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Implementing Non-violent Resistance, a Method to Cope with Aggression in Child and Adolescent Residential Care: Exploration of Staff Members Experiences☆,☆☆

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ABSTRACT

Staff members in residential care for youth are frequently confronted with aggressive behaviour, which has adverse effects on their stress levels and work satisfaction. This paper describes a qualitative evaluation to find out how staff members benefit from Non-violent Resistance (NVR), a method to create an aggression mitigating residential climate. Staff members were positive about NVR and reported feeling more relaxed. Most valued aspects of this method were the focus on being a team, delayed response and giving up the illusion of control. However, training and the intention to use NVR isn't enough, high quality implementation and maintenance are crucial.

Introduction

Staff members in child and adolescent residential care are frequently confronted with aggressive behaviour, which has adverse effects on their stress levels and work satisfaction (Dean, Gibbon, McDermott, Davidson, & Scott, 2010; Needham, Abderhalden, Halfens, Fischer, & Dassen, 2005; Stone, McMillan, Hazelton, & Clayton, 2011; Wielemaker, 2009). In response to these adverse effects there has been extensive research on patient characteristics that predict aggression in residential settings and on ways to change or cope with them, assuming the child's pathology is the primary determinant of institutional aggression (Blake & Hamrin, 2007; Lyons & Schaefer, 2000). However an increasing amount of research suggests the expression of aggression is a result of a complex interaction between patient characteristics and environmental factors such as ward milieu and staff behaviour. This research describes the risk of developing a vicious circle in which patient behaviour and staff member behaviour negatively reinforce each other (Fraser, Archambault, & Parent, 2015; McKenna, Poole, Smith, Coverdale, & Gale, 2003; Nijman, á Campo, Ravelli, & Merckelbach, 1999; Whittington & Richter, 2006). Multifaceted approaches are thus needed, including improving staff functioning, teamwork and creating an open and positive climate next to monitoring aggression, creating expert practitioners, consultation and improving the physical design of a ward (Bowers et al., 2014; Johnson, 2010). This paper therefore describes a qualitative evaluation of Non-violent Resistance (NVR) a method aiming at improving ward milieu, staff behaviour and team functioning in coping with aggressive behaviour in child and adolescent residential care. This method may decrease the risk of a negative vicious circle occurring by changing staff behaviour and thereby changing the negative interaction pattern (Goddard, Van Gink, Van der Stegen, Van Driel, & Cohen, 2009).

Several interventions to improve staff functioning (e.g. crisis intervention, behavioural management) have shown promising results in reducing either the number of aggressive incidents, seclusion and restraint measures or improving confidence in staff members dealing with challenging behaviour (Dean, Duke, George, & Scott, 2007; Nunno, Holden, & Leidy, 2003). By reinforcing good behaviour and punishing unacceptable behaviour of the child, these interventions aim to control

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the “uncontrollable” child. When such interventions do not succeed, they imply that staff members do something wrong. As a result, staff members tend to doubt the quality of their work and their competency or perceive themselves as having failed (Needham et al., 2005; Whittington & Wykes, 1992). The constant effort to control and manage aggressive behaviour on the ward causes feelings of helplessness in staff and has been described as the main reason for burn-out symptoms in staff (Harder, Knorth, & Zandberg, 2006).

Staff members in residential care function as temporary caretakers and often face the same dilemmas, such as losing self-control, as parents do when interacting with children showing unacceptable behaviour. Research on interaction between parents and children shows the importance of self-control and emotion regulation, because bad emotion regulation increases the risk of coercive interactions and model inappropriate coping strategies (Scaramella & Leve, 2004). Winstanley and Hales (2014) show that self-control and emotion regulation is important for residential staff members as well. They describe a cycle where staff members get emotionally exhausted and detached when confronted with repeated aggression, and in return evoke aggression by their emotional or detached reaction to oppositional behaviour from the child. They opt for interventions that help staff members break that cycle by being more aware of the impact their behaviour has on others, helping them to withdraw from escalating situations and rely on colleagues who not display signs of emotional exhaustion so openly. Other studies support the importance of reliance on direct colleagues as well as organizational support in maintaining self-control and preventing burn-out symptoms (Fulcher, 2007; Himle, Jayaratne, & Thyness, 1989; Jayaratne, Himle, & Chess, 1988; Johnson, 1981, 1982; Kruger, Botman, & Goodenow, 1991; Totman, Hundt, Wearn, Paul, & Johnson, 2011). Therefore, it is of interest to find interventions or methods to improve staff functioning and ward climate by helping staff members to gain, maintain or regain self-control and self-reflection, keeping in mind social support from co-workers and shared vision is very important.

One such method is NVR for residential settings. Residential NVR is based on the method “Non-violent Resistance: A New Approach to Violent and Self-Destructive Children” which was developed by the Israeli psychologist Haim Omer and his team at the University of Tel Aviv in 2004 to help parents of children with behavioural problems. Research findings reveal a reduction of parental helplessness, more social support and less escalating aggression in families that had received the NVR training compared to a waiting list control group (Weinblatt & Omer, 2008).

NVR was adapted for use in a residential setting and focuses, in the same way as NVR in families, on changing the beliefs, attitude and behaviour of the adult, i.e. the employee. The use of this adaptation on several units in an institution for child and adolescent psychiatric care, was associated with a 50% reduction of seclusion and restraint measures. Besides that, staff members and parents reported being more positive about the atmosphere (Goddard et al., 2009). This was a first indication that NVR could have positive effects in a residential setting, but more detailed information on how NVR could contribute exactly was needed.

To further explore the effects, the working mechanisms and the potential benefits for staff members of this residential adaptation, we will investigate staff members' experiences with working with this method.

Multifaceted methods developed in daily practice, such as residential NVR, can be challenging to disseminate to other locations. Knowing the active ingredients will help decide which elements of the intervention should receive emphasis in training and in monitoring fidelity when implemented in other locations. To assure a good fit, the other less active ingredients or elements can then be altered if needed (Durlak & Dupre, 2008). Therefore, in this current study, we will explore staff member's beliefs as to how the method achieves its effect, to increase insight into the active ingredients of residential NVR.

Understanding the factors that help or prevent the method from being executed in daily practice is needed to help institutions make a better funded choice about whether or not they will implement the intervention, and if so, choose suited implementation strategies (Boendermaker, Boomkens, & Boering, 2013; Stals, Yperen, Reith, & Stams, 2008). To increase insight into the factors that help or hinder NVR implementation, we will examine staff members' implementation experiences.

Maintaining effectiveness over time, with continuous changes in staffing and context, is one of the major challenges in implementation (Ogden & Fixsen, 2015). Implementation research shows a great risk of deterioration over time. Therefore, a detailed plan on how to protect and maintain method integrity is needed. Training of new staff members, coaching, booster sessions, and fidelity assessments are all examples of ways to sustain method integrity (Fixsen, Blase, Metz, & Van Dyke, 2013; Ogden, Amlund Hagen, Askeland, & Christensen, 2009). In this current study we explored staff members' ideas for maintaining and consolidating NVR.

Active ingredients and implementation are often a complex interaction among system of care, providers and clients, not always easy to measure in a quantitative manner (Crabtree & Miller, 1999). To develop a more in depth understanding of NVR and its implementation in a complex setting such as residential care, qualitative research can provide information about perceptions and opinions from staff members that can be more explanatory then quantitative data can be. The aims of this qualitative evaluation are to determine staff's (1) perceptions of any benefits of the method; (2) beliefs as to how the method achieves its effect, to distill the active ingredients, (3) increase insight into the factors that help or prevent the method from being executed in daily practice and (4) generate ideas to improve maintenance and consolidation.

Method

Participants

We chose to interview staff members from three different locations, who had just completed a nine-month NVR implementation period, about their experiences. 20 staff members were invited, of which 13 agreed to participate. The mean age of the participants was 41,15 years (range 24–59 years; SD = 11,57). Two of them were men. Our sample consisted of two psychiatrists, two psychologists, two parent counselors and seven group workers. Four of them had a master's degree, eight of them had a bachelor's degree and one finished community college. The amount of working experience ranged between less than a year and more than 10 years (six of them worked longer than 10 years, four staff members between 4 and 10 years, two between 2 and 4 years and one staff member less than a year). All participants were trained in the method NVR for the residential setting. Seven, of the 20 invited staff members did not participate. Six of them were female. Six of them were group workers and one was a psychologist. Two of the staff members couldn't participate due to illness, two of them were no longer working at the specific location due to reorganization and the other three staff members reported they could not find the time to do the interview.

Procedure

Participants were sampled through purposive sampling (Boeije, 2014) to ensure a maximum in diversity of the perspectives of the participants. Diversity was obtained with respect to gender, levels of working experience and profession (e.g. psychologists, socials workers, parent counselors and psychiatrists). Managers were asked to invite employees to participate in this study and were explicitly asked not only to include staff members who were positively inclined towards the NVR implementation. Due to the increase of workload following cutbacks and reorganizations, managers were somewhat reluctant to invite