

How video interaction guidance can promote attuned parenting

› Abstract

This article gives an overview of video interaction guidance (VIG) and how it is especially suited to working with parents and infants in the perinatal period. VIG is an evidence-based short-term intervention, based on theories of intersubjectivity. It combines the positive feedback from a benign visual image with an attuned relationship with the professional; this encourages parental attunement and sensitive responsiveness. Training is being developed for health visitors to qualify as VIG guiders and enhance their practice.

Key words

› Video interaction guidance › Sensitive responsiveness › Attunement
 › Parent–infant interaction › Early intervention › Attachment
 › Mind-mindedness › Empathy › Resilience › Positive parenting

The most protective component that has been identified as making the difference between ‘swimming and sinking’ in adverse circumstances—either environmental or personal/psychological—is the quality of the relationships people have (Schore, 2001; 2013). The connections that humans have with one another give rise to empathy, which is experienced initially in the baby’s relationship with the mother (or primary care-giver) and her/his supportive network. It is in the earliest period of parenting when the foundations for later relationships are forged (Gerhardt, 2004). Research shows that the earliest childhood experiences affect the quality of later social, emotional and cognitive development, as well as health and life expectancy (Feletti et al, 1998).

Disorganised attachment has been described as the most extreme form of insecure attachment, found in cases where the care-giver is inconsistent

and may even scare the child (Shemmings and Shemmings, 2011). There is a strong correlation between disorganised childhood attachment, unresolved trauma and low mentalisation (i.e. recognising what is going on in one’s own head and what may be happening in other people’s). This links to disconnected and insensitive parenting. For example, research by Out et al (2009) found that parents’ attempts to protect themselves from further trauma rendered them unable to comfort their child. Low mentalisation limits the ability to understand that others have different thoughts and feelings than oneself. Parents with low mentalisation and low reflective function (i.e. capacity to take another person’s perspective in order to understand both one’s own behaviour and the other person’s) have difficulty understanding—or may completely misunderstand—their child’s needs. This may expose the child to harm because the parent does not understand the impact of their neglect.

Developing empathy

Forrester et al (2012) describe parental resistance based on an analysis of serious case reviews since 2003, revealing that some parents can be resistant to intervention from professionals. The challenge for professionals working with parents who are labelled as ‘highly resistant’ is to enable them to understand and learn the importance of empathy in the parenting relationship (Research in Practice, 2012).

Video Interaction Guidance (VIG) addresses this directly. It has possible application in a wide range of professional settings and with diverse client groups. It can be used by practitioners across many professional boundaries.

VIG in the early years

VIG is based on the body of knowledge showing that each person has an innate desire for connectivity. This has been demonstrated by multiple research projects over the past 20 years (Beebe, 2004), and it is especially true for parents and babies.

Attachment—what happens between a baby and its primary care-giver (e.g. biological mother)—is the first experience of connectivity. The patterns of



Monika Celebi, Consultant Parent–Infant Psychotherapist, Video Interaction Guider, Trainer, Supervisor and Senior Movement Therapist, The Oxford Parent Infant Project
 e: moni.celebi@oxpip.org.uk

relating that are experienced in childhood tend to get repeated over a person's lifetime. This is why it is crucial to intervene early when things go wrong.

VIG uses technology to show parents the impact of effective and attuned communication. Seeing their positive visual image, combined with a benign and attuned relationship with the professional, allows the parent to make small changes to improve their relationship with their baby. This creates a positive feedback loop (Figure 1). The use of technology can sometimes raise concerns regarding safety and data protection, but has so far been negotiated successfully with professional organisations including child and adolescent mental health services, the NSPCC, social services and the NHS. The equipment used in filming can include various devices such as a handheld video camera, a phone, a tablet or a laptop.

Collaborative process

The initial engagement with clients is based on the professional being respectful and acknowledging that change can be hard and usually happens in small steps. VIG promotes meeting clients at the level at which they are currently functioning i.e. remaining within the client's zone of proximal development to create a working alliance (adjusting Vygotsky's (1967) theory of mediated learning). The hope and belief that change is possible underlies the VIG approach.

VIG guiders are themselves guided by the values of respect and empowerment. Fundamental to the practice of VIG are a belief that people in troubled situations want solutions, an empathetic regard for what they are managing despite their current difficulties, and a conviction that they have the power, capacity and responsibility to make the changes they wish to achieve (Šilhánová and Sancho, 2011).

The parent and the guider decide together on the change the parent would like to achieve and formulate the 'helping question' e.g. 'I want to learn to read my baby's cues' or 'I want to support my baby's development'. The guider helps the parent to frame their helping question in a positive light, so an initial request of 'I want my baby to listen to me' might be adapted to: 'I want myself and my baby to get along better.'

The helping question is referred to throughout the course of the work and thus provides a focus. This approach is particularly useful when working with clients who have multiple and complex problems.

It is usually at this stage of the process that the parent will sign a video consent form.

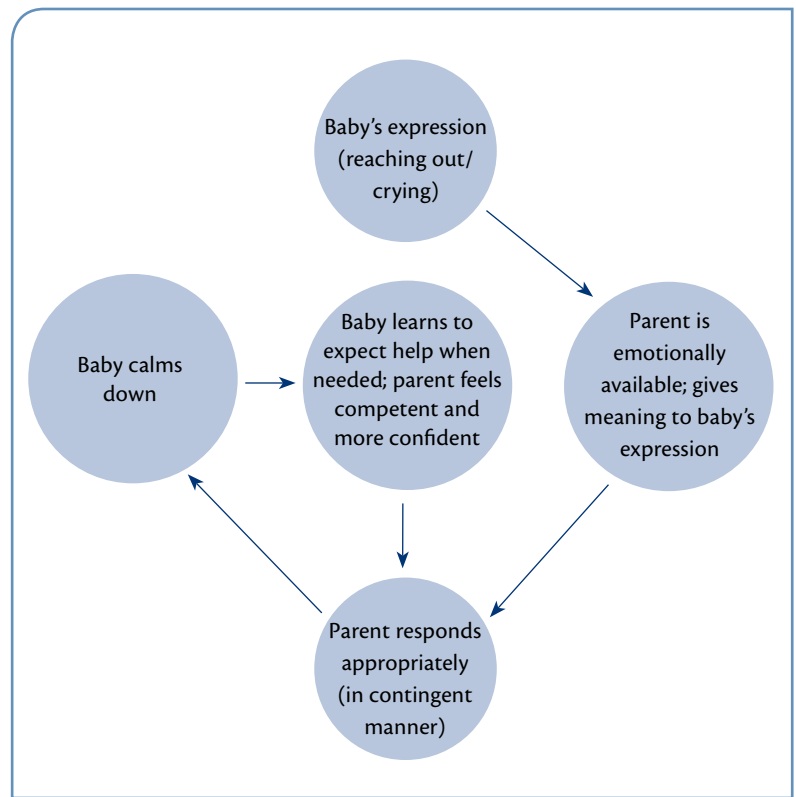


Figure 1. Positive feedback loop: parent's response is appropriate to baby's needs so baby is receptive, which boosts the parent's confidence for future interactions

What happens in a session?

The guider will film the dyad for 5–10 minutes during an activity, such as feeding, playing with age-appropriate toys or looking at a book together. Sometimes the activity can be as simple as watching the baby and following his/her initiatives, which can prove quite difficult for some parents who feel that they must always educate their baby. The guider will then edit the footage and choose the most successful moments to show the parent at the following session; this is called 'shared review'. In that session, the guider and the parent 'micro-analyse' the good moments. This method of close analysis involves looking at 20–30 seconds of interaction, often

Case study 1

Tamara*, a nurse by profession, was referred by her health visitor. When she came to see me at the local children's centre she was distraught and depressed. She doubted her capacity to love her daughter. Baby Lillian* was 9 months old and had been born blind. Tamara's partner could not cope and had left her. Lillian was a delightful baby who had just started to become more mobile, but Tamara was so worried, she could not enjoy the baby. She agreed to filming. Seeing herself and her baby at an attuned and joyful moment moved her to tears. She said: 'I never see myself with her ... I never see that she trusts me, that she enjoys being with me.'

Case study 2

Helen*, an administrative assistant, is a young mother of a 4-month-old baby boy. She was referred for VIG by the children's centre, and was initially depressed and very quiet. She said she had always felt her presence did not matter to anyone. On film, she saw a moment when her baby looked at her. This moved her, and in reflection she said that she had not realised she was important to him. To find out what had brought about this good moment, we looked at the 20 seconds leading up to it. We discovered that she had spoken to him ever so quietly, and that was what he had responded to.

Case study 3

Anna* was referred by her health visitor to the local children's centre. She lost her mother when she was 1 year old, and was raised by her father; the family lived on benefits. There had been no warmth in her upbringing. She was bullied at school, and grew up to be a vulnerable young woman. She fell pregnant to a man who was abusive and did not remain in a relationship with him. As an adult, she was still living with her father and brother. She wanted to move out with her baby daughter, but her father said he did not believe she could function on her own and could definitely not be a good mother for her baby. Seeing video clips of her baby responding to her, and of the two of them having a playful moment together, was an empowering experience for Anna. She became more overtly affectionate with her daughter, and began to trust herself to move out and start her own home.

looking at a successful moment frame by frame. Principles of attuned interaction are noticed and the parent is encouraged to recognise what s/he has done well to achieve the positive interaction with the baby (see *Case studies 1, 2 and 3*).

Strengths-based intervention

Parents who lack confidence can often either be self-critical or expect to be criticised by others. The fact that the starting point of VIG is an affirmation may take such parents by surprise. A positive entry point—looking for what works, rather than what does not work—can become the start of a constructive and reflective conversation.

To achieve this constructive conversation, the guider must 'receive' the parent; this involves being attuned to the parent and acknowledging their predicament and concerns. A parent who is preoccupied will struggle to attune or empathise with their baby (Leadsom et al, 2013). Once the parent feels genuinely received by the guider, s/he can pay more attention to the baby and become more mind-minded (Fonagy et al, 1991; Barlow and Svanberg, 2009).

Focus on interaction

The theory of intersubjectivity refers to something shared by two or more subjects, such as shared

emotion or attunement (Trevarthen and Aitken, 2001). Studies of the complex feedback system between parents and babies provide the framework for VIG.

Research such as that by Beebe et al (2000) has shown the complexity and subtle multiple interactions that take place between parents and infants. These interactions take place across multiple modalities such as touch, eye contact, vocalisation and movements; babies are extremely sensitive to non-verbal communication. This has been demonstrated in a study by Trevarthen et al (1981), where a mother communicated with her 3-month-old baby via video link in real time. The mother sang a song and the baby responded excitedly with her whole body. Unbeknown to the mother, her song was then played on a loop, so it was no longer in real time and in synch with the baby. It took the baby just 2 seconds to notice that something was different and lose interest; it took the mother 10 seconds to realise she and the baby were not in synch anymore.

In the analysis of video clips, different aspects of attuned interactions are noted and explored. The conversation between the guider and the parent goes into more depth, from what is seen in the video to how it feels, and what one can think about it. For example, watching moments that involve short turn-taking can provide the basis for a parent to become more attuned to their baby. Turn-taking can take various forms, such as: the baby reaches for a toy; the parent holds the toy up; the baby responds by waving arms and gurgling; the parent hands the toy to the baby; the baby gurgles and drops the toy; the parent picks it up; and so on. When a parent looks closely at such an interaction, they may notice for the first time that there is a joint space between themselves and their baby that is meaningful and shared. This can then evoke satisfaction in the parent and motivate them to become more attentive.

The attunement that is encouraged between the parent and baby is also experienced in the relationship between the parent and the guider. The way the parent sees and talks about the good moments of interaction depicted in the video allows them to experience a good moment themselves. The impact of seeing and talking about themselves in a positive light often frees a parent to reflect also on the moments when things do not go so well (see *Case study 4*).

Why does VIG work?

One of the theories underlying VIG is self-modelling. Seeing oneself in a positive moment

has a powerful effect. If the internal model a parent has of themselves is negative, it can create a cognitive dissonance, meaning that what is seen is different from what is felt internally. This tension can be explored with the guider, but the focus remains on the initially formulated helping question (Cross and Kennedy, 2011).

VIG uses the best moments of interaction between parent and baby, which are often exceptions to the norm. The reason for this is that the best moments exhibit the behaviour that the guider wants to encourage. Once there is a positive moment on the screen, the guider can help the parent to reflect on what they see and what their feeling and thinking responses are. Often the first response is about how the parent looks; only if this is received can the parent start paying attention to what the infant may feel, want or like. This encourages the development of the parent's reflective function. The work aims to help the parent integrate feeling and thinking about their relationship with their baby. Parents who can be helped to notice and identify the good moments will usually want to replicate them.

Research

VIG was originally developed in the Netherlands by Biemans (1990) and later by McDonough (1993; 2004) at the University of Michigan. Shemmings et al (2012) outline an attachment-based intervention that uses a Video-feedback Intervention to promote Positive Parenting (VIPP) programme. Juffer et al (2008) found that parents benefit from viewing their interactions in order to change their behaviour. This can reduce disorganised attachment and promote sensitive and secure attachment.

The process of VIG involves being seen and being felt to be seen in a positive light, which is amplified by the visual image in conjunction with the attuned primary intersubjective experience with the guider. This can be termed 'benign mirroring' (Celebi, 2013). The experience can activate and strengthen neural pathways in the limbic system, which can reinforce secure attachment and link to the calm and connect system (Uvnäs-Moberg and Francis, 2003). This can create a sense of wellbeing, receptivity and self-acceptance (Siegel, 2009). It is an area on which future research will be able to shed more light.

Application to health visiting

Health visitors are in a unique position as they are the health service's main contact with new parents, so they are well placed to notice if a parent is struggling to attune (respond



STOCKPHOTO/KIRZA

VIG is strengths-based and focuses on good moments of parent-child interaction

Case study 4

I met Fiona* and her baby Mary*, aged 3 weeks, on a home visit. She was referred by the midwife, having experienced a traumatic and disappointing labour. Fiona suffers from depression, and has had counselling and been on antidepressants since the age 19 (she is now 38). She did not manage to breastfeed. Both she and her husband had concerns about how to communicate with their baby and how to 'teach her' so she would develop well. The father was trying very hard to be involved, but in his anxiety he could not leave enough space for the baby to develop any initiatives. He would shake a rattle very close to her face, which was difficult to watch. Both parents were highly anxious and could not enjoy just being with Mary. Fiona was looking for guidance. She felt critical of herself, but VIG had a positive effect on her confidence. She managed to leave the house for the first time since the birth of her baby to come for her session at the local children's centre. After one cycle of filming and shared review, she encouraged her husband to come for filming too. He joined in and although I showed him a moment where he was sensitive, he was also able to recognise that there were moments when he was intrusive and that babies sometimes need space.

contingently and appropriately with their baby). The health visitor should be able to identify whether the parent-infant relationship is distressed, disturbed or at risk. As a rule, as long as the parent can enjoy their baby, there are strengths in the relationship, which further the development of a good bond and resilience in the infant. All parents have occasional mixed feelings towards their babies—it is not uncommon for a parent who loves their baby to experience some negative feelings towards them, such as when the baby's crying wakes the parent up at night. These feelings are less likely to lead to negative actions if parents are able to verbally express them than if they are repressed or denied (Jones, 2007).

Case study 5

Josie* suffers from obsessive-compulsive disorder. She was referred for VIG by her GP and was tearful in her initial session as she found it extremely difficult to articulate the way she felt. Her baby, Amelia*, was 5 months old. Josie was highly anxious, and afraid that her state of mind may have already damaged Amelia. She was motivated to ask for help.

Initially, there was barely any eye contact between Josie and Amelia. Josie was insecure when holding the baby, and took no pleasure from it because she was overwhelmed by guilt, resentment and confusion. Being preoccupied with her anxious state of mind and afraid of damaging her baby, she had difficulty receiving Amelia's initiatives.

Josie hated looking at herself on video, saying that she thought she was ugly. After allowing her to express how she felt about herself on the video image in front of her, I asked her if she thought her baby daughter, also on the screen, saw her the same way or differently. It quickly became clear to Josie that Amelia had other things in her head than criticising her mother. Their relationship improved and Josie became more mind-minded (Barlow and Svanberg, 2009) and more confident at intuiting her daughter's needs.

It is when the overwhelming communication between parent and baby is negative, uncaring, inconsistent, rough and unsatisfactory (for both parent and baby, and uncomfortable to watch for the professional) that intervention is recommended (see *Case study 5*).

Training

Baldwin (2013) recommends that health visitors train as specialist and advanced practitioners. She says components of professional maturity are effective interpersonal skills, and the way forward

Box 1. VIG training for health visitors

Level 1: Universal

Two days' training looking at baby cues and baby states, attachment, attunement and sensitive responsiveness, infant brain development and providing an introduction to VIG

Level 2: Video-enhanced reflective practice

Three days' training plus 7 hours' group supervision spread over 3 months, where health visitors film themselves in interaction with parents and babies and then reflect on the best moments of their effective communication using VIG principles

Level 3: Video interaction guidance

Five days' training plus 15 supervision sessions (individual or pair) over 12 months

On completing the course, the health visitor will be qualified to deliver VIG to Enhance Early Communication (equivalent to Association for Video Interaction Guidance UK (AVIGuk) training stages 1 and 2).

For more information, see www.videointeractionguidance.net

is to develop new effective practice. VIG is a method that fits this model. It aims to strengthen relationships between parents and babies, improving parental confidence and sensitive responsiveness in dyads where the relationship is seen to be at risk. VIG also nurtures effective communication between clients and professionals.

All health visitors can benefit from understanding the principles of attunement to enhance their observation skills and nurture their clients. At the time of writing, a new training programme for health visitors to deliver VIG, called Enhancing Early Communication (ECC), is being developed by award-winning educational psychologist and VIG trainer Hilary Kennedy, who is a senior lecturer at University College London, and Angela Underdown, Deputy Director of Warwick Infant and Family Wellbeing Unit (*Box 1*). After attending an initial training course, the trainee guider can start immediate practice under supervision.

The guider first films clients with their babies, then—in collaboration with the parent—the guider analyses the good moments during the shared review. This helps the parent to think about what they did well, how this can be done more often and if not, why not. The filmed clips are brought to supervision first to help the trainee guider select the best moments before they show them to the client. Following the first stage of VIG training, trainee guiders focus and reflect on their own communication and practice (via the filmed shared review). They look for moments when they are successful in their interactions. This empowers the trainee guider, increases their confidence and makes them more effective in future contact with clients. A guider is highly trained to recognise moments of connectivity and vitality and share them in the present moment.

Summary

Rather than addressing the mental health of the parent and the child separately, interaction observation looks at what happens between them—the quality of their relationship. VIG differs from other methods (e.g. observing parent–infant interaction) as it allows the parent to see a visual representation of their own successful interactions with their baby. The same principles of attunement are adopted in the guider's contact with the client; these components together sustain the work and create the changes necessary to achieve more attuned interactions between parents and their babies. VIG has been found to be effective in increasing parents' sensitive responsiveness (which is how parental sensitivity and contingent

responsiveness promote secure attachment).

Health visitors trained in VIG can make a profound difference to the quality of interaction between parents and their babies. They will be able to help parents who struggle become more attuned to their babies and better at reading their babies' cues, and so create more effective and satisfying relationships thus potentially preventing later emotional, social and educational difficulties.

Health visitors who are interested in finding out more about VIG may wish to read the central textbook: Kennedy H, Landor M, Todd L, eds. (2011) *Video Interaction Guidance: A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing* (Jessica Kingsley Publishers, London). Information on VIG training is available online at www.videointeractionguidance.net. **JHV**

* All names in the case studies have been changed to protect confidentiality.

This article has been subject to peer-review.

References

Baldwin S (2013) Advancing professional practice: Why is it necessary for health visiting? *Journal of Health Visiting* **1**(8): 468–73

Barlow J, Svanberg PO, eds. (2009) *Keeping The Baby In Mind: Infant Mental Health in Practice*. Routledge, London

Beebe B (2004) Faces in Relation: A Case Study. *Psychoanal Dialogues* **14**(1): 1–51. doi: 10.1080/10481881409348771

Beebe B, Jaffe J, Lachmann F, Feldstein S, Crown C, Jasnow M (2000) Systems models in development and psychoanalysis: The case of vocal rhythm coordination and attachment. *Infant Ment Health J* **21**(1–2): 99–122. doi: 10.1002/(SICI)1097-0355(200001/04)21:1/2<99::AID-IMHJ11>3.0.CO;2-#

Biemans H (1990) Video home training: theory, method and organization of SPIN. In Kool et al, eds. *International Seminar for Innovative Institutions*. Ministry of Welfare Health and Culture, Ryswyck, The Netherlands

Celebi M (2013) Helping to reduce parental anxiety in the perinatal period. *Journal of Health Visiting* **1**(8): 438–42

Cross J, Kennedy H (2011) How and Why does VIG work? In: Kennedy H, Landor M, Todd L, eds. *Video Interaction Guidance: A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing*. Jessica Kingsley Publishers, London: 58–81

Feletti VJ, Anda RF, Nordenberg D et al (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* **14**(4): 245–58

Fonagy P, Steele M, Steele H, Moran GS, Higgitt AC (1991) The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant Ment Health J* **12**(3): 201–18. doi: 10.1002/1097-0355(199123)12:3<201::AID-IMHJ2280120307>3.0.CO;2-7

Forrester D, Westlake D, Glynn G (2012) Parental resistance and social worker skills: towards a theory of motivational social work. *Child and Family Social Work* **17**(2): 118–29. doi: 10.1111/j.1365-2206.2012.00837.x

Gerhardt S (2004) *Why Love Matters: How Affection Shapes a Baby's Brain*. Routledge, London

Jones A (2007) *Help Me Love My Baby*. 2-part TV series. First broadcast on Channel 4; 3 December 2007. Twenty Twenty Productions, London

Juffer F, Bakermans-Kranenburg MJ, Van Ijzendoorn MH (2008) *Promoting Positive Parenting: An attachment-based intervention*. Lawrence Erlbaum, New York

Leadsom A, Field F, Burston P, Lucas C (2013) *The 1001 Critical Days: The Importance of the Conception to Age Two Period*. www.andrealeadsom.com/downloads/1001cdmanifesto.pdf (accessed 22 January 2014)

McDonough S (1993) Interaction guidance: Understanding and treating

Key points

- ♦ Foundations for all later relationships are forged in the early years, and a baby's first experience of connectivity is with the biological mother or primary care-giver
- ♦ VIG shows parents/care-givers the impact of effective and attuned communication
- ♦ VIG is a collaborative process between the parent and the guider, who decide together on a 'helping question' to provide a focus
- ♦ The guider films the parent and baby for 5–10 minutes during an activity, then edits the footage and chooses the most successful interactions
- ♦ The parent is shown moments of interaction that are better than usual in the shared reviews, and the guider and parent collaboratively 'micro-analyse' the footage to find out what preceded the good moment and understand what has brought about the successful interaction
- ♦ The strengths-based approach helps to build parental confidence and allows the parent to reflect on their relationship with the baby
- ♦ Starting from a place of affirmation creates an environment that allows the parent also to reflect on moments when their interaction is less successful
- ♦ Health visitors are well placed to observe parents' relationships with their babies, and training is currently being developed for health visitors to qualify as VIG guiders

early infant–cargiver relationship disturbances. In: Zeanah CH, ed. *Handbook of Infant Mental Health*. Guilford Press, New York: 414–26

McDonough S (2005) Interaction Guidance: Promoting and Nurturing the Caregiving Relationship. In: Sameroff AJ, McDonough S, Rosenblum KL, eds. *Treating Parent–Infant Relationship Problems: Strategies for Intervention*. Guilford Press, New York: 79–96

Out D, Bakermans-Kranenburg MJ, Van Ijzendoorn MH (2009) The role of disconnected and extremely insensitive parenting in the development of disorganized attachment: validation of a new measure. *Attach Hum Dev* **11**(5): 419–43. doi: 10.1080/14616730903132289

Research in Practice (2012) *Engaging resistant challenging and complex families*. Prompt briefing. <http://tinyurl.com/mo8ne85> (accessed 22 January 2014)

Schore A (2013) The early bonds of mutual love. One-day seminar. Tavistock Centre, London

Schore A (2001) Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Ment Health J* **22**(1–2): 7–66. doi: 10.1002/1097-0355(200101/04)22:1<7::AID-IMHJ2>3.0.CO;2-N

Shemmings D, Shemmings Y (2011) *Understanding Disorganized Attachment: Theory and Practice for Working With Children and Adults*. Jessica Kingsley Publishers, Philadelphia

Shemmings D, Shemmings Y, Cook A (2012) Gaining the trust of 'highly resistant' families: insights from attachment theory and research. *Child and Family Social Work* **17**(2): 130–7. doi: 10.1111/j.1365-2206.2012.00834.x

Siegel DJ (2009) *Mindsight: The New Science of Personal Transformation*. Google Tech Talks. www.youtube.com/watch?v=Gr4Od7kqDT8 (accessed 29 January 2014)

Šilhánová K, Sancho M (2011) VIG and the Supervision Process. In: Kennedy H, Landor M, Todd L, eds. *Video Interaction Guidance: A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing*. Jessica Kingsley Publishers, London: 43–57

Trevarthen C, Aitken KJ (2001) Infant intersubjectivity: research, theory, and clinical applications. *J Child Psychol Psychiatry* **42**(1): 3–48

Trevarthen C, Murray L, Hubley P (1981) Psychology of Infants. In: Davis J, Dobbins J, eds. *Scientific Foundations of Paediatrics*. 2nd edn. William Heinemann Medical Books, London: 211–274

Uvnäs-Moberg K, Francis R (2003) *The Oxytocin Factor: Tapping the Hormone of Calm, Love and Healing*. Da Capo Press Inc, Cambridge, MA

Vygotsky LS (1967) Play and its role in the mental development of the child. *Soviet Psychology* **5**(3): 6–18