



Using Non-Violent Resistance in a Paediatric Diabetes Setting

DR SOPHIE BURGESS

CONSULTANT CLINICAL PSYCHOLOGIST

WEST MIDLANDS PERINATAL NETWORK

PREVIOUSLY PRINCIPAL CLINICAL PSYCHOLOGIST WITH SHROPSHIRE YOUNG PEOPLE'S DIABETES TEAM

Roots of non-violence and NVR

Non-violent resistance (NVR) is the strategic use of collective action, such as protests, strikes, and civil disobedience, to achieve political, social, or economic change without using violence or the threat of violence. Key principles include refraining from violence, focusing on symbolic and non-cooperative actions to highlight a cause, and building power through unarmed struggle to challenge injustice or oppression

"People always say that I didn't give up my seat because I was tired, but that isn't true. I was not tired physically ... No, the only tired I was, was tired of giving in." – R.Parks



Key principles of NVR that we can take forwards into a therapeutic context

- ▶ Collective action - strength in numbers
- ▶ Peaceful
- ▶ Resistance
- ▶ Activism – NVR is *active*, not passive
- ▶ Persistence, not insistence
- ▶ Role of relationship

“The nonviolent approach does not immediately change the heart of the oppressor. It first does something to the hearts and souls of those committed to it. It gives them new self-respect; it calls up resources of strength and courage they did not know they had.” Martin Luther King

NVR in psychological practice

- ▶ Model developed by Haim Omer and colleagues founded in the principles of Non Violent Resistance.
- ▶ Recognition that traditional reward and punishment model of parenting can be ineffective and can contribute to patterns in which there are escalations of conflict with children and their grown ups drawn into a pattern of 'control or be controlled.' This can lead to one of two patterns of 'escalation' ...
 - ▶ **Symmetrical escalation:** where the response to violence escalates the conflict further – adding more heat to the situation – e.g. child demands money for drugs, parent shouts at child, child becomes angrier, parent mirrors this anger
 - ▶ **Complementary escalation:** “Making or giving way.” When the escalation of the other is given room and made way for e.g. child demanding money to buy drugs, parent gives the money

A note on
the
'Violence'
in NVR

Physical violence

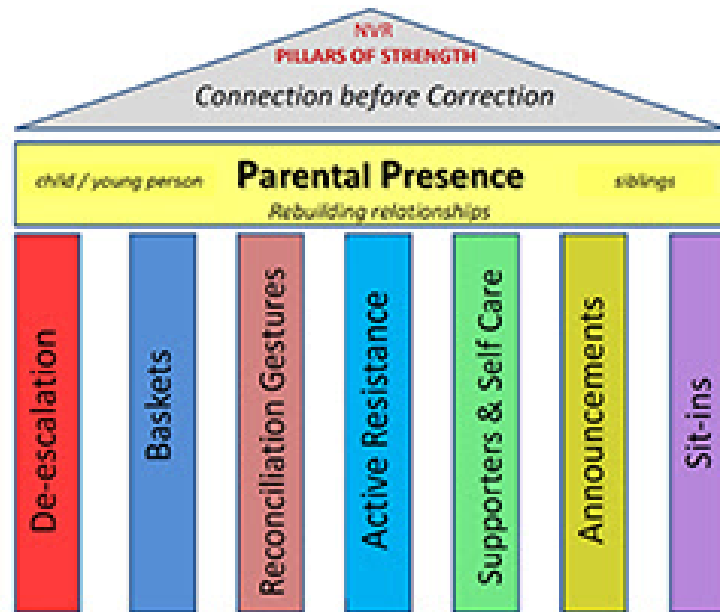
Controlling behaviour

Destructive behaviour

Self neglect

Self harm

Pillars of Strength



Taken from
<https://www.goldwyn.kent.sch.uk/parent-pages/non-violent-resistance/nvr-map/>

Parental presence

- ▶ Increased parental presence strengthens the child's attachment by providing safety, support, and a secure connection, shifting from controlling behaviours to acts of reconciliation and a renewed role as a central, "anchoring" caregiver.

Connection before correction

- ▶ While learning to 'resist' certain behaviours is important, central to the approach is your relationship with your child. This can involve revisiting the values you hoped to hold as a new parent, your hoped-for future with your child, and having support through therapy to reconnect with this

De-escalation

- ▶ Deferred response
- ▶ Strike when the iron is cold

'Techniques' to support the process

Supporters and self care

- Role of self care vital
- No socio-political movement was achieved in isolation – power of numbers. “It takes a village to raise a child.” Identifying professional and personal supporters from the outset are fundamental to successfully 'resist'
- Can also be important from a risk management perspective

Priorities 'basket' exercise and Announcement letter

- Parents/carers work on identifying max of 2 'behaviours' to resist.
- These two behaviours are worked into an announcement letter
 - Plan together how to deliver the announcement letter using support network – key here is that cannot guarantee the behaviour of the other, can only control your own behaviour

NVR techniques contd.

Sit in

- In response to an escalation, planned 'action' involving carer and often supporter. Carefully planned, risk assessment done, intention to show resistance and to come together to think about solutions (even if no active solutions are found, it is the act of coming together.)

Parental disobedience

- Parent/carer starts to take small acts of disobedience e.g. child says parent cannot come into their bedroom but parent knows there are used sharps everywhere. Parent knocks and enters bedroom. All about intent – the why and the how

Relationship gestures

- My favourite bit! Acts of love that are NOT contingent on behaviour. Ways of supporting connection

Campaign of concern

- Supporters en masse communicating their resistance following an escalation e.g. texts, phone rounds, dropping round

NVR and Type I Diabetes - Discussion

- ▶ From what we have heard so far, how might the NVR approach be applicable to working with families of a child/young person with Type I diabetes?
 - ▶ What might be some of the themes that parents might put in the 'small baskets' exercise
 - ▶ Which of the 'techniques' in particular are you drawn to in considering the application of NVR in Type I diabetes?

Research in T1D and NVR

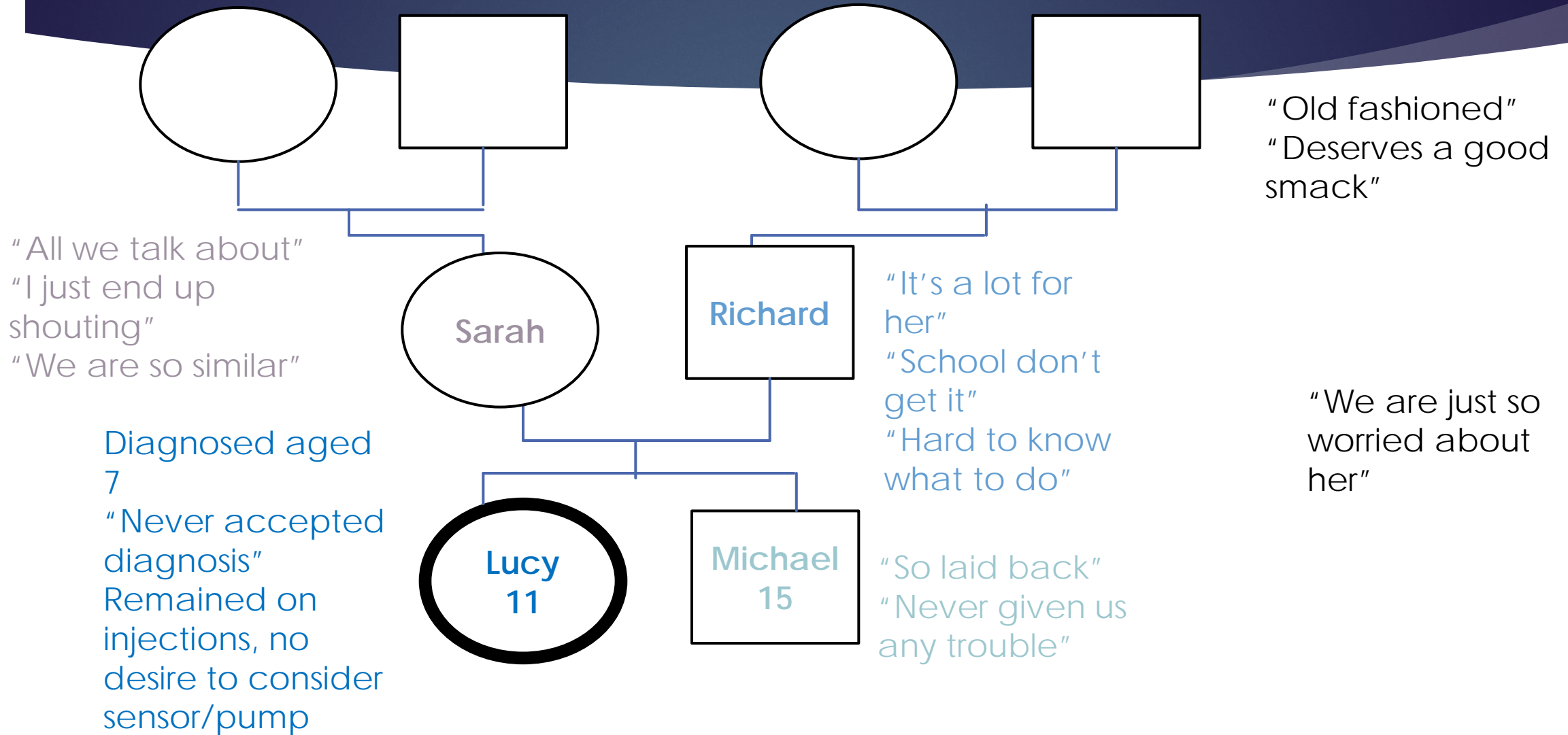
Rothman-Kabir (2017)

- Chapter in 'Parental Vigilant Care' on design of a group programme for parents/carers of young people in a Tel Aviv diabetes clinic

Rothman-Kabir et al. (2022)

- Preliminary outcomes of a small-scale prospective study (36 families) evaluating effectiveness of NVR programme for families
- Baseline, 10 week wait, treatment, end of intervention and 10 week follow up
- 36 families – parents and adolescents
- Glucose levels declined after treatment (non-significantly) and remained lower than pre-treatment and during waiting period
- Significant pre to post treatment in adolescent self care, parental monitoring, parental helplessness and parent reports of conflict with child
- All enrolled families completed the treatment

Clinical case- genogram



Clinical application

- ▶ Attempted individual work in collaboration with Specialist Nurse
- ▶ Switch to parent focus – 3 x sessions with Sarah, one joint with Sarah and Richard
- ▶ NVR 'lite'
 - ▶ Risk management and priorities
 - ▶ Compassion focus for parents and self care
 - ▶ De-escalation and deferred response and relationship gestures
 - ▶ Announcement to self and 'announcement' to Lucy
- ▶ Outcomes
 - ▶ Static HBA1c, improved relationships, life about more than diabetes
 - ▶ *"She told me she loved me"*

Other ideas if I'd had more time/ in hindsight

- ▶ School involvement
- ▶ Wider family supporters meeting
- ▶ Wider team involvement
- ▶ Sit ins?

Challenges with using NVR in Paediatric Diabetes/generally

- ▶ Risk management
- ▶ Significant shift of mindset for families
- ▶ Significant shift of mindset for teams and other supporters
- ▶ Parental approach generally – wider family stories of ‘what it means to be a parent.’
- ▶ Sitting with the concept of changing our own behaviour not that of our child's. “It didn’t work”
- ▶ Our own experience of being parented/parenting and our sense of selves as psychological professionals

Small steps (and bigger leaps)



- ▶ Ask about relationships – externalising can help here
- ▶ Connection before correction
- ▶ Wellbeing of caregivers
- ▶ Model NVR ideas in clinic
- ▶ Enrol diabetes team members as supporters
- ▶ Further NVR training
- ▶ Multidisciplinary NVR offer
- ▶ Consider application to Type II diabetes
- ▶ Other ideas? ...



References and Further Reading

- ▶ Rothman-Kabir, Y. (2017). Diabetes. In Omer, H (ed.), *Parental Vigilant Care: A Guide for Caretakers and Clinicians*, Routledge, New York and London, 118-123.
- ▶ Rothman-Kabir, Y, et al. (2021). Supervising without controlling: A new authority intervention for adolescents with Type I Diabetes. *Journal of Child and Family Studies*, 31 1-12.
- ▶ Omer, H, (Introducing NVR).
https://www.youtube.com/watch?v=l_39pn1Rf7E