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VIDEO INTERACTION GUIDANCE

Promoting secure attachment and optimal development for children, parents and professionals

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Video Interaction Guidance (VIG) is an intervention that promotes secure attachment and optimal development for children, parents and professionals through embodiment of its theoretical framework, values and beliefs and the Principles of Attuned Interaction in Guidance (PAIG) (see Figure 23.1 and Table 23.1).

VIG aims to promote enhanced sensitivity and capacity to mentalise in both client and practitioner. VIG has a strong ethical and theoretical base (attachment, cooperative intersubjectivity and mediated learning). It is based on the parent and VIG practitioner reflecting together on strengths-based micro-moments of video, and is client-centred which means moving at the client's pace with their goals in mind. It is an adaptable method that can be applied to any client group, any helping professional and to the system around the client. VIG has an established UK training and accreditation programme through AVIGuk (www.videointeractionguidance.net) which includes ongoing video-reflective supervision and rigorous accreditation criteria. This provides the fidelity of the method.

There are other effective video feedback interventions based on the same aims of enhancing parental sensitivity while helping parents guide their children's development and behaviour, e.g. Video Feedback Intervention to promote Positive Parenting – sensitive discipline, VIPP –SD (Bakermans-Kranenburg et al 1998), Marte Meo (Osterman et al 2010) and Filming Interactions to further Development, FIND, (Fisher et al (in press)). It is beyond the scope of the chapter to provide an in-depth comparison of VIG but the similarities between the methods are great, all using video of strengths-based moments where parents follow their children's lead to provide the focus of a reflective discussion. The main differences are on the educative-therapeutic continuum with VIG sitting in the middle with a balanced approach where the VIG practitioner judges from moment to moment when to be more educative or therapeutic and when people need information. One unique feature of VIG is that it was developed by putting theory (intersubjectivity) into

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practice and not as a research method in a university. This means that the fidelity is not in a manual but in the way VIG is delivered. The VIG process is an art, aiming to activate parents into learning to believe in themselves (rather than teaching them what works) while providing support and information as required. The science of VIG is connected to the neuropsychological effect of the intervention. It has been proposed that mirror neurons could be the 'biological correlate' (Wolf et al. 2001) of intersubjectivity.

'The emerging model of mirror neuron functioning corresponds to the second feature of the intersubjective core experience: that as others are encountered they are simultaneously taken as similar and different from oneself' (Seligman 2009 p.504).

The VIG training process, after a short introduction, starts in practice with VIG trainees learning VIG with their first families under close supervision. The VIG supervision process mirrors the core attuned principles and beliefs, in which the supervisor scaffolds each trainee's learning, building on their unique strengths. The trainee practitioner engages in high levels of reflective practice by micro-analysing themselves delivering VIG on video, thus maximising their professional development while ensuring that the VIG principles are put into practice.

This chapter starts with the strong theoretical core of VIG based on observations of attuned parent-infant interactions, followed by a description of VIG in practice. Strong evidence for the effectiveness of video feedback interventions (and VIG in particular) are presented followed by two innovative UK developments in the perinatal period developed and delivered by the second author. The future for VIG in the 1,001 critical days is then considered.

Theoretical core of VIG

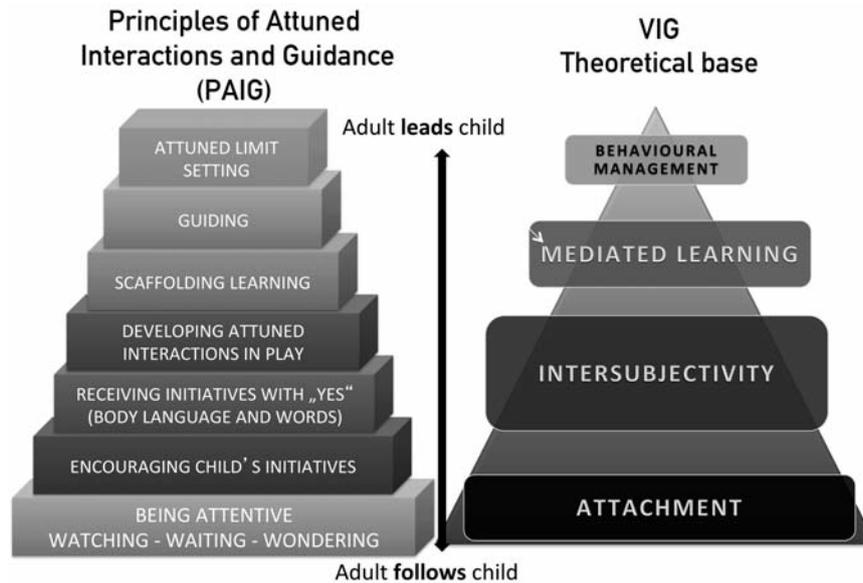
The concept of cooperative intersubjectivity (inter-related connectedness) is at the heart of VIG. This means there are two equally important subjects in every conversation whether adult-adult or adult-child.

Infants thrive when they have loving attention from at least one adult who has the capacity to focus on the infant's needs. Parents and infants both thrive when they are able to enjoy getting to know each other, to read each other's signals, and to develop together. If support is required, parents can be helped to make this emotional connection with their infant through a respectful relationship with a helping professional, working together towards a better future.

In the VIG theoretical model, intersubjectivity (Trevarthan 1979, Stern 1995) which is about companionship and collaboration sits as the core, straddled by attachment (Bowlby 1969,82) which is about nurturing and being nurtured, safety and protection (Cortina & Liotti, 2010) and mediated learning (Vygotsky 1962,) above which is development and the learning from more experienced adults.

Figure 23.1 shows how the theoretical constructs relate to the main categories of the VIG Principles of Attuned Interaction and Guidance (PAIG). This shows that a firm foundation for optimal development within a secure attachment (loving relationship) is built by the adult being attentive to the child, while 'making space'

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226 Evidence, D: Programmes demonstrating improved outcomes**FIGURE 23.1** VIG PAIG and theoretical base

and watching carefully for the child's initiatives. The child feels loved, recognised and important when their parents are interested in their activities and wishes. Once parents notice and respond to their children's initiatives in an attuned way, the relationship can move beyond attachment (the need for safety and protection) to intersubjectivity (play) (sharing and social understanding). This is reached when parents follow their children and children follow the parents in a balanced joyful exchange that makes those involved and onlookers smile. Children and parents thrive and develop at a natural pace enjoying each other's company. Mediated learning (work) provides the theory underpinning 'attuned guidance' when the adult is required to lead the child. For the guidance to be attuned, it has to be in the 'zone of proximal development' (Vygotsky 1962) of the learner. If the adult's contribution is either too advanced or complex for the child or delivered in such a way that the child does not grasp it, then the interaction ceases to be attuned. This process was first described as 'scaffolding' by Wood et al. (1976) in the context of caregiver-child interaction and the term is now firmly established in early education literature. With babies, interaction frequently moves from attuned to misattuned and VIG supports parents to recognise babies' need for a break ('rupture') and gentle re-attunement to their new emotional state (repair) as described by Tronick (1989) in infant mental health literature.

There are times when adults have to take a stronger lead to repair ruptures and manage their child's problematic behaviour. The theory behind VIG proposes that children are much more likely to follow adults instructions when they themselves have been understood and followed. When parents are encouraged to provide a

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firm foundation of love, play and work they find *managing problematic behaviour* much easier.

The Principles (PAIG) in Table 23.1 were derived from the observations of Colwyn Trevarthen, a psychologist and psychobiologist, using ethological methods. He observed how the tiniest infants are active in developing cooperative activities with their parents. His observations demonstrated the way in which the mother's responsiveness to her baby's initiatives support and develop 'intersubjectivity' (Trevarthen 1979). Trevarthen viewed this shared understanding as the basis of all effective communication, interaction and learning. Emese Nagy et al. (2014) demonstrates that babies are born ready to take part in an interaction with a partner who is receptive and understands them. She demonstrates that newborn infants can imitate tongue and complex finger gestures. They can take part in a *communicative dialogue* where they also initiate previously imitated gestures. She demonstrated that neonates show distress with an unresponsive interaction partner, make attempts to initiate contact and show joy when the interaction is restored (Nagy et al., 2014).

The 'encouraging initiatives' step of PAIG (Figure 23.1 and Table 23.1) is an important building block in VIG. Here the parent is supported to 'make space' (i.e. become less intrusive) and to 'name' their own and their child's behaviour, thoughts and feelings (termed 'mind-mindedness' by Elizabeth Meins). Encouraging parents to 'use their voice' to let their child know that they are attentive and thinking about the child is crucial for their optimal emotional and language development. The use of parental mind-minded talk by parents has been shown to predict secure attachment, increased play abilities at 2 years, and decreased behaviour problems during the preschool years (Meins et al 2013).

The central importance in VIG of the 'reception' of the child's initiative by another is shown in Table 23.1 and Figure 23.2. The important point is that the parent must receive the child, and the child must receive the parent to achieve an attuned interaction. VIG starts with the child's initiative, then looks at the parent's response, which is only deemed 'attuned' if the child receives the response and continues the interaction with another 'turn'. This extended turn-taking and equal contribution to the interaction is core to VIG.

The values and belief system underpinning VIG plays a crucial role in the effectiveness of VIG practitioners. Cooperative intersubjectivity is key to the intervention process (see Figure 23.3), emphasising the importance of a compassionate approach, when hope is maintained and trust is formed through building respectful attuned relationships. VIG practitioners demonstrate these values from the first meeting with parents, through their own attuned interaction. The practitioner conveys that change, even in adverse situations, is always a possibility, and that the key to supporting change is an affirmation and appreciation of *strengths* alongside an empathic regard for what people are already managing in difficult circumstances.

Professionals thrive when they are able to empower parents to make the positive changes; this professional capacity is enhanced if supervision focuses on the practitioner's strengths and how they themselves make attuned connections with

228 Evidence, D: Programmes demonstrating improved outcomes**TABLE 23.1** Principles of attuned interactions and guidance (PAIG)

Being attentive	<ul style="list-style-type: none"> • Looking interested with friendly posture • Giving time and space for other • Turning towards • Wondering about what they are doing, thinking or feeling • Enjoying watching the other
Encouraging initiatives	<ul style="list-style-type: none"> • Waiting • Listening actively • Showing emotional warmth through intonation • Naming what the child is doing, might be thinking or feeling • Naming what you are doing, thinking or feeling • Using friendly and/or playful intonation as appropriate • Looking for initiatives
Receiving initiatives	<ul style="list-style-type: none"> • Showing you have heard, noticed the other's initiative • Receiving with body language • Being friendly and/or playful as appropriate • Returning eye-contact, smiling, nodding in response • Receiving what the other is saying or doing with words • Repeating/using the other's words or phrases
Developing attuned interactions	<ul style="list-style-type: none"> • Receiving and then responding • Checking the other is understanding you • Waiting attentively for your turn. • Having fun • Giving a second (and further) turn on same topic • Giving and taking short turns • Contributing to interaction / activity equally • Co-operating - helping each other
Guiding	<ul style="list-style-type: none"> • Scaffolding • Saying 'no' in the 'yes' cycle (attuned limit setting) • Extending, building on the other's response • Judging the amount of support required and adjusting • Giving information when needed • Providing help when needed • Offering choices that the other can understand • Making suggestions that the other can follow
Deepening discussion	<ul style="list-style-type: none"> • Supporting goal-setting • Sharing viewpoints • Collaborative discussion and problem-solving • Naming difference of opinion • Investigating the intentions behind words • Naming contradictions/conflicts (real or potential) • Reaching new shared understandings • Managing conflict (back to being attentive and receiving initiatives with the aim of restoring attuned interactions)

Copyright Kennedy, H (2011) Table 1 Chapter 1 in Kennedy, H., Landor, M. & Todd, L. Video Interaction Guidance: a relationship-based intervention to promote attunement, empathy and well-being London: JKP

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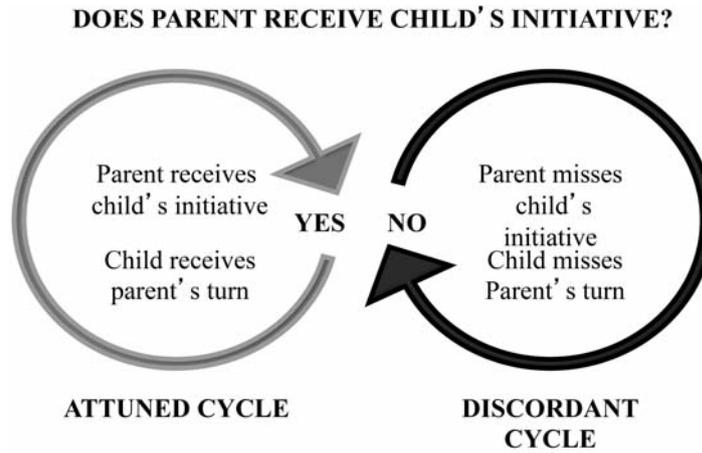


FIGURE 23.2 Yes and no cycle

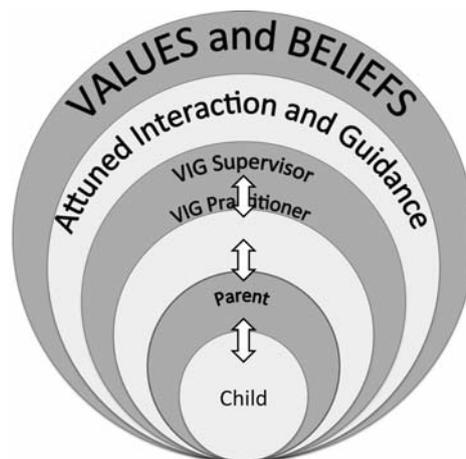


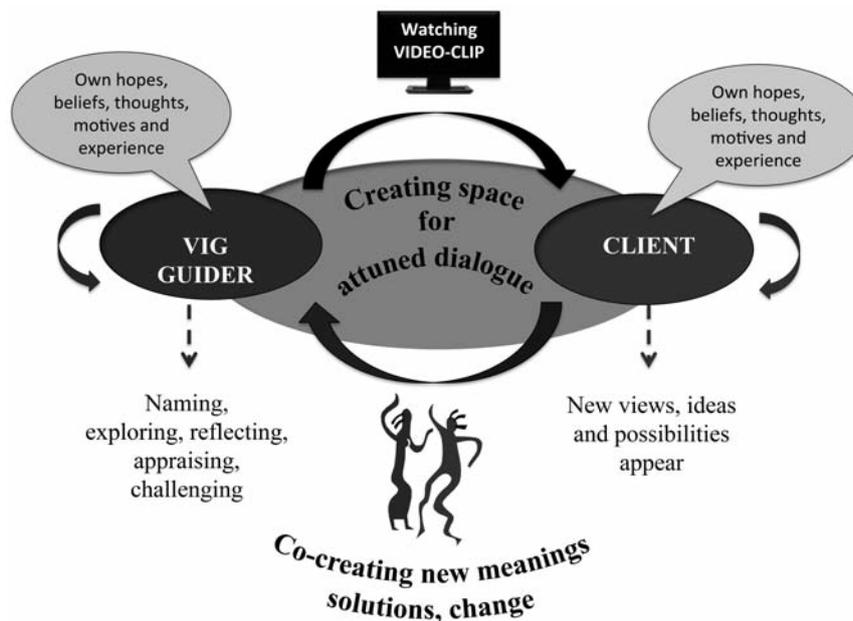
FIGURE 23.3 Nested intersubjectivity

a parent. An understanding of this reflexive process, and the development of the VIG practitioner's capacity for attunement and creating an interpersonal yes-cycle is key to the satisfaction and enjoyment discovered by VIG trainees.

VIG in Practice

The VIG practitioner takes a client-centred approach. At all times they are attentive to the client and receive their concerns. They support the client to be actively engaged in their own change journey. The VIG practitioner takes a short video (5–10 minutes) of parent-child interaction. This video can be coached and

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230 Evidence, D: Programmes demonstrating improved outcomes**FIGURE 23.4** The VIG shared review

is often 'better than usual'. The VIG Practitioner selects clips to highlight moments of attuned interactions which also relate to the client's goals. These are very likely to be exceptions to the usual pattern and exemplify various principles of attuned contact (Figure 23.1), especially the parent's reception of their child's initiatives (Figure 23.2).

The VIG Practitioner shares these video clips with the client in a 'shared review' (Figure 23.4), exploring the video carefully together with the aim of supporting the client to see what they are doing that is making a positive difference to their relationship. Through seeing their own attuned responses, parents can start to observe and to understand how important these experiences are for their child, themselves and for their relationship. Figure 23.4 below illustrates the systemic nature of VIG in which space created for attuned dialogue is key to the co-creation of new ideas and narratives. This process is repeated usually for 3–4 'cycles' where a cycle is a video of the client followed by a shared review.

Each VIG cycle is crafted through the skilful use of the PAIG enabling the VIG practitioner to activate the parents in their own learning process, first describing what they see themselves and their child doing, and then exploring their thoughts, feelings and their child's developmental needs. At the same time as viewing an attuned image, the parent is experiencing an attuned interaction with the VIG practitioner who follows their initiatives and values their expertise as a parent.

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Research

There is strong evidence for the effectiveness of VIG. Summaries of research are provided in Kennedy et al (2011), including a chapter by Klein Velderman specifically on promoting parent–infant interaction. Studies since 2011 have found evidence of the effectiveness of video feedback in terms of enhanced sensitivity and improvements in attachment patterns when measured, in the following contexts: parents of premature babies (Barlow, et al, in press), Hoffencamp et al 2015); parents with low-sensitivity (Kalinauskiene et al 2009); fathers (Lawrence et al 2013); parents in the child protection system (Moss et al 2011); postnatal eating disorder (Woolley et al 2008); infant–parent interaction problems (Høivik *et al.* 2015); mothers with insecure attachment representations (Cassibba et al 2015); and adopted infants (Stams et al 2001). Video feedback methods used with standard paediatric care also show significant impact on child development and maternal depression (Berluke et al 2014).

As a result of this research video feedback, including VIG, is now recommended as an evidence-based intervention in the National Institute for Clinical Excellence (NICE) guidelines: *Children’s Attachment: attachment in children and young people who are adopted from care, in care, or at high risk of going into care* (NICE 2015), and *Social and Emotional Wellbeing – Early Years* (NICE 2012).

Looking specifically at VIG, a meta-analysis of 29 studies showed that video feedback produced statistically significant improvement in parenting sensitivity (effect size 0.49); parenting behaviour and attitudes (effect size 0.37); and child development (effect size 0.33) for children aged 0–8 years (Fukkink, 2008). Many of these studies involved ‘high risk’ dyads (e.g. low SES 63 percent; parent clinical problems 17 percent; child clinical problems 52 percent). Furthermore, a subgroup of studies that examined the effects of VIG using Video Home Training [VHT] interventions) found even larger improvements (e.g. parental behaviour 0.76; parenting skills 0.56 and child development 0.42), although it should be noted that these were mostly pre- to poststudies rather than RCTs.

VIG trained Parent–infant psychotherapists are impressed by the speed with which some parents with significant mental health problems can change their representations of themselves as parents and their perception of their child. They document VIG’s power to enable parents to move from a negative representation of their relationship with their child to a more positive and hopeful narrative (Pardoe, 2016) while decreasing anxiety in the parents (Celebi, 2013). Celebi proposes that effective VIG intervention changes neural pathways and internal representations by creating moments of connectedness which impact on internal chemicals.

Innovative perinatal VIG in the United Kingdom

Over the last quarter of a century in the Netherlands video has been used to support early relationships, and pioneering programmes developed offering the intervention in maternity units. The next sections describe the development of recent innovative

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UK work, focusing on early primary prevention. First a research study is outlined where VIG was offered to parents whose babies were born preterm. The second example illustrates a case study using VIG antenatally to support a mother with a history of babies removed because of neglect.

Supporting families where babies were born preterm

Babies born preterm face a range of adverse outcomes and although the evidence suggests that many of the difficulties result from compromised neurological functioning, recent research suggests that other factors, such as parental sensitivity also play a role (Milgrom et al 2010). Babies born preterm who experience sensitive responsive interaction have better socio-emotional and cognitive developmental outcomes (Landry et al 2006). However, studies show that parents and preterm babies are likely to experience less sensitive responsive interaction. This is due to a whole range of factors such as high levels of parental anxiety and babies who are less mature interactional partners.

A pilot randomised control trial (RCT) (Barlow *et al* in press) examined whether VIG was effective support for early interaction between babies born preterm and their parents. Thirty-one parents were recruited from a neonatal intensive care unit (NICU) and were randomised into two groups. Following discharge from the NICU all families were offered usual healthcare and, additionally, the intervention group received three visits where VIG was offered. Semistructured interviews were conducted following the intervention and the analysis indicated that all parents found the intervention acceptable and many found it extremely beneficial:

I really like the baby cues that we learnt from the additional visits . . . Just being able to get some idea of what he wants, that's magical that, that's really really good . . . I think it was incredible to watch and to see from such a small baby, that already they are giving you some communication . . . to think that there's some communication from babies, is really wow. It's really good.

I worried about the time that we missed when I wasn't able to kind of hold him all the time or be with him. Um. And worried about the kind of bond if you like then. So having those visits and looking at that and seeing that it was already there was really helpful for me.

The quantitative results showed large but nonsignificant differences favouring the intervention group for parental sensitivity ($d = 0.86$; $p = 0.069$) and infant co-operativeness ($d = 0.78$; $p = 0.10$). There were medium to large nonsignificant differences favouring the intervention group for depression ($d = 0.33$; $p = 0.41$), anxiety ($d = 0.38$; $p = 0.30$), and parenting stress ($d = 0.87$; $p = 0.14$). The study concluded that VIG appears to be a promising early intervention while more research is needed to strengthen the evidence base.

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Supporting parents in the ante-natal period with VIG

The next example illustrates how VIG has been used to support relationships between mothers and their unborn babies in the 'Family Drug and Alcohol (FDAC)' project. FDAC is a court-based programme aiming to improve children's care by early intervention and helping parents tackle entrenched problems. FDAC successfully uses VIG to enable parents to focus on the interactional relationship between themselves and their child. As the project developed more mothers were referred in the antenatal period. This posed challenges regarding whether VIG could be effective in building the relationship between mothers and their unborn children. The following case study records this work.

Case Study

Mia, who had been in care from the age of 15 years, experienced childhood trauma including sexual abuse. She had a history of homelessness, drug addiction and being in violent relationships. Mia had two previous babies removed because of neglect, despite being in rehabilitation and a mother-baby placement. She described how she felt 'emotionally detached' and 'not really there at all'. Now in her thirties and pregnant for the third time, Mia was motivated to try VIG with her worker, Fay. Mia met with Fay three times prenatally and again postnatally and the sessions were video taped and brought to supervision. Fay used the attunement principles skilfully to build a trusting relationship with Mia who gained confidence in reflecting on her unborn child. For example, Mia brought her baby's scan picture to one session and Fay gave Mia space and time-to-talk by receiving each comment meaningfully. Mia's confidence visibly grew and she became animated imagining what her baby was like, touching her 'bump' and talking to her unborn baby. By taking short conversational turns, Fay validated Mia's growing enthusiasm and sense of wonder about her baby. Mia reported enjoying the space and time to think about the connection she had with her baby.

Postnatally Fay shared the videos she made of early interaction between Mia and her new baby. Mia identified where she and the baby held one another's gaze and mirrored each other's expressions and she talked enthusiastically about her baby's likes and dislikes. Mia said she felt very connected to her baby this time.

Theory-practice links

The prenatal sessions validated Mia's perceptions about her baby and enabled her rich representations to be heard and affirmed. Watching the film in supervision, Fay identified how she attuned with Mia and scaffolded her growing sense of wonder about her developing baby. For Mia the VIG sessions offered opportunities to build new representations of herself as a mother alongside imagining what this baby might be like. A mother's mental representation of herself as a parent and her growing fetus as a baby has been significantly linked with the security of the infant's

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attachment to the parents at 1 year of age (Benoit *et al* 1997). Mother's bonding is associated with making healthier choices, and with later caregiving (Goecke *et al* 2012).

Being reflective about the unborn baby can be challenging when mothers have experienced previous perinatal loss, particularly if grieving is unresolved (Slade *et al* 2009). Using the film within an attuned validating relationship enabled Mia to rethink her representations of herself as a mother and to engage with her baby as an individual with his own feelings and personality. Evidence indicates that parental capacity to reflect on infants as individuals with their own temperament and feelings has significant consequences for baby's developing sense of self, capacity for regulation and engagement with the environment (Fonagy *et al* 2004).

Conclusion

The use of VIG at the very start of life (even in the perinatal period) shows extremely promising results for the development of an attuned parent-child relationship and secure attachment. Beyond this, parents develop the capacity to mentalise, understanding what they are doing when things work and why they have found it difficult in the past. Very few interventions focus so equally and clearly on increasing sensitivity *and* mentalisation. It is this that makes VIG such an efficient intervention.

VIG practitioners (e.g. psychiatrists, psychologists, social workers, health visitors, nursery nurses) all experience the power of VIG to promote positive change. To many it is surprising that such entrenched and complex presenting problems can start shifting after the first session and that these changes trigger further improvement in many areas of the parent's life. Each success makes it easier for them to engage a new family on a VIG journey and they meet them with authentic hope that things will change. It is a nourishing way for professionals and parents to work and the changes for the parents and children are heart-warming and of central importance for all involved.

Take away points

- Training in VIG should be core for all professionals providing support to parents during the first 1,001 critical days.
- Innovative VIG training methods should be developed to enhance and shorten the training process.
- Further development of VIG is needed in specialist centres (e.g. Family Drug and Alcohol Court, Specialist Perinatal Mental Health Teams (in and out-patient), Domestic violence programmes).
- Research is required to test the effectiveness and cost-effectiveness of VIG intervention compared to 'care as usual' and other video feedback methods

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