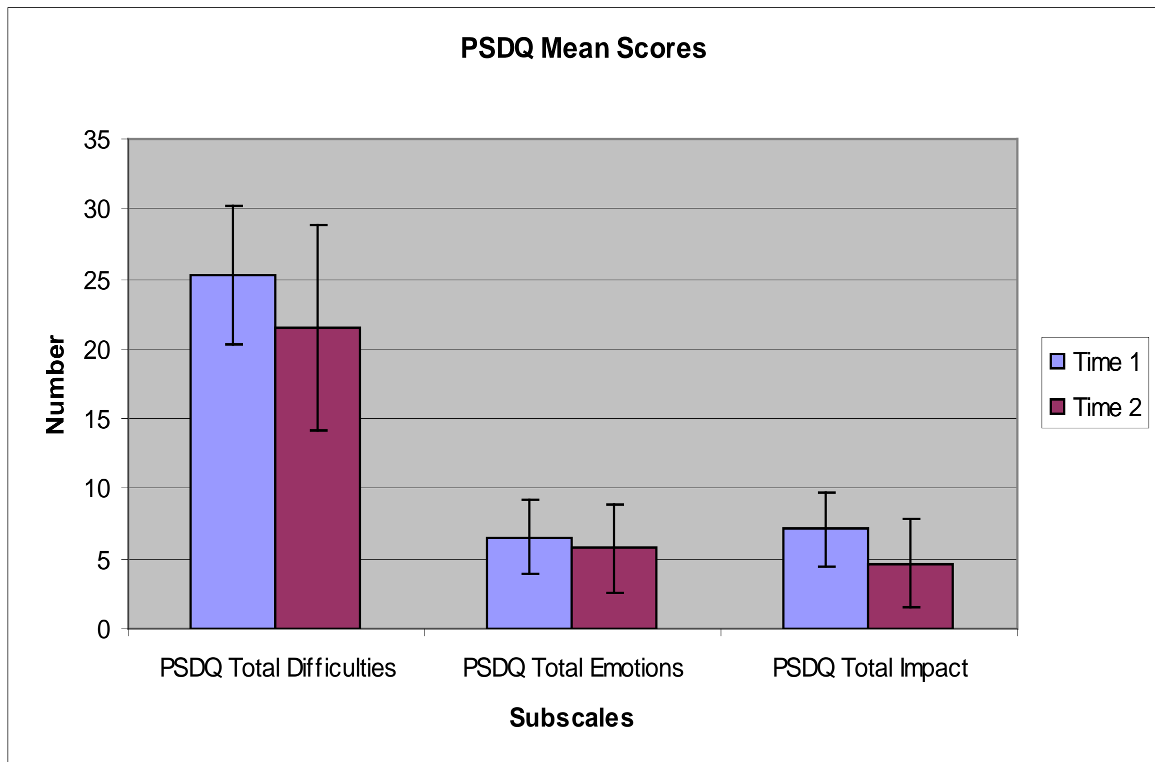

Figure 2

Results of paired t-test for Clinician scored Child Global Assessment Measurement

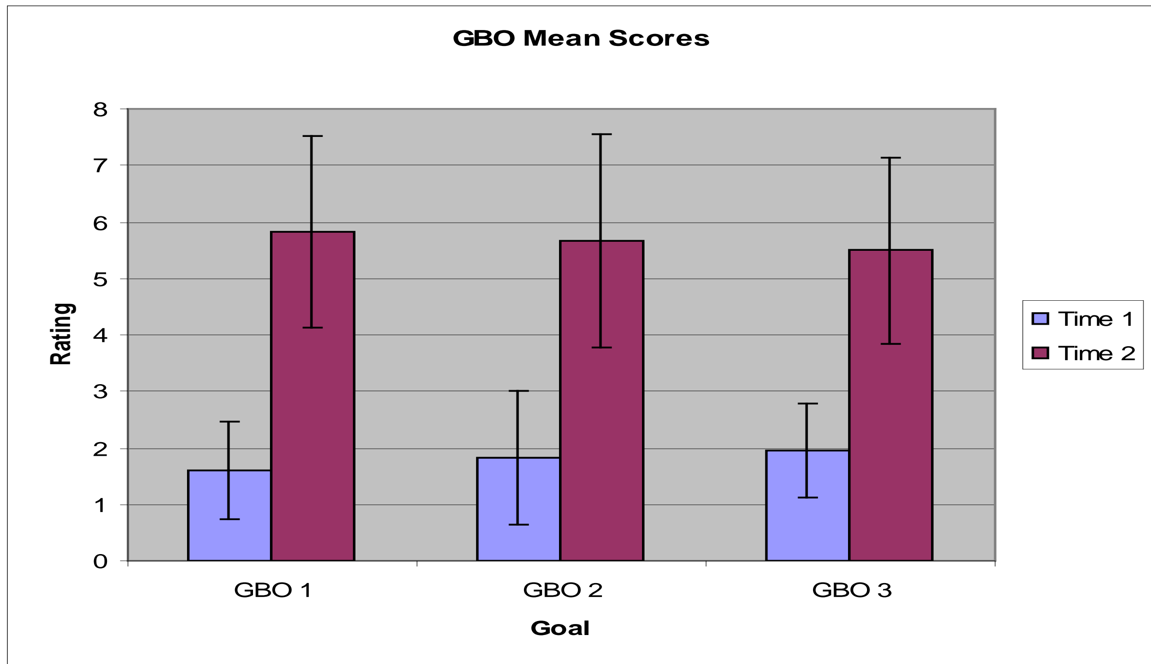

Figure 3

Results of paired t-test for parental Goal Based Outcomes Measurement

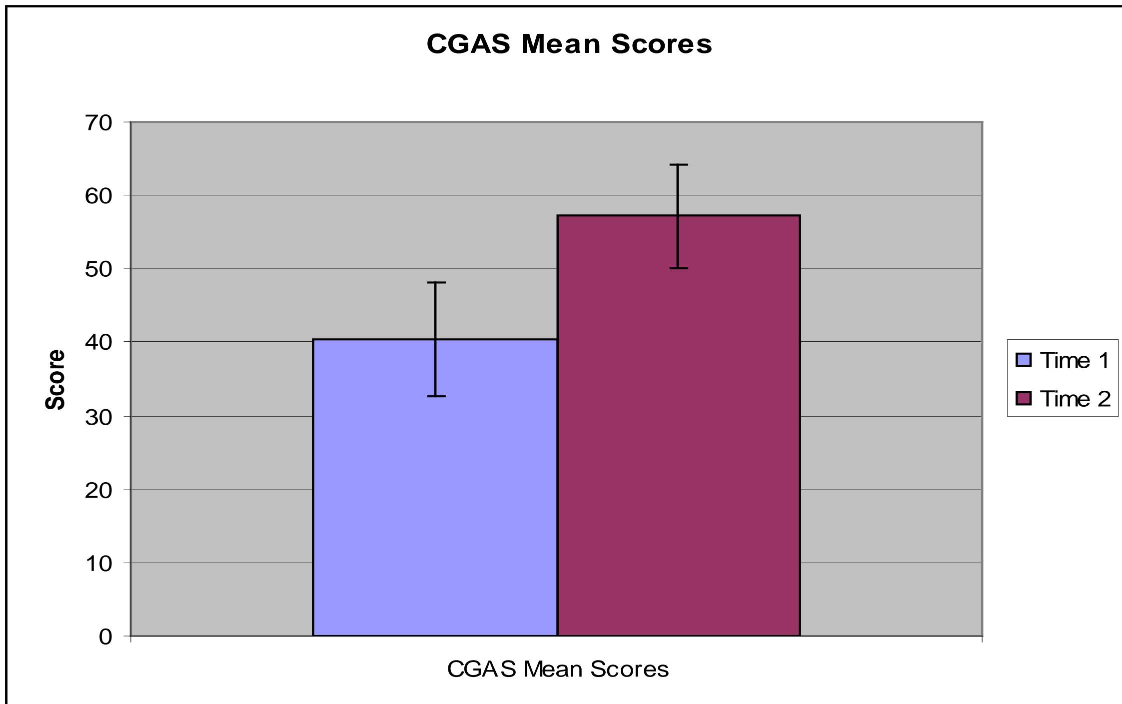

Figure 4

Results of evaluation of specific NVR topics (completed questionnaires =21)