Notes from DDP Study Day
19th February 2016, Worcestershire

Non Violent Resistance (NVR) and DDP. Are they compatible?
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Thanks to Emily Harris for taking the notes during the day.

Overview of NVR

NVR was presented as a technique which is most useful in targeting violence and aggression in children and young people, out of the crisis moment. Discussions were held around drawing parallels between the actions of Ghandi and the principles of NVR: “fight against their anger, not to provoke it”. The group felt that Ghandi’s approach was helpful in being open, inclusive, clear and responsive rather than reactive. He validated the feelings of others, and promoted a means of holding on to self respect and individual strength.

There were concerns that Ghandi’s approach could be seen as shaming to others he was opposing, and in parallel, how NVR could be a shaming approach to use with children with already high levels of shame.

NVR process

1. De-escalation
2. Parental presence
3. Reconciliation gestures
4. Visiting siblings
5. Announcement and recruitment of supporters
6. Parents starting to not give in
7. Helpers meeting
8. Therapeutic network meetings
9. Campaign of concerns and sit-ins
10. Tailing and telephone round

The whole process may not need to be completed in full depending on the response.

Parental presence

Often parents of violent children can be avoidant of providing a presence, feeling unsafe and not knowing what to do with risk of child becoming angry. They feel like they are walking on eggshells and withdraw if the child appears to be escalating. Avoiding withdrawal is important to increase parental presence.

Physical presence: I am there and I am available
Being available: being present within yourself to be available to support the family
Outside of the home: becoming involved with managing risk outside of the home and setting boundaries to keep them safe e.g. agreements around parent picking child up at a curfew, and placing contingencies around how to get in contact and fulfil this agreement in the event of child not meeting the agreement (e.g. having phone numbers of child’s friends)

Tailoring and telephoning round: going where the child doesn’t expect you to go: there is a no no-go area policy both inside and outside the home (e.g. doing ‘sit ins’ in the child’s bedroom)

(DDP can be used with parents to think about how they engage with their children)

Discussions were held around parenting work and whether this preparation comes alongside NVR or before (as with DDP). Issues discussed around immediate risk and intervention required, and the impact of blocked care and whether this would need to be addressed first. With an immediate risk, managing risk would be priority, with blocked care being thought about in parallel.

There is a focus on parent/carer self respect in NVR.

Rebuilding the relationship

Focus on the needs of the child and individualised intervention planning. For example, Keith described a case example of a fear of going to school as a result of fear that an abusive father will come to school. An intervention was put in place around supporting the child to lock school gates with the caretaker, thus reducing fear and related aggressive behaviour.

De-escalation

Trying to address escalation of anger, which leads to aggression on behalf of the parent (arguing), or the parent ‘giving in’ and withdrawing, leaving the child in a controlling position. There is a focus in NVR on not giving in to the child’s aggression, and remaining in control of their own behaviour (adult resists the influence of the child). Focus on not joining in with the escalation that the child is inviting.

Arguing is addressed by use of silence in NVR, to actively not engage in escalation and argument. Providing the child with clear rules and instruction, but without engaging in argument.

e.g. homework: creating clear space for homework time, but placing the choice with the child and not engaging in conflict over the non completion. Importance is placed on linking with the system e.g. school, so if in prioritising tasks (e.g. not completing homework) school are aware and understanding of the difficulties. Avoiding a conflict can also create space for using PACE and staying with the child’s experience.

Regulation strategy for parents whilst resisting escalation, conflict or withdrawal: 321

Notice the first three things that you see
Notice the first three things that you hear
Notice the first three things that come in contact with your skin
Repeat for two and one.
Score stress levels from 0-10 before and afterwards. This can be repeated.
Basket exercise to complete with the parents

All the things that annoy you about the child in four baskets:

Large basket: all the things that the child does to annoy you that don’t really matter

Medium basket: things that annoy you and might need addressing but not necessarily right now

Small basket: at most two things, mostly violence or threats of violence (including violence to self)

Childs positives: what are their resources and what is great about them that will help them tackle the small basket if we build upon them.

The importance is not to overload the child (by overloading the tasks in the small basket). Once one has been tackled, other tasks can be put in the small basket.

Reconciliation gestures

In changing the way you are engaging with the child, it is important to include gestures of unconditional love, which are not rewards. Both small and large gestures are given to the child without pre-arrangement. E.g. small piece of chocolate or tea, to theme parks etc which fall in line with the child’s likes.

Discussion held around whether parents in a state of blocked care can ‘fake this’ and still make a positive impact. It was felt that although the impact may not be as powerful, the gestures would still be important in building connection.

Gestures might be rejected, or ignored, but that is ok as it is a gift and doesn’t need acceptance. The giving is important and must not be forced on the child, e.g. putting tea or chocolate in front of the child and not expecting a response.

Announcements

From parents to parents: what feels important to the parents to regain a sense of self. Where do they want to be as a parent? Statements are written from themselves to themselves. It then focuses the process of where they are ‘leading’ as a family.

Parent to child: writing it in a way that help see the good bits, addresses the challenges head on (e.g. explicitly hitting, biting etc) and acknowledge their own mistakes. Supporters are named in the announcement.

It is important to emphasise the positives about the child, and focusing that the behaviour needs to change, not the child.

Supporters are brought in who are able to put the child’s needs first and can talk to the child about that. E.g. an empathic statement of being worried for the child and knowing how hard it is, but saying that the behaviour is not ok. Supporters are told about the behaviours which are negative, and also when the child does something well. They then think about these events with the child.

It was thought about whether this experience could be shaming for the child. Keith felt that with an empathic approach, the intervention of commenting on the ‘disallowed’ behaviours and expressing concern can be helpful. The idea was for the child to experience their own shame, and not ‘giving’ them shame. Kim talked about the importance of co-regulation at this time as the population of children we work with experience shame easily and at a high level. It was thought that the responsibility

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on supporters to manage the empathic approach well could be difficult and may need guidance from the therapist or parents.

**Sit-ins:** where you go into a child’s room; saying that “we come because of the incident on ‘x’ day, where you did ‘x’, and that’s not OK, and we need you to come up with a way to stop doing that”. The parents are then silent and wait, and not respond for between 20-60 minutes depending on the age of the child. The idea is to perform this ‘whilst the iron is cold,’ when the child is totally de-escalated. Parent and therapist would role-play this beforehand. Sit ins are performed for the minority of children. If there was a risk of the child becoming violent, supporters might be brought into the house to reduce the risk of the child’s violence.

Concerns were raised about working with abused and traumatised children, and how that might feel for these children as confrontational and ‘behavioural’ in technique, particularly if the intervention was held in the bedroom which may be an invasion of their only safe space, or a repetition of past trauma. Keith highlighted that it isn’t for every child, and would be decided through conversations with the parents and through a risk assessment. Parents need to be able to regulate in order for this intervention to be viable.

If the child does come up with a solution, however unrealistic, the parents go with it regardless, test it out and revisit if it didn’t help. It was proposed that different language could be used with the child, for example “we want to come together to think of a solution” rather than the pressure being directly on the child. Keith suggested that parents could tentatively suggest ideas that the child may or may not respond to.

The idea is to go in to the room with a ‘loving presence’ to sit with them in a nurturing way to allow for thinking about other ways to reduce violent behaviour.

**Siblings**

If the sibling is older, therapist would speak to them alone or with the parent if not possible, which can also be part of the positive work. E.g. if the sibling is also experiencing violence, that they become part of the announcement. The impact of violence upon the child is also thought about and the family is thought about systemically.

It was suggested that the sibling can also have supporters for them to contact and speak to. The therapy sessions with parents are also used to think about the sibling in the house, and how any interventions will impact upon them, or address any issues of practicality. Role-play is used frequently in sessions.

**Looking after yourself**

There is recognition that the difficulties can become all encompassing, and that parents need to get back in touch with things that are meaningful to them.

*The ‘positive negative’ exercise*

To use with young people or parents/carers to process difficult experiences.

Start by working with the person to identify something they want to work on

- start with a positive (e.g. positive place or memory) and celebrate it
- measure SUDS
- move to the recurring difficult topic and get a sense of it
As resistance builds with not wanting to return to the ‘negative’ experience, that is the
time to end the exercise, on a positive.

Q&A: Discussion around the relationship with DDP and NVR

Parallels with DDP:

It was highlighted that PACE appeared to be used with the parents throughout NVR. Keith emphasised the importance of parenting work so that they are able to regulate themselves and therefore the child. The biggest change is expected in the parents, it is not just about change in the child.

Keith suggested that NVR is a tool that can fit around existing models such as DDP. Kim agreed that DDP could be seen as an umbrella, under which NVR could be drawn in when needed.

Shame

The issue of NVR potentially being a shaming experience for children was thought about throughout the day. It was felt that use of DDP techniques including PACE would be important in co-regulating experiences of shame, and some techniques may not be appropriate to use with some children where this could be a pertinent issue. NVR does rely on the child experiencing some shame around their violent behaviour in order to shape future behaviour, however, it would be important to consider how to manage this. It was suggested that in DDP, shame is also experienced, and co-regulated, which is where the two techniques could interlink.

It was proposed that there may be a dilemma around NVR being originally based on a behavioural approach before including relational aspects, which may be where DDP (being relationship based) and NVR can come into some conflict. Keith raised about the technique being shaped by individual therapists background, and that it was a developing model.

The ‘loving presence’ of a sit-in was challenged due to the children who we work with having often not experienced love and kindness, and therefore would not receive this as such. It might actually engage them in conflict and fear. It was suggested that the neurological process of traumatised children would not be sufficient to engage in the cognitive parts of this process, but would rather be in an amygdala dominant state.

Keith highlighted that a sit in would only be used where it was indicated to be helpful.

A parallel between the ‘follow lead follow’ process of DDP was suggested to tie in with the sit in process which can be used to help shape new neurological processes. It was highlighted that in the ‘lead’ process, the child can feel very uncomfortable in DDP due to being exposed to difficult aspects of relationships which are defended against. An ‘attuned’ sit in could be a helpful process with some children.
When to use DDP & NVR together and apart

Keith suggested that where there is child to parent violence, NVR techniques would be taught first to address the violence, unless it was felt that the parents may misinterpret the NVR, in which case DDP first may be helpful. Kim suggested that DDP and NVR could be woven together throughout when violence was an issue. There was discussion that safety has to be addressed first, but some disparity as to whether DDP could address this alone.

When is it clear not to combine techniques?

Kim suggested that DDP might be indicated alone when there is a risk that parents may use NVR techniques as a tool for defensiveness.

Keith suggested that DDP is useful to getting in touch with the underlying processes, and suggests both techniques can be interwoven, with more focus on one or other technique depending on the individual need. It was suggested that those trained in DDP would automatically interweave DDP techniques into using NVR. Having some of the concrete techniques used in NVR may be attractive to engage parents, whilst using DDP techniques to think where defensiveness is present.

Outcomes and use of singular techniques

The use of both techniques would look like an ‘eclectic practice’ which may not fit well into the current climate of NHS guidelines, however, the use of integration was recognised as useful to meet individual need of families. Kim suggested that DDP lends itself to incorporating different appropriate techniques alongside, such as narrative techniques.

What would NVR look like without the DDP approach described today?

Keith recognised that his past training of person centred integrative therapy and level one DDP will have shaped his interpretation and practice of NVR. Co-regulation of affect is a natural process for Keith to employ alongside, and Kim suggested that it could be difficult to use this technique without employing empathy and acceptance.

Other group members trained in NVR suggested that aspects of systemic approaches and mindfulness were taught in their NVR training.

Questions were raised about NVR being subject to individual therapists background and interpretation, and what that might look like from a behaviourally focussed therapist. Keith said that most people he trained with were relationally focussed.

It was suggested by one delegate that today’s discussion has involved more attention given to the child’s inner process than their experience of NVR training.

Keith reflected that parents can often get pulled into discussing the ‘problem’ with the child, which can increase escalation. The skill of de-escalation can be helpful in allowing parents to employ a more empathic approach. Parents who may be at risk of being pulled into avoidant behaviour will be directly challenged with this technique; the use of NVR strategies combat avoidance.

Parental presence

How can a single parent be present to more than one child?

Keith suggested that working through crisis moments with de-escalation and safety, and the importance of being clear on how to achieve this. The technique ‘striking when the iron is cold’ can be used in being present whilst the other sibling is not
getting left out. In the moment of violence, there can be a conflict of how to keep parent and other children safe. Keith suggested that restraint techniques may be helpful, however, a family observation is key to understanding the real process of what is going on and to identify an appropriate intervention. The perception of the parent is likely to be skewed, where an observation will help to establish what is happening.

Other ways to be present when being in the room is too risky: talking to the child through a door.

**De-escalation**

What if there is no real escalation and behaviour seems to come from nowhere?

It would still be important to use NVR techniques in response to violence, just because it is impulsive behaviour doesn’t mean NVR is not appropriate to use. NVR can also be used alongside EMDR in traumatised children. NVR addresses the violence whilst addressing the underlying issue.

Very often, where it seems that ‘escalation’ doesn’t occur, by observing, escalation will likely be identifiable. It is often noticed that parents are so entrenched in the process and fear of violence that they are ‘missing’ the triggers to violence, and their own escalation. Having someone else to recognise these moments for them can help build self-awareness.

**Baskets**

Can the basket exercise be used with siblings about each other?

Keith felt that they might be helpful in sibling conflict, to help one sibling feel empathy for the other sibling, but he hadn’t used it in this context before.

**Sit-ins**

How to help parents respond to child’s shame; what if the child leaves

Depending on where they have gone and risk, you might remain in their room. The child may feel uncomfortable about parents remaining in their room. Violence would end the sit in, but if there was not a risk, the sit in would continue, which would be a powerful message to the child. If the child isn’t safe, you would end it, but look at re-doing the sit-in with supporters. It is important for parents to remain in control and to end the sit-in on their say so.

Managing shame: DDP may offer empathy during the sit-in, Keith wasn’t sure what this would look like from a purist NVR approach as he naturally weaves PC and DDP techniques into his approach.

Keith suggested you might make an empathic statement and re-iterate the meaning of the sit in, but not engage in discourse.

**Use of touch**

Dependant on the individual, but to think about whether you are rescuing or supporting the child to regulate. Rescuing would not be supporting the child to change.
Issue of Capacity

The assessment would determine whether NVR would be appropriate, or whether something like protective behaviours might be more helpful. NVR would require a level of cognition.

Kim suggested that the reason for capacity would be important, if it is due to anxiety or trauma, therapy may help them to get in a place where they could regain capacity to engage, whereas if there is a cognitive difficulty, then another technique might be indicated.

Supporters

What if a parent chooses a supporter that seems inappropriate?

Keith felt that it would be important to think about what it is about that person that is supportive: are they fulfilling an area that they feel they lack, e.g. strength. The therapist may then explore and gently challenge whether that would best meet the child’s needs.

Uninvited supporters?

A meeting could be held to think about how best to meet the child’s needs, and that the allocated supporters are the only ones with whom information about progress of the child in reaction to the violence issue is shared with.

Can victims of violence also be supporters (e.g. a grandparent). A victim would be brought into the whole process of NVR and she would be involved in the therapy in a different way to supporters, who are not at risk.

Response to violence

If de-escalation hasn’t happened successfully, priority is safety. No meaningful work will be done with that child in the moment, and a plan will need to be put in place to maintain safety.

Is NVR age dependent?

NVR can be tailored for use with different age groups. E.g. before rational thinking development occurs, a focus would be on therapeutic play, parental presence and reconciliation gestures.

For children who are developmentally younger than their chronological age (e.g. due to trauma) Keith still suggests using NVR but also looking at what else needs to be put into place to address the underlying need, and how to best address it.

Kim’s Reflections

1. DDP is a relational approach which has connection at its heart, it is not technique based, although there are a set of principles to help individuals develop and use an intersubjective connection. NVR has the potential to be relationally focused, but I would imagine that it can also be used as a behavioural approach which would make it less complimentary with DDP. The primary focus on DDP is to build relationship, but in NVR as an approach to work with child violence, the primary drive must be to change behaviour, even if relationship is seen as important to do this.
2. There is a focus on safety and regulation in both approaches. Similarly, the parent as agent of change is common to NVR and DDP-informed parenting.

3. It is important to reflect on shame and the potential to trigger shame in the child. This can occur with a DDP approach, but attention is also paid to co-regulation and helping children to move out of shame. NVR, without understanding shame, might make this approach less compatible with DDP. Note also that there is increased risk of triggering shame because of the likelihood that ordinary parental discipline and boundaries are experienced as evidence of being unlovable, in children who have been relationally traumatized and are experiencing blocked trust. Awareness of this and knowledge about how to use PACE to help children with these fears seems important for anyone using NVR.

4. I wonder if there is anything in NVR that could not be achieved by a DDP approach. In theory increased use of PACE and co-regulation/co-construction should decrease child violence. However, I can imagine times when it is hard to help parents to provide DDP-informed parenting because of high levels of stress, shame and fear. Whilst a DDP approach would recommend working with the parent with these issues it might be that some of the NVR ideas could quickly help the parents to feel supported and safer. Knowing there is someone there who can help with the child violence directly has the potential to immediately increase safety in the family. It can also help parents become less defensive, and therefore more open and engaged to their child.

A final thought from Robert Spottswood (personal communication paraphrased by Kim)

The variable in any interaction with a violent child is the adult’s state of mind; the quality of their own inner life and awareness of that. Any approach to reducing violence, such as NVR, can be misapplied because the parents haven’t looked inside first.

Qualities of therapeutic parents:

1) Has resolved their own issues, not completely, but enough to keep them out of the reach of the children.

2) Has a high tolerance for escalation, so there are not two dysregulated people in the room.

3) Has rehearsed counter-intuitive lines (PACE, A/R dialogue, follow-lead-follow etc) so they are ready with alternatives to escalation.