FOR QUALIFIED PROFESSIONALS

Non-Violent Resistance: Clinical Planning Notes

A concise planning aid for clinicians already trained in, or working under appropriate supervision with, Non-Violent Resistance approaches.

Important: This document is not a complete NVR protocol, a substitute for training or a standalone intervention. Follow local safeguarding, risk-management and emergency procedures.

Core orientation

- ☐ Reduce escalation and resist coercive cycles.
- ☐ Increase calm, consistent adult presence.
- ☐ Distinguish urgent safety priorities from lower-priority behaviours.
- ☐ Build a transparent support network rather than managing in isolation.
- ☐ Use repair, reconciliation and relational gestures alongside limit-setting.
- ☐ Review culture, disability, trauma, power and family context throughout.

Assessment prompts

Presenting behaviour, context and the family's own account:

Current risks, safeguarding issues and existing safety plan:

Escalation patterns, exceptions and adult responses:

Planning record

Presence, support and review

Priority behaviour described specifically and observably:

De-escalation commitment and language the adults will use:

Supporters: role, consent, confidentiality and practical contact:

Planned parental or carer presence and reconciliation gestures:

Safeguarding actions, review date and escalation threshold:

Clinical governance check

- ☐ Formulation and intervention are within competence.
- ☐ Risk and safeguarding decisions are documented.
- ☐ Family consent and information-sharing boundaries are clear.
- ☐ Supervision or consultation is arranged where needed.