

Video Interaction Guidance: promoting secure attachment and optimal development for children, parents and professionals

Hilary Kennedy

Educational Psychologist, Interaction Guidance Practitioner

Video Interaction Guidance (VIG) is an intervention that aims to promote secure attachment and optimal development for children and parents. 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.

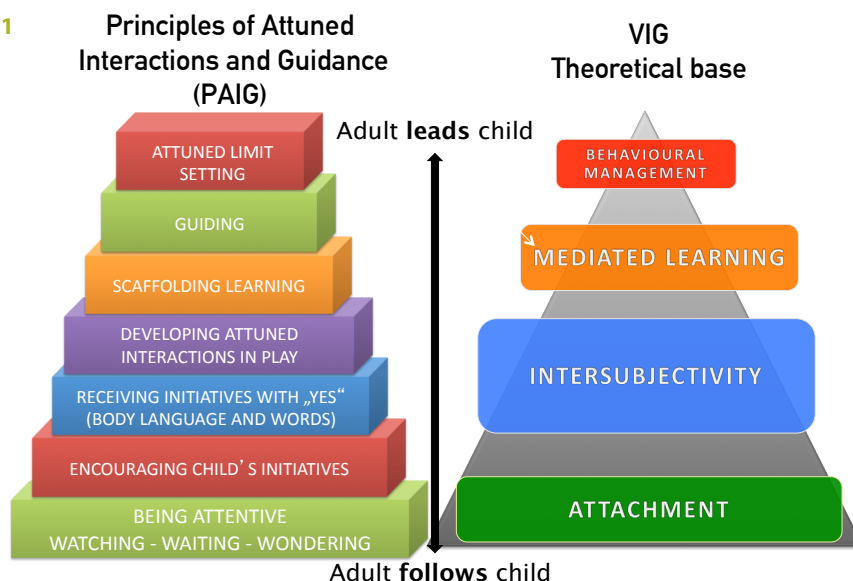
Keywords:

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) which is about companionship and collaboration sits as the core, straddled by attachment (Bowlby, 1982; 1969) 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 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' 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

FIGURE 1



Adapted with permission from Silhanova, K. (2016) key note presentation "VIG and Early Education" London Jan 16

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 mis-attuned 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 firm

TABLE 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)

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

The principles (PAIG) in Table 1 were derived from the observations of Colwyn Trevarthen, a psychologist and psychobiologist. He observed how the tiniest infants are active in developing co-operative 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) demonstrate that babies are born ready to take part in an interaction with a partner who is receptive and understands them. Nagy 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 demonstrates 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).

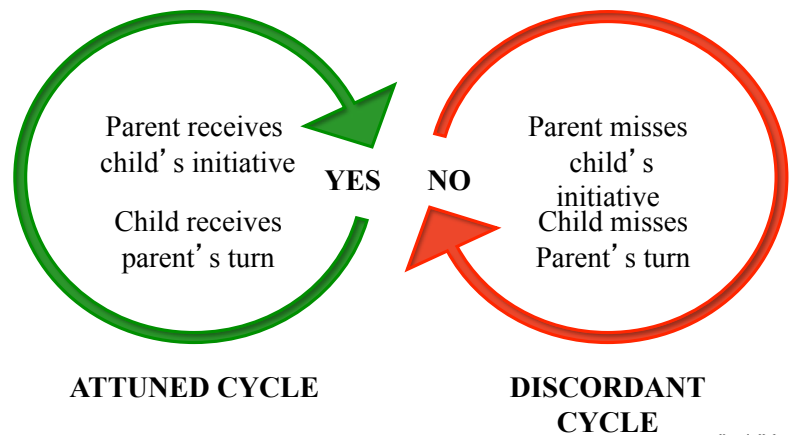
The 'encouraging initiatives' step of PAIG (Figure 1 and Table 1) is an important building block in VIG. Here the parent is supported to 'make space' (i.e. become less intrusive) and to 'name' their own and their child's behaviour, thoughts and feelings (termed 'mind-mindedness' by Elizabeth Meins). Encouraging parents to 'use their voice' to let their child know that they are attentive and thinking about the child is crucial for the child's optimal emotional and language development. The use of mind-minded talk by parents has been shown to predict secure attachment, increased play abilities at two years, and decreased behaviour problems during the pre-school years (Meins et al., 2013).

The central importance in VIG of the 'reception' of the child's initiative by another is shown in Table 1 and Figure 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 play a crucial role in the effectiveness of VIG practitioners. Co-operative inter-subjectivity is key to the intervention process (see Figure 3) emphasizing 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

FIGURE 2 YES AND NO CYCLE

DOES PARENT RECEIVE CHILD'S INITIATIVE?

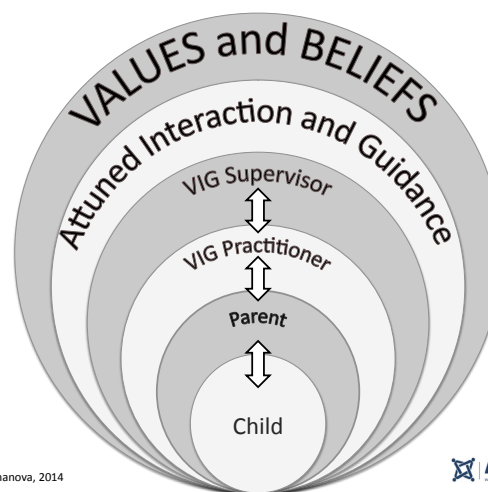


Kennedy, H., Landor, M.
Tisdall, J. / 20113. Eidos

are already managing in difficult circumstances.

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

FIGURE 3 NESTED INTERSUBJECTIVITY



Kennedy & Silhanova, 2014



VIG IN PRACTICE

VIG practitioners take 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 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 1), especially the parent's reception of their child's initiatives (Figure 2).

The VIG Practitioner shares these video clips with the client in a 'shared review' (Figure 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 with their child. 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 4 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.

FIGURE 4 .THE VIG 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.

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 on promoting parent-infant interaction.

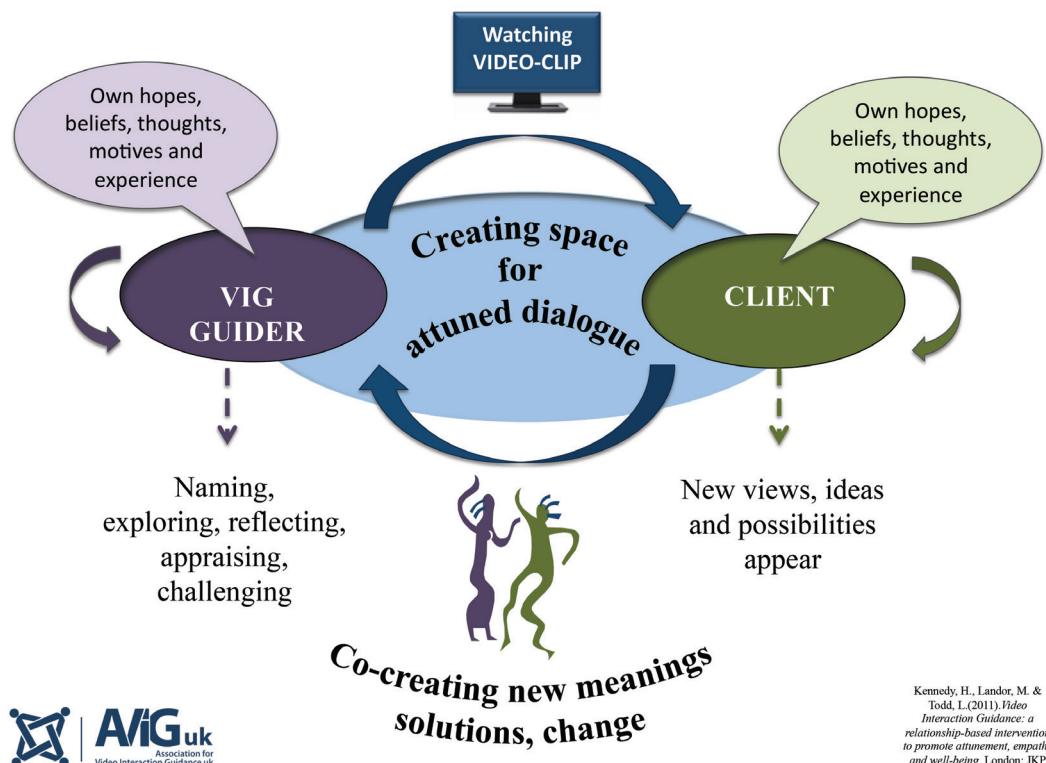
Studies since 2011 have found evidence of the effectiveness of video feedback in terms

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 UK National Institute for Health and 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 et al., 2008). Many of these studies involved 'high risk' dyads (e.g. low SES 63%; parent clinical problems 17%; child clinical problems 52%).

VIG trained parent-infant psychotherapists are impressed by the speed with which some parents with significant mental health problems



Kennedy, H., Landre, M. & Todd, L. (2011). *Video Interaction Guidance: a relationship-based intervention to promote attunement, empathy and well-being*. London: JKP

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.

CONCLUSION

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.

ACKNOWLEDGEMENTS

This article has been adapted with permission from Penelope Leach and Routledge from a chapter with the same title which will be published in Leach, P. (2017) 'Innovative Research in Infant Wellbeing', London: Routledge.

The author would like to thanks Monica Celebi, Angela Latham, Rachel Pardoe and Angela Underdown for their input to this article.

REFERENCES

Berluke, S.B., Brockmeyer Cates, C., Dreyer, B.P., Huberman, H.S., Arevalo, J. et al. (2014) Reducing maternal depressive symptoms through promotion of parenting in pediatric primary care. *Clinical Pediatrics*, 53(5), 460–469.

Bowlby, J. (1969/1982) *Attachment* (Vol. I). New York, Basic Books.

Cassibba, R., Castoro, G., Costantino, E., Sette, G., Van IJzendoorn, M.H. (2015) Enhancing maternal sensitivity and infant attachment security with video feedback: An exploratory study in Italy. *Infant Mental Health Journal*, 36, 53–61.

Celebi, M. (2013) Helping to reduce parental anxiety in the perinatal period. *Journal of Health Visiting* 1(8). Available at: <http://www.magonlinelibrary.com/doi/abs/10.12968/johv.2013.1.8.438> <accessed 13 March, 2017>

Cortina M., Liotti G. (2010) Attachment is about safety and protection. Intersubjectivity is about sharing and social understanding: The relationships between attachment and intersubjectivity'. *Psychoanalytic Psychology*, 27(4), 410–441.

Fukkink, R.G. (2008) Video feedback in widescreen: A meta-analysis of family programs. *Clinical Psychology Review*, 28(6), 904–16.

Hoffenkamp, H.N., Tooten, A., Hall, R.A.S., Braeken, J., Eliëns, M.P.J. et al. (2015) Effectiveness of hospital-based video interaction guidance on parental interactive behavior, bonding, and stress after preterm

birth: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 83(2), 416–429.

Hoivik, M.S., Lydersen, S., Drugli M.B., Onsoien, R., Hansen M.B. et al. (2015) Video feedback compared to treatment as usual in families with parent–child interactions problems: A randomized controlled trial. *Child and Adolescent Psychiatry and Mental Health* 9,3. Available at: <https://capmh.biomedcentral.com/articles/10.1186/s13034-015-0036-9> <accessed 13 March, 2017>

Kalinauskienė, L., Cekuoliene, D., VanIJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F. et al. (2009) Supporting insensitive mothers: The Vilnius randomized control trial of video-feedback intervention to promote maternal sensitivity and infant attachment security. *Child: Care, Health and Development*, 35(5), 613–623.

Kennedy, H., Landor, M., Todd, L. (Eds.) (2011) *Video Interaction Guidance: A Relationship-based Intervention to Promote Attunement, Empathy and Wellbeing*. London, Jessica Kingsley Publishers.

Lawrence, P.J., Davies, B., Ramchandani, P.G. (2013) Using video feedback to improve early father–infant interaction: A pilot study'. *Clinical Child Psychology and Psychiatry*, 18(1), 61–71.

Meins, E., Muñoz-Centifanti, L.C., Fernyhough, C., Fishburn, S. (2013) Maternal mind mindedness and children's behavioral difficulties: Mitigating the impact of low socioeconomic status. *Journal of Abnormal Child Psychology*, 41, 543–553.

Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G.M., St-Laurent, D. et al. (2011) Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. *Development and Psychopathology*, 23, 195–210.

Nagy, E., Pal, A., Orvos, H. (2014) Learning to imitate individual finger movements by the human neonate. *Developmental Science*, 17(6), 841–857.

NICE (2012) *Social and Emotional Wellbeing*. Available at: <http://www.nice.org.uk/guidance/PH40> <accessed 3 March, 2017>

NICE (2015) *Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care*. Available at: <http://www.nice.org.uk/guidance/ng26> <accessed 3 March, 2017>

Pardoe, R. (2016) Integrating Video Interaction Guidance (VIG) and psychoanalytic psychotherapy in work with parents and infants. *Bulletin of the Association of Child Psychotherapists*, May.

Sams G.J.J.M., Juffer F., van IJzendoorn M.H., Hoksbergen R.C. (2001) Attachment-based intervention in adoptive families in infancy and children's development at age 7: Two follow-up studies. *British Journal of Developmental Psychology*, 19, 159–80.

Trevarthen, C. (1979) Communication and cooperation in early infancy: A description of primary intersubjectivity. In Bullowa, M. (Ed.) *Before speech: The beginning of human communication*. London, Cambridge University Press, 321–346.

Tronick, E.Z. (1989) Emotions and emotional communication in infants. *American Psychologist*, 44, 112–119.

Vygotsky, L.S. (1962) *Thought and language*. Cambridge, Massachusetts, MIT Press (Original work published 1934).

Wood, D., Bruner, J. S., Ross, G. (1976) The role of tutoring in problem-solving. *Journal of Child Psychology and Psychiatry*, 17, 89–100.

Wooley, H., Hertzman, L., Stein, A. (2008) Video feedback intervention with mothers with postnatal eating disorders and their infants. In Juffer, F., Bakermans-Kranenburg, M., van IJzendoorn, M. (Eds.) *Promoting positive parenting: An attachment based intervention*. New York, Taylor & Francis.