

Kennedy,H., Feeley,F. & Kershaw, S.(2018) Why Video Interaction guidance in the Family Drug and Alcohol Court in Shaw, M and Bailey, S. Justice for children and Families : A developmental Perspective Cambridge: CUP

This chapter describes an adaptation of VIG (Video Interaction Guidance) inside the assessment and intervention model of FDAC (Family Drug & Alcohol Court; see chapter X). The three authors write from different perspectives. Sophie Kershaw, Co Director of the FDAC National Unit and previously Service Manager of the London FDAC will explain why FDAC was drawn to VIG. Hilary Kennedy, lead trainer/supervisor in VIG, will describe how VIG works and why she thought VIG would fit with FDAC. Fran Feeley, Senior Practitioner in FDAC and trainee practitioner in VIG will illustrate VIG with 2 case studies and she and Sophie will reflect on what happened. Hilary will then reflect on why VIG promotes change and look at the research evidence. Finally the three authors will consider new directions for VIG in FDAC.

The start of the story...

The FDAC model is described in detail in chapter X. However very briefly, FDAC works with families in care proceedings. It is a combination of three elements: a problem solving family court, linked to a therapeutic team with child adult and family specialists, linked to a network of partner support and treatment agencies that deal with drug and alcohol abuse, domestic abuse, mental health and much more. FDAC offers a ‘trial for change’, which is an individualised programme of treatment and support designed to give families the best possible chance to overcome their problems in a timescale compatible with their children’s need.

When FDAC started in 2008, the ‘trial for change’ focused on parents demonstrating change in their substance misuse. Within a few months of getting going the partner local authorities asked FDAC to undertake a more holistic assessment and intervention to include parents’ capacity to maintain healthy relationships with their children. We set about trying to find an approach that would help parents learn new skills quickly, because timeliness was becoming increasingly important as care proceedings shortened.

We listened with enthusiasm when we first heard Hilary Kennedy speaking at the Association for Child Psychology and Psychiatry headquarters. We were particularly keen on how VIG appeared to fit with FDAC's principles around building relationships and developing insight. We thought that VIG would assist the team to assess and promote parents' insight, reflective capacity, mentalisation, and sensitivity and responsiveness to their child and others. As the Manager I saw VIG as a chance to give the social workers in my team the opportunity to develop their engagement and intervention skills.

In the early stages a colleague and I asked a parent if we could try out some VIG with her. Not having had any training this did not quite go to plan. We didn't know anything about how to choose video material to share with the parent. Our volunteer parent automatically picked up on the negative interactions in the video and was very upset by what she saw as very poor communications with her daughter. Realising that forging ahead on our own was going to be counterproductive, and potentially damaging, we contacted Hilary and our collaboration has now lasted over 5 years. The team were all trained, and supervised, and now as new workers join the team they continue to be trained and supervised. The strongly supervised method of VIG means practitioners can be trained for 2 days and then get started immediately. I have found that workers enjoy the process of learning and developing new skills in intervention, and VIG allows workers to develop their own reflective skills, and the pay off is retention remains good in the FDAC team!

Hilary's initial thoughts about using VIG in assessment

When Sophie contacted me to provide VIG training for the newly formed FDAC team, as a way of developing the team's skills in assessment and intervention, I accepted with enthusiasm. I had held the opinion through my professional life as an Educational Psychologist that assessment should go alongside intervention forming a 'dynamic assessment' (Feuerstein et al 1999, 2002) or, in other words, assessing the capacity to change alongside the current level of functioning.

It could be argued that from the moment a parent connects with FDAC, they are being given a 'supported' chance to change. In this context, which requires very careful

transparency, we could aim to determine the parent's capacity to learn and change, by starting where they are, looking for their strengths however small and seeing how far they can travel during the VIG assessment/intervention process.

To understand how VIG fits within the FDAC assessment model the next section will give a short introduction to VIG as an intervention and the interested reader is directed to first chapter of the recent book on VIG (Kennedy, Landor & Todd, 2011) and the website <http://www.videointeractionguidance.net>

What is VIG as an intervention?

VIG is a relationship-based intervention that helps parents become more sensitive and attuned to their child's emotional needs by seeing and interpreting their children's signals and exploring their own successful responses with an 'attuned' professional.

The core theoretical principles for VIG were derived from the acute observation of Colwyn Trevarthen, a psychologist and psychobiologist using ethological methods. He saw how active the tiniest infants are in developing co-operative activities with their parents and studied successful interactions between infants and their primary care givers, and found that the mother's responsiveness to her baby's initiatives supported and developed 'intersubjectivity' (shared understanding), which he regarded as the basis of all effective communication, interaction and learning. The way intersubjectivity and mediated learning underpin VIG are explored in the VIG book (Cross and Kennedy, 2011, Trevarthen & Aitken, 2001) and illustrated in Figure 2 of this chapter.

In practice, VIG starts by engaging parents in a possible change process and helps them form questions about how to improve their relationship with their child. A filming session is carefully set up aiming to capture the best possible interactions achievable at that time. The VIG Practitioner then takes 5-10 minutes of video of the parent interacting with their child. The aim is to capture moments of 'better than usual' interaction on video by prompting or encouraging if necessary. The VIG practitioner then edits the video, selecting a few very short clips of successful interaction that link to the parent's goals for change. These are very likely to be

exceptions to the usual pattern and exemplify various principles of attuned contact, especially parent's reception of their child's initiatives. In the shared review session that follows the parent and VIG practitioner study the selected micro-moments very carefully working out together what the parent is doing that helps to build an attuned relationship with her child and moves her towards her own goal. Through seeing their own attuned responses to their children, parents can start to observe and then to understand how important these experiences are for their children. The parents are active in their own learning process, first describing what they see themselves and their children doing, and then exploring their thoughts, feelings and their child's developmental needs. They lead their own 'learning journey' by identifying their own strengths and setting new goals at each reflective session. At the same time they are experiencing an attuned interaction with the VIG Practitioner who follows their initiatives. This 'shared review' is filmed and taken to VIG supervision where the trainee and supervisor micro-analyse the moments of optimal contact and discuss plans for further improvements in the quality of interaction in the shared review.

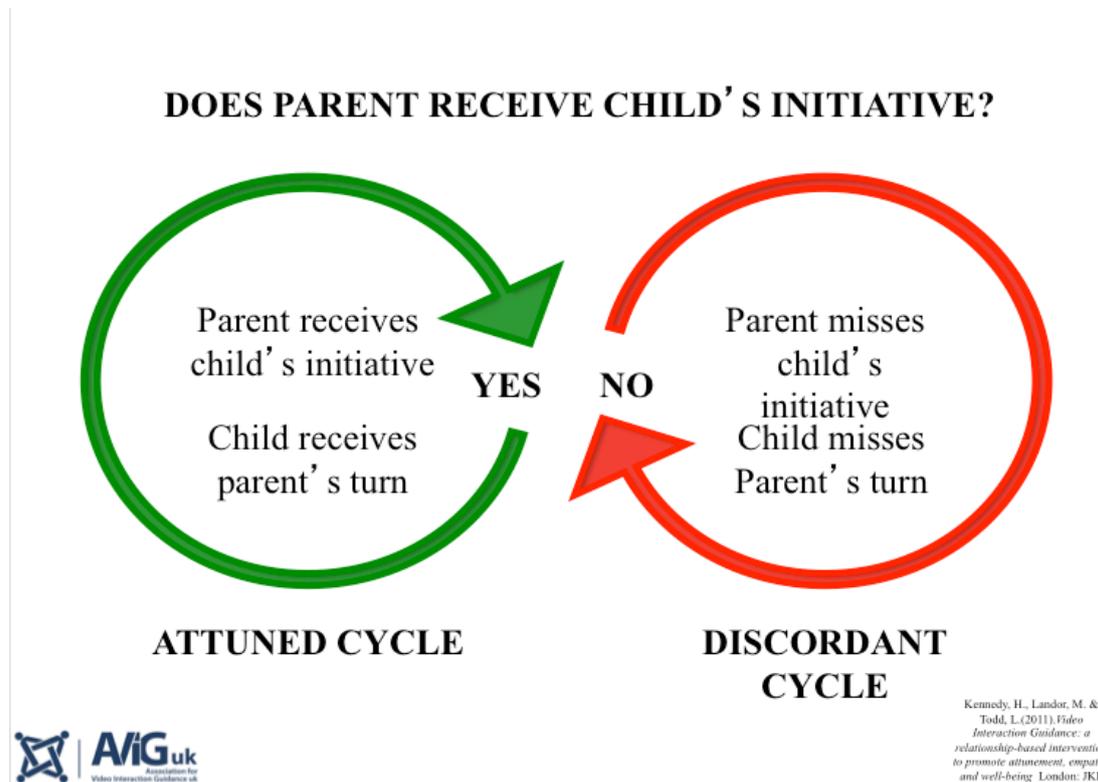
VIG is a compassionate approach where hope is maintained and trust is formed through building respectful therapeutic relationships. VIG practitioners demonstrate their beliefs, from the first meeting, by their own attuned interaction with their clients. They convey that change, even in adverse situations, is always a possibility and that the key to supporting change is an affirmation and appreciation of strengths alongside an empathetic regard for what people are already managing in difficult circumstances. This 'sympathetic' professional relationship is often in stark contrast to others encountered in the child protection system, where parents can easily feel blamed.

The parents are not taught how to interact better with their children, but rather to learn by seeing themselves being attentive to their children's signals then seeing the impact on their children of returning an attuned response. This learning starts with an emotional response before the cognitive understanding. The VIG practitioner also observes the pleasure on parents' faces as they see themselves succeeding in responding to their child. This is the first step in restoring a sense of pride in themselves as parents, and moving away from the feelings of shame that have predominated.

The aim of VIG is to support the move from ‘no’ to ‘yes’ cycle interaction patterns, as illustrated in Figure VIG.1. This is something that families find easy to understand and helps them set plans for their own change

FIGURE VIG.1 ABOUT HERE

Figure VIG.1 ‘Yes’ cycle and ‘no’ cycle

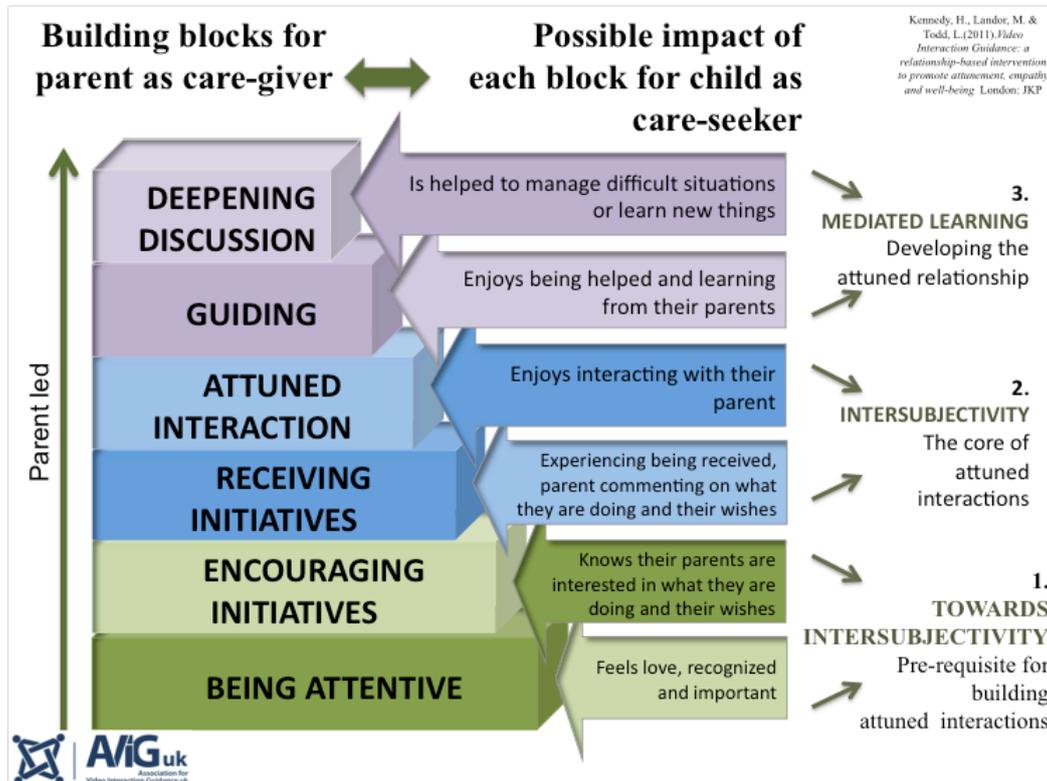


Often parents involved in FDAC will ignore most of their children’s initiatives (signals), and respond in a discordant way to those that are noticed. VIG can immediately focus on the heart of the problem and support the parent to notice their initiatives and then respond in a sensitive, attuned way.

Some children, who have lived with parents who have been unable to focus on them, may have given up trying to communicate with their parents and VIG provides the foundations for parents to restore contact with their children. Babies who have been ignored often arch away or look towards another adult who seems engaging. The parents are encouraged to start ‘being attentive’ to their child and then ‘encourage initiatives’ from their child by leaving space and simply saying what they see their child doing, and perhaps thinking or feeling. Parents are supported to find the language for their own and their children’s emotions during the shared reviews.

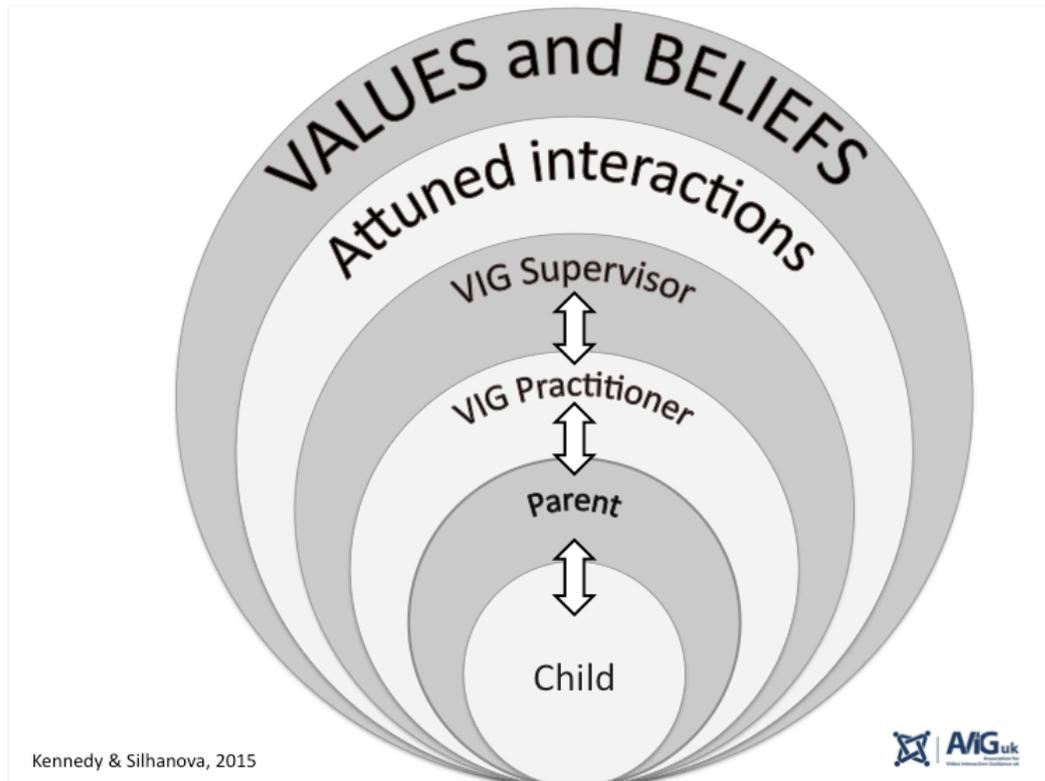
The VIG attuned principles for interaction and guidance are illustrated below as steps. Once the first two steps are mastered, the parent is ready to receive their child's initiative and then to start playing; having fun and guiding their child to learn new skills and manage difficult situations. Many interventions start with helping parents guide or 'teach' their children. VIG focuses on restoring a loving relationship where they can follow their child before they help the child follow the adult.

Figure 2. The Building Blocks of VIG



The Principles for attuned interaction are equally important for the relationship between the VIG practitioner and the Parent. In VIG the practitioner is encouraged to establish a trusting relationship by activating the parent, receiving their thoughts and emotions before 'giving advice'. In turn the VIG Supervisor using the attuned principles to maximize the active enjoyable learning in supervision. There is a parallel process where both the parent and the VIG practitioner experience celebrate their strengths on video with an 'interested' other.

Figure 3 shows the embedded 'attunement' within the VIG process



It is important that the arrows (interactions between people) go two ways and exemplify the core values and beliefs of VIG and FDAC. What happens is that VIG builds vital, energising relationships at all levels and this provides the energy and hope to sustain change. To illustrate this Fran will discuss her work in the next section.

VIG in FDAC

I am a senior social worker in the FDAC team and have been a VIG practitioner for approximately 18 months. I began using VIG with families straight after my initial 2-day training course. Although this felt daunting, it meant the knowledge and skills from the course were still fresh and I was well supported with regular VIG supervision. It also helps that VIG is very much a collaborative process where meaning is co-constructed with the parent, so the practitioner is not expected to be ‘an expert’.

I enjoy using VIG as part of my practice, seeing the positive impact on families and helping find new possibilities for change. The families we work with like receiving

positive feedback about successful interactions with their children. This can be very affirming and empowering for parents who are lacking confidence and self-esteem. Also seeing themselves sharing moments of positive attunement with their children provides parents with a lot of joy, especially when their children are not living with them.

Where parents demonstrate sufficient change or promise with regard to their abstinence from drugs and/or alcohol, they will be offered VIG. At this stage parents receive 1 to 2 cycles (cycle = video of them with their child and a video of the shared review with the VIG practitioner) with the focus on being attentive and encourage their child/ren's initiatives. A further 3 to 4 cycles are offered where we feel we can build on emergent reflective capacity to promote a specific aspect of parenting such as meal times, play, or setting boundaries or to support a period of transition such as a child returning home to their parent.

VIG has been used successfully with over 40 families in FDAC. The two case studies below are typical of our work. The first case shows VIG being offered as part of a parenting assessment with 2 cycles being undertaken with each parent. The second case study demonstrates VIG as a longer intervention of 4 cycles. The names have been changed to protect confidentiality.

Case Study A

Family Background

The family consisted of mother, father and baby Clea (6 months). The case came in to proceedings as a result of the parent's substance misuse, drug-related criminal lifestyles and sex working and domestic violence in the mother's previous relationships. The parents were no longer together, but were seeking to co-parent and had an amicable relationship.

Reason for VIG

Both mother and father were first-time parents who had experienced poor parenting as children. The mother had experienced little warmth within her own family and left home at a very young age. VIG was used to look at the quality of each parent-infant relationships.

VIG work undertaken

While the mother found the initial filming session intrusive and threatening, she very much enjoyed watching her and Clea pass a favourite toy to one another in the first shared review. Seeing this motivated her to be more attentive and to try and replicate the same quality of interaction in the next session.

The father was also initially anxious about being videoed, however in the first shared review he was filled with joy when he saw Clea turn, look at him and smile. It suddenly struck him that he was important to her, which hadn't expected partly because of his feelings about himself and partly because he was only having a few hours of contact with her a week. He and I could see him being attentive to his daughter, offering her space, mirroring her vocalizations, combined with a friendly posture and warm tone. Seeing video clips of Clea responding to him really helped improve his confidence as a father.

Outcomes

The FDAC team observed a number of strengths in the infant-child relationship between each parent and Clea. This helped inform wider decisions around the mother moving to independent accommodation in the community with Clea and the father having both increased and unsupervised contact with her.

Through providing supportive feedback, the parents were better able to attend to Clea's cues, which not only promoted more positive interactions, but also encouraged Clea's development. Enhanced communication was also seen between the parents along with increased self-awareness and mentalizing capacities.

Case Study B

Family Background

The family consisted of mother, father and two children, Ben (2) and Jacob (6). The case was in care proceedings because of the parent's long history of substance misuse and domestic violence. The parents were now separated. The FDAC team worked with both parents; however, the father engaged inconsistently and continued to use drugs. The mother was abstinent when we began working with her and the children

had recently returned home after living with their grandma whilst the mother undertook 6 months of residential treatment.

Reason for VIG

The mother was offered VIG to help her address a negative cycle of interaction with the older child Jacob. The mother was depressed and lacking in self-esteem and at times seemed overwhelmed by the task of parenting. Jacob had been more exposed than his younger brother to the parents' substance misuse and domestic violence. We thought he had developed a destructive working model of both himself and others. He struggled to regulate his emotions and would often lash out. He was self-critical and could be impatient and easily frustrated. Jacob also looked like his father, and his aggression reminded his mother of the violence she had experienced with his father, and evoked some of the negative feelings she had towards the father.

VIG work undertaken

Because the mother had very low self-esteem she initially struggled to look at herself on film and was very self-critical. By focusing on video clips of happy moments where she and her sons were observed laughing together, the mother was able to develop a more positive perception of her parenting and her relationship with Jacob.

When the clips were micro-analysed to identify what had resulted in the interaction going so well we saw that she was providing Jacob with good eye contact, space and time to explore and interact, whilst encouraging him and offering praise. The positive feedback the mother received from watching these clips inspired her to try and replicate these moments.

Outcomes

Significant positive changes in interaction were noted between the mother and Jacob. An improvement in maternal sensitivity was observed and a change in the discordant pattern of communication that had developed over time. As the mother's attunement improved, so too did her self-efficacy as she was reminded through the video clips of the many good interactions she had with Jacob and the positive role she played in that interaction.

The therapeutic relationship that developed between the mother and myself was also important and contributed further to the mother's success. Through being actively involved in her own change and being able to recognise and name it during the shared reviews her confidence increased.

Parents usually expect to be criticized in the context of care proceedings, but by using VIG they can hope for a better future. By the end of the work, we regularly observed playful and fun interactions between the mother and Jacob. There was a reduction in the mother's anxiety, she became more overtly affectionate towards Jacob and in turn there was an improvement in Jacob's behaviour.

Reflections on why VIG works well in FDAC

The use of VIG during the assessment process at FDAC gives the parent a chance to show their capacity for change in their attunement to their child, in the way they can talk to their child about what they are doing and might be thinking or feeling, in the way they can recover contact with their child when it is broken and in the way they can reflect on what they are doing and how they are changing. This can provide valuable evidence to the court of a parent's capacity to meet their child's emotional needs both now and in the longer-term.

The relational approach of FDAC is very similar to VIG in terms of trust between the practitioner and parent being central to the work. This is only possible if the assessment process is transparent, realistic and at the same time hopeful. Looking at video of shared reviews in VIG supervision helps practitioners achieve more attuned practitioner-parent interactions. Skills which practitioners can use in a variety of other FDAC clinical and court settings.

The use of VIG in FDAC affords parents an opportunity to really focus on the needs of and relationship with their child. This compliments the work they are doing in treatment, which is generally more focused on their own difficulties. The combination provides a holistic way to understand families and realistic basis for planning for the future.

Does VIG support change?

In the two FDAC examples VIG supported positive change. This mirrors the findings of VIG practitioners in the UK over the last 20 years. Recently, the first 50 families where neglect had been identified received a short VIG intervention from NSPCC staff during their VIG training. The results were impressive with the families improving significantly in the quality of interaction, communication and limit setting. (Kennedy et al. 2015 in press). Another UK study concerned parents with infants under 3 months who were mandated by a court order to be in a residential treatment because of child protection concerns. Parent-child interactions were measured using the CARE-index for 15 parent-child dyads who received 'treatment as usual' and eight parent-child dyads that received VIG alongside treatment as usual. The study found a significant effect size ($d=0.5$). Before the intervention only 25% of the VIG intervention group were scoring in the 'good enough' range whereas 87.5% were considered 'good enough' and all the families who were 'of concern' had made at least two points improvement. These results are fully reported in 'Video Interaction Guidance as a method to promote secure attachment' (Kennedy, Landor and Todd, 2010)

Internationally, there is increasing evidence that sensitivity-focused video feedback methods are one of the few methods that are effective in improving parental sensitivity, children's behaviour and attachment patterns between parents and children. (Bakermans-Kranenburg, M.J et al 2003, Fukkink, 2008, Fukkink et al. 2011, Moss et al, 2011 Hoivik et al 2015). At the 2015 SRCDD conference in Philadelphia, several presentations described new evidence of the effectiveness of video feedback interventions in the field of maltreatment and neglect. Marinus Van IJzendoorn shared the University of Leiden's new meta-analysis of what works in preventing or reducing maltreatment. This showed that few interventions work with the exception of methods using video feedback and focusing on sensitivity, which consistently showed a significant effect size.

Because of the accumulating research evidence, VIG is recommended as an evidence-based intervention for health visitors and midwives in the National Institute for Clinical Excellence (NICE) guidelines, *Social and Emotional Wellbeing – Early years* (NICE 2012). The All Party Parliamentary Group for Conception to Age 2 (2015) and

Public Health England (2015) have selected VIG and other video feedback interventions as recommended evidence-based methods.

Why does VIG promote change?

For an in depth discussion of the reasons why VIG works, the reader is referred to the theory chapter in the VIG book (Cross & Kennedy, 2011). To summarise the arguments from that chapter, VIG is based on a co-operative intersubjective model where the interaction in the space between people is the main focus (Trevarthen & Aitken, 2001). The method recognizes the bidirectional influence of the two partners in any interaction. The celebration of joyful, playful interaction with the attuned appreciative VIG practitioner opens them both to be able think together about the new meanings and narratives. The pattern for parental pain and trauma triggering violence or neglect of themselves and their children is a hard cycle to break. VIG has shown to be a powerful catalyst for change for the better (De Zulueta, 2015)

At the 2014 VIG International Conference, Jane Barlow, Professor of Public Health at the University of Warwick put forward the following hypotheses (J. Barlow personal communication, 2014). VIG develops sensitive responsiveness within a balanced midrange model, reflective function/mentalization and mind-mindedness in BOTH the parent with their child and the VIG Practitioner with the parent. Below, these terms are unpacked with reference to the parent-child interaction, however the reader is urged to reflect on the parallel process from the VIG practitioner with the parent.

Sensitive responsiveness: The parent learns to see and understand their children's initiatives and how to respond in a way that connects with their child who in turn feels loved and understood. There is strong evidence that interventions that promote sensitivity promote secure attachment and reduce behaviour problems. (Bakerman-Kranenburg et al 2005, Moss et al 2011, Beebe & Steele 2013).

Mid-range contingency (Beebe and Lachman, 2002): parents are supported to find a flexible balance between giving the child space to regulating themselves and to be in attuned interaction with them. They become experienced at 'repairing ruptures', which are crucial to optimal development. This is in contrast the poles of "excessive" monitoring by the parent at the expense of allowing self-regulation (high contingency)

or “withdrawal” of the parent (low contingency). The mid-range model predicts secure attachment while both high and low contingency predict insecure attachment (Beebe and Lachmann, 2002).

Learning that their children thrive when they have the space to offer ‘good enough’ parenting (Bettleheim, 1987) is important as so often the parents in FDAC set very high standards for themselves and can so easily give up at the first sign of failure. They must be encouraged to find a healthy balance in the way they respond to the initiatives (or demands) of their children.

Reflective Function/Mentalization: (Fonagy and Target 1997): the parent learns to reflect not only on their and their child’s behaviour but on their own and their child’s mental states and intentions. In turn, the child who is understood will learn to understand others. Peter Fonagy has produced evidence for an association between the quality of attachment relationship and reflective function in the parent and the child (Fonagy et al 2007)

Mind-mindedness (Meins et al 2013): the parent is more able to tune in to their child’s feelings and thoughts and engages in sensitive, appropriate talk about what their child may be feeling or thinking. Good quality mind-minded talk has been shown to predict secure attachment, increased play abilities at 2 years and a decrease in behaviour problems at the pre school years. (Meins et al 2013)

To VIG practitioners, Jane Barlow’s proposal is congruent with their experience in practice. Through the VIG process the parent can develop their abilities to respond in an attuned way to their child’s initiatives, to be able to think about their child’s actions and feelings and to be able to name to their children what they are doing, thinking or feeling. As a bonus, the parents develop the same skills in working with a trusted professional developing their own narrative about themselves and their child within an attuned dialogue. In turn, they improve in their communication skills with other professionals (e.g. their social worker) and adults around them in their own lives. It helps them listen to others and use the support offered to change their previous risky and neglectful behaviour.

What evidence is there that VIG could provide an accurate assessment within FDAC?

Chantal Cyr presented very relevant recent research presented at the 2015 SRCDD (Society for Research in Child Development) meeting in Philadelphia (C. Cyr personal communication 2015). She works with a team at Montreal and Quebec where they have developed an attachment-based video feedback intervention (very similar to VIG) which has been used as an intervention with families in the child welfare system and also as an assessment of parenting capacity to care, to protect and to change. There were 106 families randomly allocated to a video feedback intervention or a psycho-educational intervention and a non-randomised control. The research questions were around the impact of the intervention (ie does the parent become more sensitive, does the child's behaviour improve and does the attachment pattern change) and the accuracy of the professionals' predication of the recurrence of maltreatment 12 months on. The intervention results showed a significant change in sensitivity/reciprocity in interaction and in externalising child behaviour problems for the video feedback as compared to the psycho-educational and the control. The assessment results show that only the video feedback practitioners were accurate in predicting the recurrence of maltreatment a year later. This is an important findings and one that supports the use of VIG as an assessment tool in FDAC.

So what's next for VIG in FDAC?

VIG is now an integral part of the FDAC process and we remain optimistic about the on-going development of VIG in the FDAC model. The FDAC model is expanding and continues to develop and try new approaches. The FDAC National Unit is working with 3 local authorities to develop 'Early FDAC', working from booking in with pregnant mothers who have previously had a child removed through care proceedings. We know these women sometimes hold back from emotionally connecting with their unborn child because of the shame and grief associated with the removal of the previous child, and fear the unborn child will also be removed. We are planning to use VIG to help promote mother-child interaction during ultrasound scans. We feel VIG can offer a good start for trauma work without opening up the wounds too deeply during pregnancy, and support the developing relationship in a compassionate and transparent way. We are also trying to engage fathers in this

process, and especially interested in the effects of pre and post-birth VIG on men who have a history of perpetrating domestic abuse.

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