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

Kirsten van Gink
Katharina M. Visser
Arne Popma
Robert R.J.M. Vermeiren
Lieke van Domburgh
Ber van der Stegen
Lucres M.C. Jansen

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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 is not 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 et al., 2010; Needham et al., 2005; Stone et al., 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, 2016; McKenna, Smith, Poole, & Coverdale, 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 et al., 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 et al., 2007; Nunno et al., 2003). By reinforcing good behaviour and punishing unacceptable behaviour of the child, these interventions aim to control 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
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 et al., 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; 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, Van 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, 2014). 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 than 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 distil 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 more than 10 years, four staff members between 4 – 10 years, two between 2 – 4 years and one staff member less than a year). All participants were NVR trained. 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 reorganisation 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, social workers, parent counselors and psychiatrists). Managers were asked to invite employees to participate in this study and were instructed to not only 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 employees to participate. Participants received an e-mail explaining the purpose of the study, the informed consent procedure and were given the chance to ask questions about the study. The study was approved by the Medical Ethics Committee of the VUMc.

Final year bachelor’s degree students of applied psychology (Hogeschool Leiden) conducted the in-depth interviews in a quiet environment at the institutions, as a part of their scientific internship. These students were trained during their study programme to do qualitative research. To minimize possible subjective interviewer influences, all interviewers received a more specific training entirely focused on conducting the interviews in the current study and had to follow a detailed interview guide. We piloted the interview guide, videotaped these pilots and used it for training the interviewers. The interview guide was produced by the first two authors in collaboration with experts in the field of qualitative research working at the university of applied sciences. The first author has worked on a residential group for over 7 years, is co-developer of the adaptation of NVR for residential settings and has been an NVR trainer in the past. The second author has worked on a NVR trained residential ward for a short period. All interviews were videotaped and transcribed and checked for manual adherence by the first two authors as well. The interviews lasted at average 40 minutes (ranging from 25 to 55 minutes). A semi-structured topic list (see Table 1) was made as part of the interview guide (see supplementary information), covering topics such as implementation of the NVR method, possible change which occurred due to NVR and how the intervention achieved its possible effects. The topic list was reviewed and approved by other qualitative researchers. The first two authors of this article trained the interviewers by role-play and supervised them by listening to their audiotapes and providing...
feedback. All interviews were recorded with a voice recorder. Data collection and analysis occurred simultaneously enabling researchers to identify the emergence of new themes. Data saturation was reached when no new themes emerged. After conducting the first three interviews, the topic list was once adjusted: an extra question was added regarding the maintenance and consolidation of the intervention.

Table 1. Topic list for Semi-structured Interviews with Staff Members Working in a Residential Setting

<table>
<thead>
<tr>
<th>Main questions</th>
<th>Supplementary questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did you experience changes after NVR implementation?</td>
<td>• Did you experience change on the following domains and if so can you please describe them:</td>
</tr>
<tr>
<td></td>
<td>Teamwork</td>
</tr>
<tr>
<td></td>
<td>Aggression</td>
</tr>
<tr>
<td></td>
<td>Cooperation with youth and their parents.</td>
</tr>
<tr>
<td></td>
<td>• Did every team member experience these changes or did you only experience them?</td>
</tr>
<tr>
<td>2. Which aspects from the NVR were responsible for change?</td>
<td>e.g. NVR beliefs, attitude, tools?</td>
</tr>
<tr>
<td>3. How did you perceive the implementation of NVR?</td>
<td>• How was NVR introduced and how did you think about it?</td>
</tr>
<tr>
<td></td>
<td>• How did you perceive the NVR training?</td>
</tr>
<tr>
<td>4. What is necessary to ensure the use of NVR in your institution?</td>
<td>e.g. Supervision, coaching, contacts with your managers</td>
</tr>
</tbody>
</table>

NVR TRAINING

NVR focuses on improving the relation between staff and children instead of focusing on changing the aggressive behaviour of the children. NVR is about presence, de-escalation, resistance and support. Beliefs central to NVR in a residential setting are: a) a team must take a stand against unacceptable behaviour; b) preventing aggression is helped by staff members acknowledging and recognizing they have a role in escalation processes; c) it is an illusion to think one can control other people’s behaviour; d) staff and parents need to resist unacceptable behaviour from children together; e) staff and children need to work together; f) respect for the other is crucial, NVR is a stand against aggressive behaviour, not against the young person showing aggressive behaviour; g) NVR means to
persevere and h) NVR is a battle, but a non-violent one. These beliefs are the basis for a NVR attitude, the use of NVR communication and practical tools available for staff. NVR attitude and communication include delayed response (strike when the iron is cold) to decrease the chance of escalation, reducing the amount of rules and improving non-verbal and verbal communication skills (looking at how we communicate and how this can lead to escalation of aggression). Examples of the NVR tools (used to resist the unacceptable behaviour) are: the reparation act, giving the child a chance to repair the damage that has been done; the three baskets technique, can help a team to decide on their priorities and to be clear about which unacceptable behaviour they will deal with; the announcement, a formal letter that informs a child about the staff’s intentions, their will to resist particular behaviour and the teams plan to ask help from for example parents; the sit-in, staff members and/or parents enter a child’s room for fifteen minutes and ask the child to come up with a solution, whereupon they will wait silently for the child’s response.

All participants were NVR trained. This training was a two day team training, consisting of both NVR theory as more active forms of learning, such as modelling followed by role play to practice NVR attitude and communication. After the two-day training, teams had a six to nine months period in which supervision was provided, to address questions, adapt interventions to fit the team and ward.

ANALYSIS

After being transcribed verbatim, the interviews were coded three times according to the qualitative coding model as described in Boeije (2014). First the interviews were repeatedly read by the second author of this paper and while reading, the information was sorted by coding the different paragraphs and sentences (e.g. open coding). Second, all the codes were entered into a computer program ATLAS.ti, a software program for qualitative analysis. After coding the interviews, the fragments and their corresponding codes were printed and then again sorted into different categories. This second coding was called axial coding. And finally, after finding new categories, the initial codes were reread and new categories/codes were formed and other categories were put together (sensitive coding). The new and final categories which were found were: 1) perceptions of any benefits of the
Chapter 3

intervention, 2) use of NVR method, 3) implementation and 4) maintenance and consolidation of the intervention.

To ensure that no information would get lost or coded wrong, the first author coded all the interviews separately and afterwards compared the results with the initial coder until consensus was reached. To check if the coding process was consistent an independent researcher coded two interviews (independent parallel coding, (Thomas, 2006)).

RESULTS

Participants from three residential settings were interviewed, with saturation of information after 12 interviews (cf. (Boeije, 2014); no new themes emerged from participants’ narratives in subsequent interviews).

PERCEPTIONS OF ANY BENEFITS OF THE METHOD

Residential staff members who have been trained to use the NVR method were positive about the ideas behind the NVR method and believed they could benefit from using NVR in their daily work. They reported reflecting on their own way of working more critically, and considered their own role in escalation processes more often, due to the time and peace of mind NVR created. Other staff members benefited from NVR because it provided them with a common language. ‘We did do some of these things already, but now we have words and are more aware of our own actions.’

The focus on rehabilitating relationships was found to be of great use. At some locations staff indicated implementation had been hampered by circumstances that had nothing to do with NVR, causing job satisfaction to decrease instead of increase. Staff members who worked under those circumstances still expressed the belief in NVR being beneficial. ‘It’s difficult to look at NVR and all the things that have happened separately, but if I try, I think it enhances job satisfaction, because it strengthens the sense of togetherness.’
BELIEFS AS TO HOW THE METHOD ACHIEVES ITS EFFECT

When asked as to how NVR achieved its effect staff members mentioned NVR beliefs (we instead of I alone; the illusion of control), NVR attitude (delaying response; adopting a clear stance against unacceptable behaviour using the Basket Technique; openness and transparency) and NVR tools (Reparation act and asking a solution; the Announcement and the Sit-in). In general, staff described using the more de-escalation side and less intensive interventions, such as the Reparation act and asking youngsters for a solution more than the one-sided more intensive resistance tools as the Sit-in. Some staff members attributed this to lack of time or lack of people, others felt not comfortable or confident enough to do them. A staff member described the pitfall of only using de-escalation and forgetting the resistance part of the NVR as follows: ‘The resistance part is often forgotten, so it stays with expressing your expectations, the WE, delaying the response, strike the iron when it’s cold. But never closing the circle by acting and resisting.’

The active ingredients that were mentioned will be described in more detail below.

**We instead of I alone**

Most staff members mentioned the focus on being a team, working together to create a better climate and cope with aggression as the most useful aspect of NVR.

‘The NVR believe: We are a team, has been very important to us. If the child does something to one of us, he or she does it to all of us and every one of us can respond. We worked hard to achieve this.’

**The illusion of control**

Staff reported feeling more relaxed after integrating the belief that they can’t control the behaviour of others. Because this way of thinking implies that they cannot be responsible for the behaviour of the other person, it takes away feelings of failing, embarrassment and frustration. ‘It’s easier to persevere and it makes you feel less powerless and helps you not to get irritated, when the young person refuses to go to bed.’
**Delaying Response**

Staff members reported delaying their response often, it helps them to prevent or stop a situation from escalating or getting out of control.

**Adopt a clear stance against unacceptable behaviour using the Basket Technique**

Teams reported using the Basket Technique helped them to prioritize and to make sure everyone was on the same page. Staff felt that redefining which behaviour would not be accepted in a specific situation and taking a firm stance against unacceptable behaviour, made them feel stronger and helped them to be more persistent.

**Openness and Transparency**

Teams and parents alike need support from their environment to maintain their new learned attitude. Being open and transparent about what happened on their ward was sometimes scary, but gave room for others to support the team. *'Because we told other colleagues what went on, help came from all directions, some groups helped us by providing us with extra staff, to give us some rest, other groups made arrangements for the children to stay there for a short while. It felt like a relieve, to notice things can change after sharing like that.'*

**Reparation act and asking the youngster for a solution**

This tools were said to be used quite often and were seen as a way to go forward and start afresh. The difficulty with the Reparation act is to decide when reparation alone isn’t enough anymore. Staff described situations in which children said sorry almost before doing something unacceptable, expecting to get off the hook by making apologies. Asking the child for a solution was found to be both helpful as difficult. Some staff members felt more relaxed leaving responsibility for the behaviour with the child, others had trouble not enforcing the most helpful solution (in their opinion).

**Announcement**

Almost all staff members used this tool and were positive about using it. They reported feeling more powerful and less helpless. They found it to be something that could help rehabilitate the relation instead of pushing someone further away. *'After the announcement we went through a troubled period, but then things settled.'*
I think it did something for our bond, because I was willing to put so much effort into writing this letter.’

**Sit-in**

As said before, staff members haven’t used the Sit-in much. Some felt not competent enough, some had trouble arranging the amount of people needed. There was one team which did use the Sit-in. ‘We did a Sit-in to make clear his behaviour was unacceptable to us and urged him to make another choice when he was feeling bad. We sat on the ground, and were silent. Later that day he talked with his mentor and came up with a solution. After that moment there was a positive development. Before, we thought nothing would help, but it has been a real turning point and helped to come back in contact with the child.’

**FACTORS THAT HELP OR PREVENT THE METHOD FROM BEING EXECUTED IN DAILY PRACTICE**

Staff members do use NVR, some more than others. The extent to which NVR is used and NVR is successfully implemented relies on more than positive believes, training and the intention to use NVR alone. Some staff members were confronted with major cutbacks, reorganization and all the uncertainty that goes along with it. They expressed feeling overwhelmed and not capable of learning and using NVR to the fullest extent. Staff members not confronted with these circumstances felt more confident in using NVR on a daily basis. Staff members mentioned stability, training of every team member, appointing initiators, thinking about combining NVR with already used methods and support for staff when beginning working with NVR as factors that helped the method being executed in daily practice.

**Stability is important**

Staff in one particular location felt overwhelmed by the extreme conditions that arose during the NVR implementation. Full stability in youth care is impossible, but to implement a new way of working and more importantly a new way of thinking is impossible when faced with constant job insecurity and multiple changes in teams. Because of the constant changing of teams, the prime focus of NVR on becoming a strong team was felt as impossible to achieve. ‘During the implementation of NVR, many staff members left or were forced to leave due to cutbacks. When I look back, teams
have become smaller. Almost half of all staff members, working here six months ago is gone. The timing was wrong.’ Staff members believed the problem of big changes in team composition can be partly solved by making sure new team members receive NVR training shortly after starting in their new team.

Every team member needs to be trained
Staff members emphasised the need for training of all team members, not only group workers/social workers, but managers, psychiatrists, parent counsellors as well. To really do it together, everyone needs to know what NVR is about and knows how to think and act according to the NVR. They can help monitoring NVR use and can support other team members. ‘People who are trained and know the NVR way of thinking, can help by asking how they can support you or increase their presence to help you.’ Some staff members described becoming aware of the distance between their ‘team’ and the managers, during NVR implementation. This resulted in a redefining of the concept team, not only social workers, but everyone involved with the care of a particularly child.

Initiators
The principle of making two or more team members ‘initiators’, the ones that are responsible of bringing NVR into daily practice by mentioning and reminding their colleagues about the NVR way of thinking, attitude and interventions, is said to be very helpful. ‘Two team members were chosen and made responsible to promote NVR as an active and substantial part of our work. They were very important, because they always reminded us about the NVR way of thinking and acting and they made sure NVR was a fixed subject in our meeting.’ Attention is needed for supervision of the ‘initiators’, they have to learn how to motivate team members, and how to cope with resistance. They have to be clear on the activities expected of them.

Combining NVR with other methods
Usually professionals in residential care use multiple methods alongside each other, some methods are used for all clients, some are used to treat one specific problem of one or more clients. To combine the already used methods with NVR can be challenging, staff members indicate that there is a risk of getting confused when this is not properly addressed in training. The extent of this confusion seems to depend on the nature of the methods used before. ‘We already worked with a solution
focused approach, this approach has many elements in common with NVR. It helped that the two methods weren’t so different.’

Thoughts as to how to prevent this confusion when combining methods that focus on addressing aggressive behaviour are: making sure the same terms and language is being used, provide time for contemplating about how the already used interventions can support NVR and vice versa and think carefully about the way NVR is introduced. Not as the new and only solution, but as an extra tool, that you can use in situations the prevailing methods aren’t sufficient.

**Support for staff at the start of the implementation**

‘Emphasis was on practicing and experiencing the NVR way of thinking and attitude and not on immediately using all the NVR interventions.’ Small steps, instead of focusing on using NVR exclusively and neglecting the things that have worked before, is the way staff members feel the most effective. When the proportion of behavioural problems is high at the start, staff can feel overwhelmed and inadequate when not supported to find a balance in trying new things and using the things that have helped them in the past.

**IDEAS TO IMPROVE MAINTENANCE AND CONSOLIDATION**

When asked about how NVR implementation could be sustainable, staff members mentioned: coaching on the job, having internal trainers to train new staff and offering advice when needed, NVR being a regular topic in meetings and monitoring NVR working.

**Coaching on the job**

To start using NVR in their daily work was a big step for most of the interviewed staff members. Because of the counterintuitive nature of NVR, the risk of going back to the usual way of thinking and coping with aggression was high. Staff felt having someone actually working with them on the work floor, could have helped in having more confidence to try out new things. ‘If you have someone working alongside you, helping you try out new things and thinking differently about certain things, it’s easier to actually practice NVR. It can be very frightening to try new things, especially
in crisis situations where the urge to go back to more familiar ways of working is even stronger.’

**Internal trainers to train new staff members and offering advice when needed**

Staff turnover is something all staff members were confronted with. Because of the differences with traditional ways of coping with aggression, staff members feel the necessity of NVR training arrangements for new staff members. ‘I can tell new colleagues about the intervention and attitude, but I haven’t got time to explain the theory and way of thinking that lies at the origin of NVR.’ The staff members felt the need for an easily accessible consultant, to help them practice everything they have learned in training, and help them with questions. A person who is present on team days, to practice interventions with, presenting cases and to practice NVR planning. ‘It would have been nice when we could have called someone, asking him/her to be present in a team meeting to help us for instance write an announcement and organize a Sit-in.’

**Regular topic in meetings**

Staff feel they need time to talk about and practice NVR together with team members on a regular basis. To evaluate on certain NVR actions and make NVR plans. ‘If you make sure NVR is on the agenda every month, you keep NVR alive.’

**Sharing NVR experiences across teams and institutions**

Doing NVR supervision with other teams sometimes helps a team to stay focused and to be aware of any blind spots they might have developed and be inspired by actions of other teams.

**A way to monitor NVR integrity**

‘It would have been nice, if someone made sure that we used NVR and that we used it in the way it was meant to be. Now every team only uses the aspects they think are beneficial, with the risk to undermine the universal approach.’

**DISCUSSION**

In this study, perceptions from NVR trained staff members about potential benefits, active ingredients, implementation and consolidation, were explored in a quali-
tative design with semi-structured interviews. This study brought forward clinically relevant insights about the implementation of a method, NVR, that focuses on self-control of staff members and on improving ward climate to reduce aggression on residential wards for children and adolescents.

In general, staff members felt NVR was beneficial to their work, when confronted with aggression and other forms of unacceptable behaviour (i.e. school refusal). NVR created time to think about potential ways of responding, staff reported reflecting at their own way of working more critically, and investigating their role in escalation processes more frequently. Staff also mentioned NVR created more peace of mind. This finding is important, because it suggests NVR can be a way to reduce stress for residential staff and by doing so decrease the risk for burn-out symptoms previous studies have pointed out to be high (Harder et al., 2006).

Staff members mentioned the focus on being one team, the believe that they can only control themselves, delaying their response and getting support from colleagues as the active ingredients of the NVR method. These results support Winstanley and Hales (2014) in their call for interventions that help staff members break the escalation cycle by being more aware of the impact that 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. Staff members felt more certain and comfortable using the de-escalation aspects and milder NVR tools to resist unacceptable behaviour rather than the more intense tools, for example the Sit-in. The Basket technique, to prioritize and make sure a team has a shared goal; Reparation acts and the Announcement were used multiple times. In contrast, the Sit-in was used hardly ever, because staff felt not comfortable and certain enough to use it or had trouble arranging the amount of people needed to execute it. An additional explanation for staff members not using the Sit-in could be the difference in setting. In the family setting there is one child showing unacceptable behaviour for which parents need to do a Sit-in. In a residential setting there are multiple children showing unacceptable behaviour and seven or eight other children who need attention from staff members, making it relatively harder to organize enough support to do the Sit-ins. Research about NVR used by (foster) parents shows the use of the Sit-in is highly variable and ranges from using it in 65 % of the cases (Weinblatt & Omer, 2008) to only 2 % (Ollefs, 2008). To find out if
the Sit-in is an active ingredient for (residential) NVR, trainers have to find ways to support staff members using the Sit-in and collect and analyse their experience. This could be done by increasing the amount of practice during training sessions or during coaching on the job and think about different and efficient ways to organize support needed.

To facilitate implementation staff members indicated making small steps and not focusing on using NVR exclusively and thereby neglecting the things that have worked for them before, was important. They felt more attention is necessary to combine already used methods with NVR. Durlak and DuPre (2008) mentioned integration of new programming with already used practices as an important organizational factor affecting implementation as well. Therefore in the future, it would be well advised to examine in what way NVR is consistent with or deviates from the vision and the methods already used. Both at the first stage of the implementation process and in training and supervision sessions. To address the need for more guidance in the process of mastering and using NVR in their daily work, alongside or in combination with other methods they already use.

Team stability and low staff turnover are important for every implementation process to avoid loss of information and lack of constancy (Durlak & DuPre, 2008). In the current study, staff members confirmed this, but stated that implementing NVR was even more effected by instability because NVR was seen as a true team process. Support from colleagues is essential to persevere, due to the sometimes counterintuitive nature of NVR. Staff members therefore stipulated the need to train all staff members involved with the care of the child (not only the group workers) as essential. Support is also created by appointing initiators who mention and remind their colleagues about the NVR way of thinking, attitude and interventions.

Implementation is only successful when proven sustainable, giving attention to consolidation and maintenance of a method is very important (Stals et al., 2008). In the case of consolidation and maintenance of NVR, staff reported training for new staff members was essential, to assure the NVR way of working in case of staff turnover. To help bring the learned NVR skills into practice, staff members have to talk about and practice NVR on a regular basis and liked to be able to consult
someone easy approachable and sometimes have someone working alongside them to coach them on the job. To get a better understanding of the needs of specific teams, a NVR monitor has been mentioned as a good idea to further develop. The results of this study call for developing a structured and accustomed NVR implementation plan (including consolidation and maintenance), before starting with the NVR training itself.

This study adds to the literature by evaluating a method focusing on changing staff behaviour and creating a more positive ward climate, a method that can complement other methods aiming at changing child aggressive behaviour or ward atmosphere. However, there were some limitations which should be kept in mind. First, even though maximum diversity of participants was sought, the study relied on the staff’s willingness to participate. Staff members who were not willing to participate could have a different opinion on the topics addressed, even though we tried to mitigate this by asking the participants whether this was a shared experience with other team members or just a personal experience. Secondly, at one location, staff members were not able to use NVR to the fullest extent, because of major cutbacks, reorganization and all the uncertainty that goes along with it. Presumably not all the active ingredients of NVR did come up in this phase.

The findings of this study add to the positive experiences in residential settings described by Goddard et al. (2009). The active ingredients that were mentioned provide input for further development of the method and provide guidelines to improve the training design. The experiences from staff members working with NVR and their perceptions about aspects that help or hinder the NVR way of working in daily practice, can help policy makers and professionals to make a more grounded decision when looking for ways to cope with aggression and to choose implementation strategies that will fit NVR.
APPENDIX

INTERVIEW GUIDE

What do you need?
- Interview guide
- Block note and pen
- Audio recording equipment and/or camera

Start interview
- If you have not already done so, introduce yourself
- Explain the reason for the interview:

‘In this interview we hope to hear your experience with working with NVR. We want to know whether and, if so, what changed after NVR implementation and which specific elements of NVR you think are responsible for change. Because the implementation process is shown to be very important for effectiveness of interventions, we wanted to know your experiences with the implementation process.’

- Let the participant know the average duration of the interview (between 45 and 60 minutes)
- Explain that the interview is being recorded (voice recorder) to facilitate transcription afterwards
- Explain what will be done with the recorded interviews and in what way this data will be reported. Make sure the participant is informed that no names or other characteristics will be presented, so future readers cannot deduce the identity of the participants. The audio records will be deleted after completion of the transcription period.

During the interview
- Make sure you mainly use open ended questions
- Use silence, nod, hum, and summarize.
- Write down the most important elements, observations and impressions for yourself (to help you write a short summary afterwards).
- Monitor time
• Check the topic list (below) to ensure you have covered all topics and received the information you wanted to collect.

**Topic list for Semi-structured Interviews with Staff Members Working in a Residential Setting**

<table>
<thead>
<tr>
<th>Main questions</th>
<th>Supplementary questions</th>
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| 1. Did you experience changes after NVR implementation? | • Did you experience change on the following domains and if so can you please describe them:  
  Teamwork  
  Aggression  
  Cooperation with youth and their parents.  
  • Did every team member experience these changes or did you only experience them? |
| 2. Which aspects from the NVR were responsible for change? | e.g. NVR beliefs, attitude, tools? |
| 3. How did you perceive the implementation of NVR? | • How was NVR introduced and how did you think about it?  
  • How did you perceive the NVR training? |
| 4. What is necessary to ensure the use of NVR in your institution? | e.g. Supervision, coaching, contacts with your managers |

After the interview
• Make a summary of the conversation. Make sure to include main findings, impressions, observations etc.
• Transcribe the entire interview