

Training peer supporters in Video Interaction Guidance (VIG)

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This paper describes a pilot project in which eight peer supporters were trained in Video Interaction Guidance (VIG). The peer supporters were volunteers and paid workers with Parents1st, a social enterprise dedicated to expanding effective perinatal peer support (www.parents1st.org.uk). Forty-five families were engaged in the course of the project. The results were overwhelmingly positive. The theory behind VIG is explained and its implementation. Case studies are used as illustrations. (All names and identifying details have been changed.)

Keywords: Video Interaction Guidance, peer support, perinatal, parent infant bonding, parental sensitivity, attunement

Parents1st is a small UK social enterprise which specialises in effective volunteering and peer support during the key life change of pregnancy, birth and becoming a parent. It receives 120 referrals a year, over 50% of which are from midwives. It aims to empower parents using a strengths-based approach, adopts a cooperative relationship with local professionals and reaches out to engage with pregnant women in antenatal clinics and community centres. The focus is on early preventative one-to-one peer support for vulnerable parents, who may feel lonely or depressed, have had a previous traumatic birth or simply be having difficulties in coping. The support offered by Parents1st starts in pregnancy and usually finishes around three months post birth. The mother's partner is also offered support.

WHAT PARENTS1ST PEER SUPPORTERS DO

Volunteer peer supporters can make a valuable contribution to achieving positive outcomes for children. They can engage with parents who are wary of professionals and build informal relationships that create conditions for change.

Mothers and fathers commonly choose to work on the following areas with their peer supporter:

1. Getting to know others in their local community
2. Keeping well during pregnancy
3. Bonding with their baby
4. Economic wellbeing
5. Preparing to be a parent
6. Emotional wellbeing
7. Physical well being
8. Preparing for labour and birth
9. Preparing for breast feeding
10. Personal relationships
11. Finding support with their housing situation

Parents are asked some simple questions about these 11 issues at three key stages during their peer support journey: at the start of peer support, at the end of pregnancy, and three months after the mother has given birth. Comparing answers during pregnancy with those given at three months after the birth, 93% of parents say they have achieved positive changes; 70% said they were making better use of local services and 67% said they were communicating more effectively with professionals involved in their care (Impact Reporting - Parents1st, 2016).

WHAT IS VIG?

VIG is an evidence-based intervention. Peer Supporters use video clips of authentic situations to enhance communication within parent-child relationships. Selected 'better than usual' moments are reflected on with the parent using a strength-based approach.

VIG is 'the feedback of clips of successful interaction within a supportive goal-focused professional relationship that assists in promoting attachment' (Kennedy et al., 2010)

At VIG's theoretical core are the principles of attunement and interaction, such as being attentive to the infant and encouraging and receiving his/her initiatives (Kennedy & Underdown, 2017). VIG is recommended in the guidelines produced by the UK National Institute for Health and Care Excellence (NICE) (2015; 2012). Video feedback is considered to be an effective intervention in terms of achieving change and being cost effective (Public Health England, 2015).

VIG was introduced by Parents1st in 2016 with the aim of improving peer supporters' skills to nurture attuned early parent-infant

relationships. The aim was to integrate VIG into the main Parents1st peer support programme.

VIG STEP ONE: ENGAGING PARENTS AND DECIDING ON A 'HELPING QUESTION'

The VIG Peer Supporter has an initial conversation with the parent to think about the changes s/he wants to make.

Typical aspirations might be:

- I want to think about my life after the birth
- I want to understand my baby's communication
- I want to bond with my baby
- I want to enjoy my baby more
- I want him to listen to me...

CASE STUDY 1

Parents1st volunteer, Isobel, met Sonya, a mother with learning difficulties, who had been referred by her midwife. Sonya had split from her partner and moved in with her mother and sister, both also single mothers. Grandmother, the matriarch of the family unit, expressed initial reluctance and then increasingly more curiosity about VIG. Their 'helping question' was to prepare for the baby's birth and to think about what it would be like, once she was 'out'.

All three women loved seeing pictures of the grandmother and sister cuddling the mother when she was heavily pregnant. They expressed high hopes for how the baby would fit into the family. Enjoying the pictures with Sonya, her mother and her sister gave Isobel, the Peer Supporter, an opportunity to help Sonya think about her expectations. 'Baby will be well loved', they all agreed. Isobel encouraged them to think about the world the baby would be born into. This gentle wondering helped Sonya to reflect on the fact that the baby's father was absent, and missing out. Should she allow him access to their baby after the birth? Did she want her baby to have a different life experience from her own?

REFLECTION

Pregnancy can be a time of overt and covert worries (Raphael-Leff, 1993). How will I cope financially? Will the baby be healthy? What kind of mother/father will I be? Everyone has 'ghosts' from the nursery that can impact the present. Naming our 'ghosts' can bring relief.

The mother seeing herself on video, or looking at scans of the unborn baby, is provided a reflective space in which concerns can be expressed (Stern & Bruschweiler-Stern, 1997). Fantasies such as: 'She will sleep through the night, never cry and always love me' can be gently challenged and have the potential to give rise to unexpected insights.

VIG STEP TWO: VIDEOING

Once explanations about VIG are given, consent forms signed, and a 'helping question' has been agreed, the VIG Peer Supporter makes a 5 - 10

minutes video. The practitioner can prompt, make suggestions and encourage. It is not a fly on the wall situation and the aim is not 'to catch parents out'. The opposite, in fact, is true. If no attuned moment can be observed, the VIG Peer Supporter will stop the filming and then support the parent to think of a different way of interacting with her child or possibly agree another, more suitable time for videoing. The filming often takes place in the parent's home but can be in any suitable location where the parent feels at ease. The VIG Peer Supporter then chooses clips of the parent's most attuned responses to the baby's initiatives; these clips can be as short as 30 seconds or even stills.

CASE STUDY 2

Carol (peer supporter) had met Catherine, aged 17, a week before she was due to give birth. The pregnancy had been unwanted and hidden. Catherine had planned to give her baby up for adoption, but changed her mind a few days before the birth. When baby Anne was five days old, Carol filmed her and Catherine for a few minutes. She then showed Catherine moments when she was responsive to her baby, offering her a finger to hold, when the baby reached out to her. These micro-moments moved the mother to tears; she was able to see herself as a good mother, who could 'get it right for her baby'.

VIG STEP THREE: SHARED REVIEW

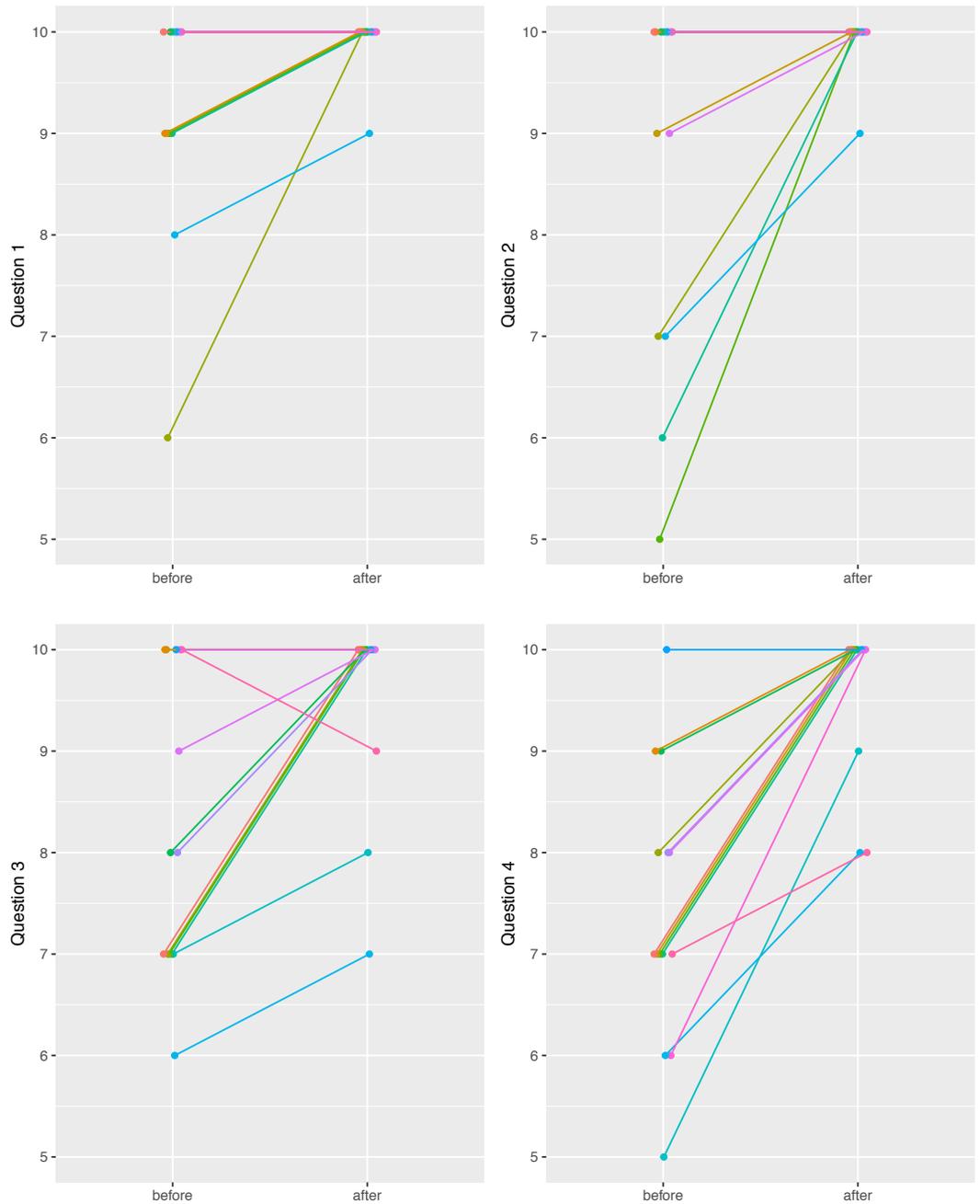
The parent is supported by the VIG Peer Supporter to view and discuss the edited clips of her interaction with the baby at 'better than usual' moments. Seeing the clips can create a cognitive dissonance in the parent - a contradiction between internal representations she may have of herself (as not being good enough, or competent) and what she sees on the screen.

CASE STUDY 3

Sharon, the peer supporter, met Betty and Joseph when Betty was eight months pregnant. Betty had a diagnosis of paranoid schizophrenia and Joseph had learning difficulties. Both lived with Betty's father. They were looking forward to the birth of their baby boy, and enjoyed looking at themselves on film and thinking about the future. Sadly, baby Tyler was removed at birth, since Social Services were concerned about Betty not being able to keep him safe (because she heard 'scary' voices).

These parents were allowed to see Tyler in contact settings only. It would have been easy for the parents to give in to despair, but they never missed a single contact session and with the help of VIG, Sharon showed them the moments when they were attuning to their baby and following Tyler's initiatives. Eventually Tyler was adopted by his paternal grandmother. His father moved to live close to his baby boy and stayed in regular contact, whilst mother Betty kept visiting. It is the opinion of the authors that had the parents not received the VIG intervention in the early days, they would have disengaged from baby Tyler.

FIGURE 1: BEFORE AND AFTER SELF-RATING SCALES



Before and after scores from self-rating scales (0 to 10, with 10 most positive). The different colours are used to reflect each individual parent and are consistent across the four graphs. Owing to the small sample size, no formal statistical analysis was undertaken. However, a visual assessment of the self-rating scores highlights a consistent positive trend, showing marked improvement for the parents in all four domains.

EFFECTIVENESS OF VIG INTERVENTION

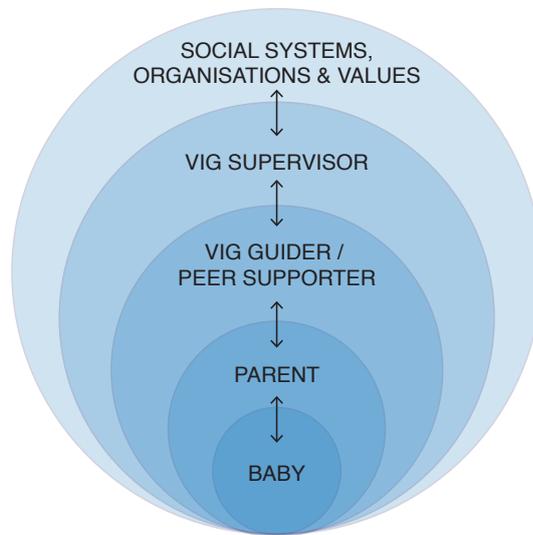
During 18 months of training, Parents1st peer supporters engaged 45 parents with VIG. Three peer supporters have now completed the training and are accredited Guiders. They continue to practice VIG with families. A further five peer supporters are currently in training and helping families.

Before and after receiving the intervention (usually three VIG cycles), parents were

asked to complete self-rating scales in response to four statements:

1. I have a close and loving relationship with my baby
2. I enjoy talking to my baby
3. I feel able to give my baby the attention s/he needs
4. I recognise the different signals indicating what my baby needs

FIGURE 2: ATTUNED RELATIONSHIPS PERMEATE THE VIG PROCESS



Data from the four base statements are available for 30 of the 45 parents supported to date (see Figure 1). Data is not available for the remaining 15 parents either because they are still being supported or because data could not be collected for ethical reasons (e.g. complex needs). (See figure 1)

WHY DOES VIG WORK?

Attachment research emphasizes the psycho-biological core of attunement between mother and child:- the continual, subtle, body-based, interactive exchange of looks, vocalizations, body language, eye contact, and speech (Panksepp & Biven, 2007; Schore, 2001). Attunement or 'contingent communication' (Siegel, 2012) is a highly complex, supremely delicate, interpersonal dance between two biological/psychological systems (Baradon & Broughton, 2005). The mother looking at herself during a 'better than usual' interaction with her baby, supported by a VIG Peer Supporter activates and strengthens the social engagement system (de Zulueta, 2016; 2006). She remembers and experiences the attunement with her baby as well as senses the attuned communication in the present moment with the VIG Peer Supporter. Both processes combine to enhance her delight in and sensitivity towards her baby.

Visual images of 'better than usual moments' have a powerful impact. They challenge negative expectations (of self and others) and encourage the internalisation of a benign sense of self:- 'I can understand my baby and I can be a good parent'. The VIG Guider supports the parent; both benefit from the interaction.

The same process is repeated in supervision. The VIG Peer Supporter, in this case the

peer supporter, becomes more confident: 'I can understand my client and I can be a good VIG Practitioner'. (See figure 2)

CONCLUSION

This project demonstrated that it is possible to train peer supporters in VIG, and that having an academic education or professional background is not a precondition for being an effective VIG Peer Supporter.

The success of the project was based to a large degree on the pre-existing, Parents1st peer support programme, and on its well-established recruitment processes, comprehensive training for volunteers and skilled supervision programme. The VIG project was carefully embedded in the in-house support for peer supporters.

Referrals were generated from the Parents1st network in the community, which encouraged vulnerable mothers and fathers to take up the VIG offer. The strengths-based approach of the Parents1st programme fitted well with VIG values.

Assistance from a full-time administrator was invaluable, as was the support shown by the CEO of Parents1st; both had trained in VIG and understood the demands it made on peer supporters.

Starting VIG in the antenatal period with mothers and fathers, either together or separately, looking at ultrasound pictures of their baby, was highly effective in stimulating reflection on the mother's changing body, worries regarding parents' mental health and concerns about the future. The VIG peer supporters helped parents to think about their baby as a separate person and encouraged them to talk to their baby in utero. They also encouraged parents' curiosity about 'the real baby', and what

life would be like once he or she was born. Trust forged during pregnancy made filming parents and babies after the birth easier.

One of the initial concerns expressed by Parents1st peer supporters was: I am not a professional, can I do this? This was addressed by increasing the number of VIG supervision hours, which were delivered by an experienced Association of Video Interaction Guidance (AVIG UK) supervisor, who was also a parent-infant psychotherapist. It also helped to replace some of the psychological terminology with words everyone understood.

Another challenge was how to introduce VIG to parents. A fun and friendly leaflet worked well with quotes about the VIG experience from local mums and dads, such as:

'The videos made me feel good about myself.'

'It's a wonderful way to bond with your baby.'

'My peer supporter explained everything clearly and helped me feel relaxed and comfortable.'

'I enjoyed the videoing. It made me pick up on the smaller things that can easily be overlooked, the little looks and responses.'

Parents1st peer supporters trained in VIG gained new skills and a professional qualification; they grew in confidence, and enhanced their employability. They also had the satisfaction of knowing that they had made a significant difference to the development of secure bonds between parents and babies in the families they supported.

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