

Video Interaction Guidance and the Family Courts

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Abstract

In this article we describe Video Interaction Guidance (VIG) and its method, illustrated by case studies. We discuss its potential use by the family courts and reflect on some of the challenges we have encountered and suggest how these might be resolved.

About the authors

Monika Celebi is a National VIG trainer and supervisor and psychoanalytic psychotherapist with over 30 years clinical experience. Rebecca Carr Hopkins is an independent social worker and trainer and trainee VIG supervisor, who has been providing expert opinion to the family courts since 2007.

Context

Assessment of a parent's ability to keep their child safe and meet their developmental needs is a core task in child protection practice (Harnett, 2007; White, 2005). Such assessments take place at all stages of the child protection process and the conclusions determine both the degree of support that is provided to families and the mandate for the work with the family. There is a lack of empirical studies on parenting capacity assessment generally, linked by White in her review of the literature, to the difficulty in defining the standards of parenting that should be applied in assessment (2005). A further problem relates to how reliably the adequacy of future parenting can be predicted.

A parent's capacity to mentalize, that means to imagine their own and their child's feelings is considered crucial in keeping a child safe (Fonagy and Bateman, 2006). When this capacity breaks down, a parent may for example think a baby is crying to spite or to manipulate him, rather than because s/he is tired or unwell, and this can put a child at risk (Byrne and Lees in Celebi 2017). Increasing a parent's capacity to mentalize is therefore correlated with increased sensitivity and reduction in risk (Sadler et al, 2013).

When an assessment concludes that a parent is not able to meet the needs of their child, it must next consider whether the parent is capable of changing within a timeframe that doesn't compromise their child's future welfare. This complex aspect of assessing parenting capacity is the focus of Ward et al's narrative literature review, entitled 'Assessing Parental Capacity to Change when Children are on the Edge of Care' (2014). Provision of VIG prior to and during court proceedings is consistent with one of the review's recommendations that workers should consider using a

variety of methods to improve parental motivation to change, with assessments being dynamic and linked to well-established knowledge about the process of behaviour change (Ward et al, 2014). It is also consistent with NICE guidelines (2012, 2015) which recommend a course of video feedback in circumstances where there are concerns about security in attachment; VIG is also recommended for situations of fostering and adoption and for when children have a diagnosis of autism.

What is Video Interaction Guidance (VIG)

VIG is a strength-based intervention, which builds on filming better than usual moments of interaction between parents and their child or children. The first step is helping the parent/ carer to establish a 'Helping Question' by helping them to focus on what they would like to change? We aim to establish a collaborative relationship, which helps parents to identify and name the areas they want to achieve change in.

For example: The parent says, 'I want my child to listen to me'. We help the parent to reframe this question. We may ask, 'You want to get on better?' If yes, then, 'What can you, the parent, do to help you have a nicer time together?' If the parent is involved with Children's Services, we usually include the social worker in this process to ensure transparency. Discussing desired change gives an opportunity to engage the parent actively in their process of change. The goals and the subsequent 'Helping Questions' are negotiated, and need to be meaningful and manageable.

We film the parent and child doing an every day activity, such as playing, or feeding. The parent and the child (if s/he is old enough) are involved in setting up a situation to film. So, it is not a fly on the wall type of filming, but the VIG practitioner and parent (and child) are actively involved in creating a film of a successful interaction.

The VIG practitioner then edits the film, and in a separate session, called the 'Shared Review' shows short excerpts of successful moments to the parent. These are intentionally showing strengths only and hence are not suitable for evidence in court. Together parent and VIG practitioner establish what worked well. This can be a surprise to a parent, who may expect to hear criticism from professionals. Once the parent understands that we are looking for moments of strength, they tend to become more relaxed and open to also talk about difficult moments, even if we do not see them on the screen. The VIG practitioner and the parent then reflect together on how the filmed successful interaction can be related to the desired change. These conversations will give an indication of the parent's capacity to use VIG successfully.

Because the VIG process encourages parents to mentalize by helping the parent think about their own mind and the mind of their child it is expected that it will, like the successfully evaluated 'Minding the Baby' programme (Slade et al, 2005), increase their sensitivity to the child, help them better understand their communication and reduce risk.

When filming a mother and her son, Tommy, the VIG guider noticed that the mother tended to crowd Tommy, and tell or show him what to do, rather than notice his initiatives. A short moment was found when she waited, before she handed Tommy a toy. This was the moment that was shown in the 'Shared Review'. The mother was able to see how she gave Tommy space, and how much he enjoyed that contact with her and then in turn wanted to cooperate. The mother was therefore helped to think

about how she and Tommy might be feeling (to mentalize) and how her behavior could make a difference in how well she and her son got on. This encouraged her to want to further engage in the VIG process, because the parent felt hope that change and deeper understanding were possible.

Clarissa, another mother, tended to handle her baby too harshly. The guider showed her a moment when her baby looked at her; Clarissa was surprised. In the conversation that followed, she disclosed that she feared that baby did not like her, because she was a bad mother, and expressed a desire to be different from her own abusive parents. By reviewing the film closely, the VIG practitioner and mother discovered that leading up to this attuned moment the mother had used softer language and allowed her baby space. This encouraged the mother to speak more to her child and wait for her 'answers'. This conversation with the guider, together with the strong positive visual images showing an alternative possibility, proved to be the starting point for change.

After 3 cycles of VIG, the guider and client can co-create a 'Traject plan' based on joint reflection. It is like a balance sheet for barriers and facilitators of change. This activity gives a good indication of the parent's understanding of the work and further challenges are identified.

For instance, whilst completing a 'Traject Plan' with the guider, Shelly said she had become more confident since starting VIG and was now able to take her baby out of the house on occasions. She identified that she would like to join a parent baby group for further support, but would need to work up to it.

Rosanne identified that following her boy's initiatives meant that he paused and eventually approached her. She decided to set aside time to give him undivided attention each day.

Karen, the daughter of a drug addict mother, grew up in kinship care. As a young adult she entered a relationship, which turned violent when she was pregnant with her first baby. Sadly she was unable to break off contact with her abusive partner. Both her children were placed in foster care. With the help of VIG and an attuned VIG practitioner, she managed to have more satisfying contact sessions, even though the children ultimately did not return home. When the children were adopted the filmed clips of positive interactions became part of their memory box.

How is VIG currently used by family courts?

1. VIG is recommended by an expert witness, a psychologist or social worker and the family court refers parents for VIG as part of an intervention package or as standalone intervention.
2. The court request VIG to be used as part of a dynamic assessment process. That is to see if the parent is motivated and has the capacity to make use of VIG to reflect on what needs to change in order to become a good enough parent and keep the child's wellbeing at the forefront of their mind. This can usually be done in five sessions: The first to establish the helping question and then four more sessions to have two opportunities for filming and for two Shared Reviews. If successful, the intervention engages the parent and gives him/her and the authorities hope that change is possible. If change is observed, further VIG is likely to be recommended.

3. The Family Drug and Alcohol Court (FDAC) uses VIG as part of a range of measures aimed at improving parent child relationships (2016). Fortnightly meetings with the multidisciplinary FDAC team and judge continue in addition to usual court hearings with lawyers present. The focus is on problem solving and working positively with parents.

Challenges

In optimal circumstances VIG should be offered during the pre-proceedings process without the stress and pressing timescales of family court proceedings. Once the courts are involved anxiety levels inevitably increase, which can undermine the VIG process.

It is hard for VIG to have an impact if the basic needs of the parents for housing, food, social support have not been ensured or if the Local Authority have already decided that there is no hope and there is a plan for adoption.

VIG works best by engaging parents through showing them moments of strength in their relationships, which creates surprise, raises hope and the motivation to make changes. This way of working is based on collaboration. The professional/ VIG practitioner engages in a relationship with the family, (even if their work is with the children and foster carer), this relationship forms an important part of the intervention and the dynamic assessment.

When the VIG practitioner is asked to give their opinion in a family court context, there is inevitably tension arising from the 'clash of cultures'. In the court room the professional/ VIG practitioner is asked to talk about the parents and children, often with the parents being present. There is a change from talking *with* the family about their situation (in an egalitarian non-expert role), to talking *about them* in their presence, as if they were not there (in a distanced and expert role), which can be humiliating and shaming for the parents.

The adversarial manner of questioning often used in the family justice system explicitly conflicts with the values and beliefs of VIG practice and can leave practitioners, who have worked hard to build on the family's strengths, feeling torn as to whether it is an appropriate context in which to offer VIG. Parents may also feel confused or betrayed, which could increase their distrust of the 'system', and prevent them from seeking help in the future.

We believe it is crucial to acknowledge that the parents will have been doing their best with the resources available to them. Even in circumstances when a decision needs to be made for a child to be separated to ensure their safety and the parents have very little ability to reflect and change their parenting styles. This is one of the fundamental VIG beliefs, underlying the method as a whole.

FDAC practices a model of social justice, which engages families in the judicial process more directly. By being less formal and adversarial, this model is arguably more humane.

The evaluation of the effectiveness of the FDAC model shows that when treatment offered as part of the FDAC process has been successful, families have been supported to change and improve the quality of their relationship with their child,

with more children being rehabilitated back to the care of their parents (2016). In addition, when parents have not been able to make the necessary changes to ensure their children's safety, decisions for those children are made quicker. (Kennedy et al, in press)

Similarly, when a video feedback attachment-based intervention was offered as part of randomised controlled trial in Montreal, Canada, the professionals trained in the video feedback were found to be significantly better able to predict the safety or recurrence of maltreatment a year later compared to those professionals delivering a psycho-educational intervention. This finding supports the use of video feedback in a dynamic parenting capacity assessment process in child welfare cases (Cyr, 2017)

Limitations

VIG is often successful yet not a panacea. A successful VIG intervention does not mean that a parent will be able to successfully meet all their child's needs. Early preventative intervention tends to be more successful than later interventions WAVE Trust, (2015). If VIG is ordered, rather than chosen by the family, they may show superficial engagement, which does not equal a desire to change.

In addition, complex cases need experienced practitioners, with sufficient clinical and court experience and appropriate reflective supervision.

Conclusion

VIG is an effective intervention, which if the parent is motivated and has hope that change is possible, can be used to establish a parent's capacity to engage, and reflect on their own and their child's mental states, thus increasing child safety. This potential can be identified by a trained and experienced VIG practitioner (Cyr, 2017).

The culture and language used in the VIG intervention is different from that used in court. This can be confusing and alienating for parents and even practitioners. More direct communication and a willingness to find a common language understood by all present will decrease anxiety and help the parent to think about what is really best for their child.

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