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Restoring the Parental Position in the Face of Emerging Childhood Challenges with Non Violent Resistance

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Abstract

Behaviours associated with child to parent violence and abuse (CPVA) and anxiety can paralyse parents and children in a cycle of fear, intimidation and parental accommodation. Psychotherapists and practitioners can also feel caught up in the paralysis and uncertainty. In this paper, we draw on practice experience and research from Ireland and further afield to ask: in what ways can CPVA and anxiety disempower the child and parents? We also explore the ways in which psychotherapists, practitioners and parents can make the move from fear and paralysis to active engagement in resistance to the problem and restoration of family relationships. We suggest that the resolution of these problems lies in systemic approaches. We present the principles of Non Violent Resistance (NVR) and the Supportive Parenting for Anxious Childhood Emotions (SPACE) programme as promising responses to the challenges of violent and abusive behaviour and of childhood anxiety. With examples from practice and research, we suggest these models offer potential solutions where a child is unwilling or unable to engage in problem resolution.

Child to Parent Violence and Abuse

Conflict, it can be argued, is a common feature of human behaviour and development, whether it involves the disputes about the best responses to rising COVID-19 infection rates (McRedmond, 2020; O'Toole, 2020) or arguments between parents and children about computer games, friendship and school attendance. Many of us have developed conflict resolution skills based on recognition, respect and compromise, except where compromise would lead to harm or

abuse. Practitioners and psychotherapists working, for example, in statutory and voluntary or private children and family health and social care services are familiar with the lives of people for whom conflict leads to experiences of abuse and violence. The impact of the worldwide pandemic of COVID-19 has included for some couple and family relationships, increasing rates of domestic violence and abuse and it seems, increasing rates of child to parent violence and abuse (O'Connell, 2020). This reflects recent trends in Ireland and further afield where in recent years, child to parent violence and abuse (CPVA) has presented as a significant concern (Avraham-Krehwinkel & Aldridge, 2014; Coogan, 2018). Indeed, Lyons et. (2015) suggest that rates of child to parent violence "are not insubstantial" (p.729). As with any form of family violence, child to parent violence and abuse (CPVA) is often shrouded in secrecy. The lack of visibility renders this concern difficult to understand, to locate and to respond to appropriately. Parents, psychotherapists and practitioners are frequently at a loss as to how to understand and resolve this complex problem. Indeed, it can be difficult to find a "reliable compass or reference point" when faced with a family experiencing CPVA (Coogan,2012, p.75). (Note: although we use the term *parent* throughout the article, we understand the term to also include anyone in a parenting relationship with a child, which includes, for example, grandparents raising a grandchild, foster parents and adoptive parents).

In child and family work, we can sometimes hear echoes of positions that can either locate the problem of CPVA in the child who may be pathologised from the outset as bearing the primary responsibility for change or in the parent who may be viewed as ineffective and needing to 'take back control'. Statements such as "He's just like his father – it's in his genes" or in reference to the parent "She has no control over that child" are not uncommon. A parent may anticipate a diagnosis as an explanation for the behaviour. Indeed, speculation about various disorders is often the starting point for parents, psychotherapists and practitioners who seek a clear and simple understanding of the cause of the child's behaviour. It is not unusual for a child to be placed on a waiting list for a Child and Adolescent Mental Health Services (CAMHS) assessment as parents and psychotherapists seek to understand the source of the problem behaviour. Coogan (2014) notes that while the initial referral to CAMHS might relate to concerns regarding attention, behavioural difficulties, depression or behaviour that is 'out of control', more parents are reporting experiences of CPVA (p.1).

Child and Adolescent Anxiety

It is widely understood that child and adolescent anxiety is a significant concern in Ireland. In a major study, *My World Survey*, which captured the views of 19,000 young people in Ireland, almost 50% of adolescents report experiencing levels of anxiety that lie outside of the normal range (Dooley et. al., 2019). This figure represents a doubling of levels of anxiety as measured just seven years before (Dooley et. al., 2019). Females in particular experienced higher levels of anxiety than males. Calling for an increase in school-based counselling services, McElvaney (2017) reports that primary school children in Ireland present with "a significant range and severity of complex psychological difficulties" (p.47). This is no surprise given that anxiety disorders are the most common child and adolescent psychiatric condition (Bennett et. al., 2016, p. 82).

These figures are reflected internationally (Dooley et. al., 2019). It is estimated that 10% of children and 20% of adolescents meet the criteria for an anxiety disorder (Essau & Olendick, 2013, vxii). The arrival of Covid-19 in 2020 is likely to have done little to alleviate existing levels of anxiety in the wider population. With significant disruption to children's educational and social supports and networks as a result of the pandemic, professionals across the country are anticipating even further levels of anxiety for children as they prepare to return to schools and social settings. It is possible that this will bring an increase in referrals to Child and Adolescent Mental Health Services (CAMHS) – a service that is already significantly over-stretched. In the 3 year period between 2011 and 2014, referrals to CAMHS increased by 50%. (A Vision for Change Review, 2015). In 2019, almost 2,000 children were on waiting lists for CAMHS with an additional 8,000 children waiting for primary care psychology services (mentalhealthreform.ie). In the context of high levels of child and adolescent anxiety and a potential increase in these levels due to Covid-19, effective and timely interventions are more needed than ever.

Managing childhood aggression and anxiety

CPVA results in significant stress on families. Parents are disempowered and feel as though they are ''walking on eggshells'' (Coogan, 2018, p. 9). Parents become helpless and hopeless in the face of their child's aggression and violence (Weinblatt & Omer, 2008, p.76). Patterns of escalation lead to threats, arguments and at times physical violence –"all ultimately leading to deterioration and detachment" (Avraham – Krehwinkel & Aldridge, 2010, p.10).

Anxiety is a common and serious condition (Creswell & Cartwright-Hatton, 2007; Lebowitz & Omer, 2013; Norman et. al., 2015). In fact, it seems to be a more serious problem than it was once considered to be (Creswell & Cartwright-Hatton, 2007). While there exists a variety of anxiety disorders such as separation anxiety, generalised anxiety disorder, panic disorder and social phobia - the Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSM-IV) lists eight categories – we will not explore these in detail here. The symptoms of various anxiety disorders may present differently but Lebowitz and Omer (2013) suggest that treatments for anxiety across the disorders are similar and advocates treating the disorders as a group rather than as separate entities . Furthermore, the central focus of SPACE is on the parent's *response* to childhood anxiety and not the anxiety itself. SPACE has been used in all categories and with this in mind, anxiety will here refer to all anxiety disorders as listed in DSM –IV.

With such significant levels of anxiety for children in Ireland as reported in the *My World Survey* (Dooley et al., 2019) practitioners must be aware that anxiety can have a "devastating and widespread impact on a child and the family" (Lebowitz & Omer, 2013, p. 4). Anxiety is associated with impairment in various life domains and when left untreated, can become chronic with negative outcomes (Essau & Olendick, 2013, xv). Anxiety may be related to poor school attendance which in turn can result in poor outcomes for children (Finning et al., 2019). For parents, a sense of helplessness resulting from being unable to help their child to overcome their anxiety, can compound the difficulties of their experience (Lebowitz & Omer, 2013).

Interventions

While cognitive behaviour therapy (CBT) and psychopharmacology can be effective treatments for anxiety disorders, Lebowitz & Majdick argue there is an "urgent need for additional efficacious treatment modalities" (2020, p.107). Current interventions are not appropriate for all children and a significant number of children and adolescents do not respond to those treatments (Norman et. al., 2015). For many young people, barriers can include lack of motivation and resistance to treatment (Lebowitz & Shimshoni, 2018). As noted earlier, access to CAMHS is hampered by lengthy waiting lists and so the provision of these treatments is often significantly delayed even for those motivated to engage. For parents, psychotherapists and practitioners, responding to childhood anxiety and CPVA can be challenging – particularly where children are

not motivated to engage in therapeutic work. For those children and young people who cannot or will not engage in CBT "additional therapeutic approaches are required" (Norman et. al., 2015, p.131). Lebowitz et al (2020a, p.1) present the SPACE programme as an "efficacious treatment for childhood anxiety disorder" which "is noninferior to CBT" and presents "an alternative strategy for treating anxiety in children".

A Systemic Approach to CPVA and Anxiety

In recent years, Non Violent Resistance (NVR) and SPACE have emerged as promising interventions for the treatment of CPVA and childhood anxiety. Haim Omer and his colleagues (2004, 2011) in Tel Aviv, Israel pioneered the development of NVR in work with families. While there are varying interpretations of NVR, it is Gandhi's work that is the reference point for Omer in his interpretation of NVR principles and their application in the family therapy domain. Omer (2011) refers to Gandhi as the "chief exponent" of NVR and notes that it originally developed among social groups "that labored under continued oppression and extreme feelings of worthlessness and helplessness" (p.31). With his colleagues, Omer adapted the NVR strategies used by those oppressed social groups into a coping strategy for parents of children with acute problematic behaviour.

Omer's model was adapted for use in the Irish context by Coogan (2014). It is concerned with empowering parents to restore their authority and competence (Weinblatt & Omer, 2008). Training in this approach has been delivered to hundreds of child and family practitioners across Ireland and has been well received by those working with CPVA (Coogan, 2018). It is a model that has also been well received by families in the UK (Newman & Nolas, 2008). NVR has been adapted for use and shows promising possibilities with other areas of child and family work such as adolescent substance misuse (Attwood et. al: 2019), suicide threats (Omer & Dolberger, 2015), autistic spectrum disorder (Golan et al., 2016) and residential care (van Gink et. al., 2016). It has also been adapted for treatment of childhood anxiety with significant results (Lebowitz & Omer, 2013) and is presented as the *Supportive Parenting for Anxious Childhood Emotions* programme (SPACE) (Lebowitz & Omer, 2013).

While childhood anxiety is very much a feature of the behaviour of the individual child (Lebowitz & Omer, 2013), it can also be understood as a systemic phenomenon (Norman et al.,

2015). The interaction between the parent and child is considered to be bidirectional (Esbjorn et al., 2014). Rather than responding just to the individual child, addressing how parents become involved in the child's symptoms of anxiety, may present a promising alternative approach (Esbjorn et al., 2014). What parents may have located in the child is now viewed from a systemic position. Changing one part of the system –the parental response – will lead to a change in another part of the system – the child's behaviour.

Understanding NVR in family work

NVR is a systemic intervention (Coogan, 2018; Jakob, 2016; Lavi-Levavi, 2010). This is of key importance in using this model. Systemic thinking views problems and 'pathology' as "fundamentally interpersonal as opposed to individual" (Dallos & Draper, 2005, p.23). A systemic perspective moves away from viewing ''the problem'' as being located in an individual but rather views it as resulting from interpersonal processes. Each person is seen as influencing the other. Their responses, in turn, influence them and their reactions (Dallos & Draper, 2005). Taking this position helps to ensure that we avoid pathologising either the child or the parent. Rather we can understand the ''problem'' as lying in the habits and patterns of communication and behaviour that have developed over time. When one part of the family system improves their position, other parts of the system improve. So, "while the child's behaviour is an important variable, it is not necessarily the central one" (Weinblatt & Omer, 2008, p. 6). As childhood anxiety disorders are fundamentally systemic in nature, so addressing the parental response presents "a promising alternative approach to treatment" (Norman et al., 2015, p.131).

The purpose of NVR intervention is to bring about improvements in the parental situation, familial relations and the child's behaviour (Lavi-Levavi, 2010). It is the constructs of parental helplessness and powerlessness that underpin the theoretical rationale for using NVR with parents of children with acute behavioural problems (Weinblatt & Omer, 2008). Its goal is to support parents to move from a helpless and powerless position without resorting to punitive and authoritarian measures (Weinblatt & Omer, 2008). It has been shown to shift parental helplessness in the face of challenging behaviour to being more present and effective in response to the challenges (Omer & Dolberger, 2015).

Essentially, NVR aims to change family relationships (Jakob, 2016) and to strengthen the support network around the family. The parents' capacity to delay their response in the context of

a difficult interaction with their child "creates new conditions for relating" (Omer, 2013, p.8). Parental self-control is a starting point in de-escalation and it is in the parents' increasing ability to self-regulate and delay their response that the process of ending a pattern of escalation can begin. NVR has been shown to help parents to increase self-control rather than engage in escalation (Omer and Dolberger, 2015, p. 559).

Non Violent Resistance has been described in many ways. Amiel and Maimon suggest: "NVR is more than a theory, it is a state of mind, an attitude or a way of life..." (2019, p. 279) while Bonnick (2019) suggests that it represents "a different way of 'being' as a family" rather than a programme of intervention (p.264). NVR has been variously described as a *"*parent-training approach" (Jude & Rivera-Gould, 2019, p.39), "a model of authority" or "the new authority approach" (Omer, 2013) and "a training model" (Weinblatt & Omer, 2008). In NVR, parents support the child despite his/her actions while simultaneously resisting the problematic behaviour – support and resistance are bound together (Omer & Dolberger, 2015).

Referring to NVR as ''parent training'', Golan et al. (2016) suggest it may help parents to reduce the ways in which they accommodate their child's challenging behaviour while learning to manage conflicts that arise from making this change. The concept of parental accommodation is also a key component of SPACE and will be explored below. Locating support from outside of the immediate family is essential (Lavi-Levavi, 2013). This facilitates an accrual of support not just for parents but for the child also (Golan et al., 2016). Support networks offer encouragement and legitimise parental authority (Golan et al., 2016). Positive parental authority, Omer et al. (2013, p.193) contend, "fulfils an anchoring function, is a central component of a secure parent-child bond".

Parental Authority

The anchoring function, it is suggested, is a bridge between attachment theory and Diane Baumrind's work on authoritative parenting (Omer et al., 2013). Baumrind's work on parenting styles has contributed significantly to our understanding of parental authority. Indeed, Omer and his colleagues (2013) attribute her work to a growing acceptance of a new view of authority. Described by Grolnick (2012, p. 57) as *pioneering* and *ground-breaking*, Baumrind identified three parenting styles: authoritarian, authoritative and permissive. Authoritarian parents "value

obedience as a virtue" and "favors punitive, forceful measures to curb self-will…" (Baumrind: 1966, p. 890). This approach is characterised by distance, punishment and dominance (Omer et al.,2013). The authoritarian approach is related to more negative parent/child relationship indicators (Sorkhabi & Middaugh, 2013). Indeed, Baumrind concludes from her research that adolescents experience this particular style as "arbitrary or unjust" (Sorkhabi & Middaugh, 2013, p. 1227). With regard to outcomes related to parenting styles, Baumrind found that children of parents who used an authoritarian style of parenting were less competent, assertive, and achievement motivated than those of authoritative parents (Grolnick, 2012). NVR enables parents to address matters of safety and discipline while attending to the parent/child relationship by building parental authority "on a decided and non-escalating presence" (Lavi-Levavi et al., 2013, p. 79).

At the other end of an authority continuum, a permissive parenting style has also been attributed to negative outcomes for children (Grolnick, 2012). Parents who adopt a permissive parenting styles use less punishment, are relatively uncontrolling and make few demands on their children (Buri, 1991) – a clearly opposing style to that of an authoritarian parent. While this approach stemmed from a movement advocating children's rights and autonomy, many studies have concluded that it resulted in higher levels of violence, school non-attendance and general delinquency (Omer, 2011). In fact, it would appear that children of permissive parents have the poorest outcomes (Grolnick, 2012).

An authoritative parenting style however, lies between the two poles of authoritarian and permissive styles and it is here that the foundation for an NVR understanding of parenting lies. Parents who adopt an authoritative parenting style provide firm and clear direction but this clarity is accompanied with warmth, reason and flexibility (Grolnick, 2012). It is this approach that has been *"*associated consistently with a wide range of positive adolescent outcomes" (Smetana,1995, p. 300). It is an approach that values the child's autonomy. Unlike the parent who adopts an authoritarian parenting style, a parent using an authoritative one does not rely on punishment and consequences for challenging behaviour. Rather, they encourage individuality and independence and are responsive to their child's needs (Smetana, 1995, p.300).

SPACE

As noted above, parents often feel helpless in the face of their child's anxious behaviour. Persistent refusal to sleep alone, to go to school, to engage in social activities – are behaviours that can impact significantly on parent and child well-being. Parental attempts to control these behaviours can lead to significant escalations between the parent and the child. While parents may seek professional support in these matters, the child may not be able or willing to engage in interventions. NVR does not assume that the child will engage in therapy (Omer & Dolberger, 2015, p. 571). Indeed, Lebowitz and Shimshoni (2018) suggests that parents may be significantly more motivated to engage in the therapeutic process. Both NVR and SPACE focus on the parents' own behaviour and how they respond to the child (Lebowitz and Shimshoni, 2018). It is from this position that work can begin to release parents from the patterns that have developed in the relationship with their child.

It is worth noting that SPACE is the first childhood anxiety intervention that does not require the child to engage in treatment (Norman et al., 2015). In SPACE, it is recognized that *parental accommodation* plays a significant role in the maintenance of childhood anxiety symptoms. Lebowitz and Shimshoni (2018) explain accommodation as the ways in which parents *participate* in the child's behaviours (repeated reassurance, ritual checking for threats, speaking for the 'shy' child) and *modify* their own behaviours (avoiding certain places, taking particular routes to avoid triggers or adhering to strict and inflexible schedules). The goal of reducing the child's anxiety is the reason for these parental responses (Lebowitz & Omer, 2013). Norman et al report a high level of prevalence of accommodation among parents of anxious children (2015, p.131). Essentially, yielding to the demands of the child's anxiety gives children the message that parents are also unable to stand up to it (Omer, 2013). It is here that the interventions of the SPACE programme are focused –reducing parental accommodation. Although intended to reduce the child's anxiety, accommodation, in fact, has the opposite effect. Essentially, accommodation of anxiety related behaviours leads to an increase in anxiety over time. It has a "potentially deleterious impact on the course of the illness" and is associated with significant burden on the caregiver (Norman et al., 2015, p.131). As such, the SPACE trained practitioner works with the parents and their responses to the child in order to address the child's anxiety.

Reducing accommodation of the child's demands is similarly addressed in NVR. Parents are invited to identify the unreasonable demands their child places on them - demands that parents often meet for fear of an aggressive response if they do not acquiesce. Parents are supported to list these demands – often for money, technology or particular food. In addition, parents may have engaged in providing unreasonable services for their children and continue to comply due to fear of abusive or violent behaviour (Coogan, 2019, p. 224). When parents behave submissively, the problem is exacerbated as the child increases their demands "backing them by even harsher behaviours" (Lavi-Levavi et. al, 2013, p. 81). With NVR, parents are supported to ''refuse orders and break taboos'' (Coogan, 2019, p.224). NVR coaches parents to overcome these patterns of submission (Jakob, 2016, p.3).

SPACE in Practice

Using interventions based on the principles of NVR, we can understand that parents may fluctuate in their position as they struggle to cope with the child's aggression. In both SPACE and NVR, parents are supported to take an ''anchored'' position (Omer et al., 2013)– one that does not fluctuate from one stance to another but remains calm and authoritative. Reflecting on when the child uses aggressive or violent behaviour, parents are invited by the NVR/ SPACE trained practitioner to list the ways that they respond to orders and ''taboos''. The child using aggressive or abusive behaviour may demand money, internet access, new clothes; the parent feeling the only choice is to acquiesce if they are to avoid threats or assaults on parents or property. It may have become taboo for a parent to enter the child's room or to request co-operation. Here, parents are invited to list the ways in which they accommodate the child's demands. When an anxious child demands that a parent should check for spiders, the parent may accommodate by engaging in lengthy searches to convey to the child that there are no spiders. For the child who calls the parent repeatedly as they try to work, the parent accommodates by answering all of those calls and reassuring the child repeatedly. Of course, the dilemma for parents is that, when faced with the child's anxiety, accommodation appears to be the only way to soothe the child (Lebowitz & Shimshoni, 2018). Giving in to demands may seem like the only option for parents of aggressive children who are desperate to avoid further escalations. NVR supports parents to reclaim their authority and resist the child's demands.

In the SPACE programme, the work with parents begins with the practitioner informing the parents about anxiety and the SPACE programme itself. Working together, the practitioner and parents establish clear goals are early on and parents are encouraged to make a commitment to the work. The practitioner introduces the concept of *personal boundary* and invites the parent to explore how their child's anxiety has impacted on them. For example, in our conversations with parents, we have heard that with current technology, some parents are reporting that children are calling or texting them repeatedly or insisting on tracking their parents' location as they struggle to cope with the discomfort of being separated from their parent.

Parents it seems to us are essentially caught between a rock and a hard place. Children will seek protection and parental soothing when faced with a threat and parents in turn will respond protectively (Lebowitz & Majdick, 2020). They want to soothe their child's distress on the one hand but on the other, they experience high levels of frustration and distress themselves as they cope with what can seem like incessant demands. In SPACE, as discussed above, it is understood that accommodating the demand essentially leads to a worsening of the child's anxiety. Lebowitz and Omer (2013) suggest that many parents will fluctuate between "a stance that is over-protective to one that is over-demanding" (p.165). While parents will readily list the many ways in which their child makes demands on them, SPACE encourages the parent to identify how they *respond*. As with NVR, the parent's position in relation to the problem is the focus of the work.

Parental Presence and Support

The concept of parental presence is central in the NVR model. Defined by Omer and Dolberger as a combination of support and resistance, parental presence fosters parental authority (2015, p. 561). Parents are encouraged to resist their child's challenging behaviour while simultaneously attending to the relationship. Essentially, they leave behind patterns of escalation and replace them with a steady resistance but a commitment to the relationship.

The concept of parental support is discussed with parents as part of the SPACE programme. This has two components; acceptance of the child's anxiety and confidence in the child's ability to cope with the anxious feelings. This is a steady, anchored position – a move away from the fluctuating response outlined above. Acceptance of the child's anxiety may represent a new position for a parent who may have responded with an over-demanding approach; "Don't be

ridiculous! All of the other children are going to the party". This demanding stance pushes the child without offering support (Omer et al., 2013). Others may have adopted perhaps an over-protective approach or yielding approach; "She can't go to the party – she's too shy". From this position, the parent allows the anxiety to set the rules –not just for the child but also for parents and other family members (Omer et al., 2013). In SPACE, parents are supported to take an anchored position that conveys to the child "I understand that you are worried but I really believe that you can manage those feelings". Rather than undermining the child's feelings, the parent acknowledges and accepts them. Rather than protecting the child from their anxious feelings, the parent expresses confidence that the child can learn to cope.

The Target Problem

In responding to a child's violence, parents are invited to identify the most pressing concerns – typically violence and damage to property, lesser concerns that while serious, can be addressed at a later date and even less serious matters. Categorising behaviours in terms of severity gives clarity and avoids the inclusion of every conflict. When a parent decides to resist demands, it is not a punishment but signifies "a breaking of old patterns of the parents' obedience" (Coogan & Lauster, 2015, p. 36).

Having supported the parent to identify the types of accommodation in which they engage with their anxious child, the practitioner then works with the parent to identify a ''target problem''. It is understood that there may be many problems to address, but the parent begins with addressing one of those and is advised to choose a problem that is impacting significantly and frequently.

The Announcement

In this new position, the parent now prepares to address the target problem. This position is presented to the child in the form of a formal announcement. The formality is in itself beneficial in that it signals a turning point in how the problem is to be managed (Lebowitz & Omer, 2013). Many parents will have talked extensively about the problem to the child over time – ranging from cajoling to encouraging and even admonishing. Over-talking appears to be a common trap. Omer (2013) advises that certain kinds of dialogue are unhelpful in these situations – not only is excessive talking and negotiating unproductive – it can in fact, perpetuate the problem. Parents of

a child living with debilitating anxiety problems have been found to be more involved in parenting than those of children without anxiety disorders (van der Sluis et al., 2015). This is not surprising as parents are frequently drawn in to their child's anxiety as the child seeks their protection. The announcement, however, is a core step in SPACE as it is in NVR. In using the announcement in cases of suicide threats Omer and Dolberger (2015, p. 562) suggest that it is a "transition rite" whereby a new way of dealing with the threat is outlined to the child. The parent is no longer helpless in the face of the problem and their sense of agency is restored. In SPACE, the parent is supported to take "unilateral action" (Lebowitz & Omer, 2013). Omer and Dolberger (2015, p.562) describe it as "a one-way parental initiative" and contend "its value is independent of the child's willingness to cooperate". The combination of acknowledgement and confidence is outlined to the child in the announcement. It is a more centered position than one that is either over-demanding or over-protective.

The Protest Sit-In

A key technique in NVR is 'The Sit-In' (Omer, 2001, p. 58). This requires parents to enter their child's room while avoiding argument or escalation. The goal of the sit-in is to present to the child parental presence and non-violent resistance of the unwanted behaviours (Omer, 2013, p.103). It typically takes place after a significant incident. The child is invited to come up with suggestions that might solve the problem of aggression and violence towards the parents. Parents are coached by the NVR trained practitioner to remain calm and to avoid being drawn in to threats or unhelpful suggestions. With the sit-in, comes "a dramatic break with previous patterns or habits of accommodation or submission demonstrated by parents" (Coogan, 2019, p. 226).

In SPACE, it is acknowledged that the child may respond to parental changes to accommodation with aggression. A Sit-In is advocated only "in response to particularly disruptive behaviour" (Lebowitz & Omer, 2013, p.224). Violence and aggression in this model are understood as a manifestation of the child's anxiety (Lebowitz & Omer, 2013, p.221). Nevertheless, a sit-in supports parents to demonstrate their resistance to violence and aggression in a non-violent manner. It can address feelings of helplessness and allow the parent to demonstrate resistance without escalation (Omer, 2013, p. 105). It has been described as "one of the most potent activities

parents can engage in when practising Non Violent Resistance…'' (Avraham-Krehwinkel & Aldridge, 2010, p. 150).

Case Study - Sarah

Here we present a case study to illustrate how elements of both NVR and SPACE supported the parent of a child who was both anxious and aggressive. To protect client confidentiality, elements of the case example have been changed. The dilemmas and intervention described were key features of the work described below.

Sarah is 9 years of age, the oldest child of two children. Her brother Tom is 2 years old. She frequently refuses to go to school and becomes very distressed in the mornings – crying, screaming and occasionally, becoming physically aggressive as she screams, hits out at and pulls her mother's hair. Sarah's Mother, Jane, aged 34 years old, parents alone. In response to Sarah's behaviour, Jane describes how she is at times over –demanding in response to Sarah's refusal to go to school – shouting, threatening loss of privileges, sometimes undermining Sarah's feelings *"*don't be ridiculous. If all the girls can go to school, so can you!". At times, she becomes over-protective as she feels overwhelmed by the child's distress and works hard to soothe her. She will call the school and report that Sarah is ill and will then treat Sarah as if she is ill for the day. Sarah has missed a significant number of days – all recorded as absent due to illness. This, of course, is understandable. Norman et al. (2015, p.131) note that "finding a balance in the level of protection and involvement in the child's distress is a continual process".

Jane spoke with her GP about her concerns. The GP in turn referred her to the service at which the first author works. There, she attended a SPACE group for parents who reported that their child was experiencing high levels of anxiety. The group took place weekly for eight weeks. The duration of each group session was two hours. The group was facilitated by the first author and a Systemic Family Therapist.

The first sessions of the SPACE programme are concerned with inviting parents to take a new position in relation to their child's anxiety. A key element of SPACE is its focus on changing parent behaviour as opposed to attempting to *directly* change the child's behaviour or patterns (Lebowitz & Omer, 2013). Parents are provided with information on anxiety. The concept of

personal boundary is introduced. For parents, anxiety *"*has encroached on their own separateness" and this has "blurred the boundaries between themselves and their child" (Lebowitz & Omer, 2013, p. 164). With this in mind, Jane and other members of the group are supported to see that reducing their accommodations will benefit the child rather than harming them.

Having completed the earlier parts of the SPACE programme, Jane identified the ways she has accommodated Sarah's demands and refusals to go to school. Target behaviours are those in which the parent is involved. In this case, Sarah refused to go to school and Jane called the school to say that she was too ill to attend. With this in mind, Jane selected a target behaviour and formulated an announcement.

Sarah,

I love you very much and I am very proud of how kind you are to your younger brother and how helpful you are to me. I can see how difficult it is for you to go to school but I know that school is very important for you and I really believe you can overcome your fear. I am going to help you to deal with your fear of going to school. I have decided not to let you stay home from school anymore and I will do everything I can to make this change. I will get help from anyone who can help us. I am determined not to let your fear stop you from going to school and being with your friends every day. I am confident that you can learn not to give in to your fear.

On making the announcement, it is not expected that an immediate change in the child's behaviour will occur (Lebowitz & Omer, 2013). Rather, the goal is to inform the child that old ways of addressing the problem will no longer be used and a new plan is in place. It is fully anticipated that the child will not welcome this new position. In fact, an escalation is likely and the parent is prepared for this using an NVR approach where de-escalation and the use of a support network are used to respond to aggression or violence.

Dealing with the child's response

Lebowitz and Omer (2013) advises that many anxious children will display physical or verbal aggression – which may become more apparent when a parent attempts to reduce accommodation. Many parents who are faced with aggression will, like Jane, oscillate between a

punitive approach and compliance with the child's demands. Overwhelmed by their child's response, parents may restore their accommodation. In Jane's case, Sarah became so distressed and dysregulated at the prospect of going to school, that Jane felt she had no option but to permit her to remain at home, respond to her demands for soothing and advise the school that Sarah was absent due to illness. Jane became disempowered in the escalations and struggled to regain her authority. Omer (2001) suggests that there are two types of escalation; complementary escalation whereby a parents' submission results in increased demands and reciprocal escalation where "hostility begets hostility" (p.53). Both options are unhelpful and likely to further compound the patterns in the parent/child relationship. These escalations result in parental apathy or parental outbursts – which are later regretted (Avraham-Krehwinkel & Aldridge, 2010). An NVR approach supports parents to become more present and effective when faced with escalations (Lavi-Levavi et al., 2014). Training in this model has helped parents to move away from escalatory responses to a position of self-control (Omer & Dolberger, 2015).

SPACE offered Jane an opportunity to prepare for escalations and in particular to delay her response. Parental self-regulation is a cornerstone of NVR and SPACE. A parent who can remain calm in the face of challenging behaviour – be it with anxiety-based demands or aggression – can maintain their authority. In SPACE, violent or aggressive behaviour is understood as an expression of anxiety (Lebowitz & Omer, 2013). In keeping with the NVR principle of not pathologising the parent or the child, parents are advised that disruptive behaviour does not indicate that he/she has failed in their role – nor that the child is flawed. Rather, the anxiety response is one of "fight or flight" (Lebowitz & Omer, 2013). While Sarah responded to school-based anxiety with a flight response, her anxiety presented to Jane in fight mode.

As expected, Sarah did not welcome Jane's announcement. Jane arranged for a relative to be in the family home when it was presented to Sarah which Jane reported was successful in reducing a potential escalation. In the following days, Jane focused on remaining calm each morning in response to Sarah's distress. She did not call the school when Sarah reported feeling unwell. In addition, she invited a supporter to accompany them on the walk to school. Sarah's protests continued but to a lesser extent. Jane avoided the common trap of over-talking and remained anchored and supportive of Sarah. This was in contrast to her previous approach which involved cajoling or demanding school attendance.

As the weeks progressed, Jane was supported by the facilitators – and indeed other group members – to remain steady in her new position. She reported that her increased levels of self-regulation helped her to feel stronger and more supportive of her child. As escalations decreased, Sarah's attendance increased and these changes were regularly reinforced by Jane, school personnel and supporters. Essentially, Jane led Sarah out of the patterns that had developed around her anxiety and which had resulted in high levels of distress and frustration.

Building a network of support

It is likely, as parents begin to make changes to their approach, that the child will display disruptive behaviour. In anticipation of these escalations, parents are encouraged to identify a support network. This network *"*can be a powerful tool in promoting progress and overcoming obstacles" (Lebowitz & Omer, 2013, p. 216). It is a core element of NVR (Jakob, 2016) and indeed of SPACE. While parents may initially resist informing others of their situation, the great majority will accept the need to do so and gain significantly from being supported rather than isolated in their situation (Weinblatt & Omer, 2008).

Jane, as a lone parent, faced these escalations daily with Sarah while also caring for a young child. Her isolation contributed to her loss of authority. The support network, however, offered confirmation of her new stance. Social support is essential in empowering parents to become more anchored in their response and helps to stabilise parents in their role as authority figures who are also responsive and available to the child (Omer et al., 2013). For Jane, having her new approach affirmed by a supportive uncle, a close family friend and a cousin helped to strengthen her resistance to Sarah's demands.

Making a plan

When parents have explored the concepts of personal boundary and parental support with a psychotherapist/ practitioner, they can become more aware of the role in which they play in sustaining their child's patterns of anxious behaviours. This is not to say that they are the cause of the problem but that there is significant scope for them to be part of the solution. Understanding the role that accommodation plays in the maintenance of anxiety symptoms and behaviours can offer opportunities for parents to take unilateral action – as described above. For parents who are isolated and helpless, the SPACE programme offers a new way of approaching their anxious child.

They no longer have to secure their child's approval or engagement but can address the demands and refusals while maintaining a supportive and anchored position.

Jane was overwhelmed when she began to attend a SPACE group for parents. Both Jane and Sarah were trapped in fixed patterns of behaviours in response to feelings of anxiety. Apart from refusing school, Sarah also made additional demands on Jane. SPACE offered a model to address not only school refusal but other difficulties such as demanding that Jane would not leave the house at times and protesting at the arrival of visitors. Beginning with listing her accommodations, Jane proceeded to identify school refusal as a target behaviour. With the support of the psychotherapist/ practitioner, she prepared for escalations. She recruited supporters named above and made an announcement. The practitioner/psychotherapist advised her that this represented a change in her behaviour and would not necessarily result in a change to Jane's behaviour.

In her new anchored and self-regulated stance, Jane was able to withstand Sarah's escalations. A supporter was invited to call soon after the announcement to support and confirm Jane's authority. The problem behaviours are no longer located in the parent/child interactions. A net of support is formed. This can significantly reduce the patterns of escalation. Isolation is addressed – supporters are present for the parent and the child. The parent's position has been strengthened and is anchored – offering a secure base for the child rather than the pendulous approach referred to previously.

Conclusion

With significant levels of CPVA and child and adolescent anxiety, new and innovative approaches to address these concerns are needed now more than ever. In this article, we have presented NVR as a model that shows promising and positive results for parents of children who use violent, aggressive and/or anxious behaviours. Based on the principles of NVR, the SPACE programme is a resource for parents/ carers where the disabling anxious behaviour of a child or young person is the central concern. We can all can feel powerless when faced with a child who will not engage in the therapeutic process but continues to behave in a way that negatively influences significantly on their well-being and that of their family. From a systemic position, NVR principles and the SPACE programme open up further intervention possibilities for families

where children are unable or unwilling to engage in current interventions. When we take a position of encouraging parents to play an active part of the solution to their child or adolescent's challenging behaviour, we can support parents to escape the paralysis of negative response patterns by changing how they respond to their child's behaviour. We suggest that the principles of NVR strengthen the parental responses to problematic behaviours and offer an escape from the paralysis of hopelessness and helplessness frequently experienced by parents with children who will not or cannot engage in the change process. When psychotherapists and practitioners help parents to identify and address parental accommodation of unhelpful behaviour, we can begin the process of empowering parents to lead a change in the relationship with their child. It seems to us that using the systemic strategies of NVR – de-escalation, a steady presence, resistance and a robust support network –releases parents from the trap of helplessness and restores their position as an authoritative parent in the parent/child relationship.

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