

University of Southampton
Doctoral Programme in Educational Psychology

Title: Video Interaction Guidance – an academic critique

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Date submitted: June 2013

VIDEO INTERACTION GUIDANCE

Case outline

Sarah was referred to me by the SENCo at her Primary school while I was attached to the school as its link Trainee Educational Psychologist. Sarah was 6 years old at the time of the case, and in Year 2 at school. The SENCo's reason for referring Sarah was that she was demonstrating challenging behaviour with various adults at school - for example Sarah would sometimes become aggressive towards her class teacher, but on other occasions Sarah would not want to leave her class teacher for a small group session with a teaching assistant.

Sarah's erratic presentation was making it hard for school staff to support her – they were struggling to provide the additional literacy support she required because they couldn't predict how Sarah would react to changes in staffing.

When I was conducting my initial information gathering for the case, it became apparent that Sarah had experienced challenges during the early years of her life. Sarah's mum (Laura) had only been fifteen when she had given birth to Sarah, and both Sarah and Laura had moved house numerous times over the past six years. A key move was that when Sarah was two years old, she and Laura had left Laura's mother's home and they now had no contact with her. When I met with Laura to talk about Sarah she revealed that this had been a very challenging time for both her and Sarah since Laura's mother had acted as Sarah's main carer when Sarah was a baby and young toddler whilst Laura finished school. Laura also revealed to me that she found it very challenging to parent Sarah, and that she often felt worried and confused about her role as a mother. The school SENCo had previously mentioned that one of her concerns about Sarah was that Laura found it difficult to interact with her daughter and that she often seemed distanced from her.

Following an observation of Laura and Sarah doing a reading activity together, my main hypothesis for this case was that Sarah's behaviour at school was linked to her relationship

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with her mother; although I did not have the scope to formally assess Sarah's attachment patterns, I suspected that the difficulties Laura had faced during Sarah's first few years had impacted on their relationship. Having received supervision around the case, my supervisor suggested that I seek the advice of an EP colleague who specialised in attachment difficulties. Jane, my colleague, offered to support me with the case by using a Video Interaction Guidance (VIG) technique to enhance Laura and Sarah's relationship. Jane had recently been trained in VIG so she was keen to use the technique, and I had conducted some research into the technique and was interested to see its application.

Introduction

VIG is an intervention which has been created to help people to interact with one another more effectively, and thus to improve their relationships (Kennedy & Sked, 2008). These target relationships may be personal or professional, but the concept underpinning VIG is that through using video, and with the support of a VIG-trained 'guider', a client can be helped to develop and improve the meaningfulness of their interactions with others (Cross & Kennedy, 2011). When used in Educational Psychology, the VIG guider is usually supporting a client in their interaction with a child, for example a parent and their child, or a teacher and their student (Kennedy, 2011).

VIG's aims and principles

The main principle of VIG is that it can help the client to develop their attunement and empathy; this is why it can be used to support parents who are finding it difficult to interact meaningfully with their child (Kennedy, Landor & Todd, 2010; Trevarthen, 2009). Indeed, a key aim of VIG is that it can help adults to become more skilled at interacting with children, and it can help parents to find their interactions with their children easier and more rewarding (Fukkink, 2008).

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VIG's focus on attuned interaction results from the work of Biemans (1990); in his research in the Netherlands, Biemans (1990) posited that mother-child interactions in the first few months of life act as a guide for constructive communication later in life. Biemans (1990) suggested that in supporting the adult to respond more effectively to the child's communication one can support the relationship between them.

The VIG Process

The VIG process has three stages. Initially, the guider asks the client to undertake an activity with the child that establishes joint attention – for example playing a game; the guider will film the client and child interacting together for up to 10 minutes (Kennedy, 2011). Secondly, the guider will then edit the footage – finding very short clips where the client is showing a positive interaction with the child. Finally, the guider will then feed these edited clips back to the client during a 'review' meeting (Kennedy, 2011). By only showing the client positive examples of their interaction with the child, the guider employs Bandura's (1977) social learning theory – where strengthening behaviours with positive feedback can increase self-efficacy (Bandura, 2004). So, the guider holds a reviewing session with the client, showing them the positive clips and both highlighting and explaining the interactions they are watching (Fukkink & Tavecchio, 2010). The aim is that by explicitly talking about how to interact positively, and by facilitating the client's sense of self-efficacy, the guider can help their client to enhance their relationship with a particular child (Kennedy, 2011).

What is the evidence base?

VIG was introduced to the UK from the Netherlands approximately 20 years ago; however, it has a limited research base in the UK (Fukkink, Kennedy & Todd, 2011). Early supporters of the VIG approach in the UK, most notably Educational Psychologists at Dundee City Council in Scotland, have been calling for more UK based research (Forsyth, Kennedy & Simpson,

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1996). Kaye, Forsyth and Simpson (2000) are some of the researchers to have explored VIG in the UK context. They consider the use of VIG as an intervention to support teacher interaction, concluding that VIG was helpful to support Primary teachers to become more attuned to students in their class who presented with challenging behaviour. Kaye et al. (2000) also echo the sentiments of Forsyth et al. (1996) by suggesting that EPs could use VIG as an intervention to support teachers with challenging classes. Kaye et al. (2000) argue that if EPs were trained in the VIG approach then they could help teachers to become more attuned to their challenging classes and thus to create a more positive learning atmosphere. Most recently, Hayes, Richardson, Hindle and Grayson (2011) have used qualitative methods to explore VIG's use in schools, finding that VIG was able to support secondary school teaching assistants (TAs) to feel more confident in their abilities to work with children with emotional and behavioural difficulties (Hayes et al., 2011). Yet, Hayes et al. (2011) feel that there is still a lack of research around the use of VIG as an intervention in schools, calling for further research.

However, VIG's origin was not in schools but in its use as an intervention to enhance parent-child relationships. In Norway, Vik and Hafting (2006) explored the potential for VIG to be used as an intervention with post-natally depressed mothers, finding that the VIG approach helped mothers to increase their dialogue with their babies (Vik & Hafting, 2006). Vik and Braten (2009) extended this research further, finding that VIG could also support mothers with a diagnosis of post-natal depression to become less avoidant of their babies. Research into VIG's ability to support early attachment patterns has also been undertaken in the UK. Hynd, Khan, Tilley and Chambers (2004) used VIG with post-natally depressed mothers in Edinburgh, finding that the intervention supported early attachment patterns. In addition, Kennedy et al. (2010) explored the use of VIG as a method to promote secure attachments, whilst the potential for VIG to improve attachment relationships was also raised by

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Robertson and Kennedy (2009) when they presented a paper on VIG at an Infant Mental Health seminar at the Tavistock in London.

Although the majority of research into VIG is small-scale, a wider literature search reveals some meta-analytic studies into the effectiveness of a variety of video feedback interventions. These have found that VIG and other video feedback interventions are able to reduce parent stress, enhance parental sensitivity and improve children's behaviour (Fukkink, 2008; Robertson & Kennedy, 2009). Although not all of the video feedback interventions are called VIG, they all share VIG's method of using short video clips to emphasise the client's successful attunement with another individual. Fukkink's (2008) paper investigated 29 video feedback interventions used with 1844 families, and found significant effect sizes for change in parent behaviour, parent attitude and child outcomes; he concluded that video feedback interventions were able to support attunement in families. In an even wider meta-analytic survey of 88 varying interventions to prevent disorganised attachments between mothers and their children, Bakermans-Kraneburg, van Ijzendoorn and Juffer (2005) concluded that video interventions such as VIG were able to encourage maternal sensitivity ($d = 0.45$), thus providing further support to other researchers' claims that VIG can help support secure attachment patterns between a parent and their child.

In addition, it is worth noting that VIG is recommended within the EU as an intervention to support parents who are struggling to bond with their child (Fukkink et al., 2011; DataPrev, 2011; Stewart-Brown & Schrader McMillan, 2010), and is recommended by the NSPCC as an early intervention to improve outcomes for families where attachment is a problem (NSPCC, 2010). Although this does not add to the research base around the use of VIG, it suggests that various practitioners are using VIG with families and may provide the potential for further research in the near future.

VIG in Educational Psychology practice

As has been discussed above, although the research base for VIG is limited in scope, it does seem to indicate that VIG can be a useful intervention. However, there clearly needs to be more UK-centric research, as well as further research into the applications of VIG for Educational Psychology practice. With this in mind, there are additional considerations which should be taken into account when reviewing VIG.

A concern raised by some Educational Psychologists using VIG in their practice is that the intervention may be more suited to work between parent and child rather than between teacher and student (Patterson, 2013). VIG's origins are in parent-child relationships, and Biemans' (1990) original research was focused on the communication between mother and child. Thus, although the language of VIG focuses on 'attunement' rather than 'attachment', in a lot of the research around VIG there is an interest in supporting attachment relationships (Kennedy et al., 2010). There is therefore a question raised with regards to the appropriateness of VIG when it is applied to interactions between teacher and student, or TA and student. If a VIG guider is trying to facilitate the professional relationship between an adult and a child, where the adult will naturally not be as invested as in the parent-child relationship, some practitioners have questioned whether VIG may always be the best intervention (Patterson, 2013).

It should, however, be considered that many EPs work within families to support parent-child interactions – similar cases to the one outlined at the start of this discussion. It is in these situations that EPs using VIG have expressed enthusiasm for the intervention (Kennedy et al., 2010; Patterson, 2013); yet there is further consideration of the EP role required here. VIG is an intensive and time-consuming intervention. The VIG guider must arrange a suitable interaction, film it, edit the footage, and then hold a review meeting with the client; this is just

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one cycle of the VIG intervention, with most VIG practitioners using three of four cycles per case (Kennedy, 2011). There are continuing pressures on EP time and funding, particularly with regards to supporting parents in the home with their children (AEP, 2011). As such, EPs using VIG as an intervention for parent-child interaction may want to ensure that they have robust evaluation methods for the intervention, and to be very clear in why VIG is the most effective and appropriate intervention for them to use.

A final note with regards to the VIG intervention for use in EP practice is the time and cost commitment of the training. VIG is a trade-marked intervention, and as such one must become licensed to practice VIG by progressing through the VIG training programme (Association for VIG, 2013). This is a costly process, both in terms of time and money; again, in the current climate of public sector funding cuts, EP services may find VIG hard to justify as an intervention.

Outcome of the Case

Despite the concerns raised above regarding the use of VIG in EP practice, it should be noted that the VIG intervention had a transformative impact in the case of Sarah and Laura outlined at the beginning of this critique. The VIG-trained EP (Jane) and I ran three cycles of VIG with Laura, filming her and Sarah in a variety of situations, including cooking together at home and playing in the park. It became clear that Laura was finding her role as a Mum very anxiety-provoking, and owing to the lack of interaction with her own mother she had little support and reassurance about her parenting skills. On reflection at the end of the case, Laura felt that the most helpful impact of VIG was that we were able to give her confidence in her skills by showing her short clips of what she was already doing well. In her evaluation of the intervention she explained that this had made her feel like she was a good Mum after all. In turn, the SENCo reports that Sarah's behaviour has calmed down at school – she is rarely

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angry or aggressive towards staff and they are finding it easier to involve Laura in helping to plan for Sarah's additional literacy support. I am hopeful that I will be able to re-visit Laura and Sarah at the end of the academic year in order to see if Laura feels that the impact of the VIG intervention has continued since we stopped working with her. If this is the case then VIG provides an intriguing option as an intervention for attunement and attachment difficulties, despite its cost and time limitations.

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