

Using strengths-based video-feedback techniques to build parent-child attunement



This paper accompanies a short film in which NSPCC practitioners talk about the use of video feedback, which can be viewed [here](#)

Introduction

It is well documented that babies' and infants' relationships with their primary caregiver(s) are fundamental to their social, emotional and behavioural development. Attachment theory and its practical application emphasise the importance of babies and infants being provided with predictable, nurturing and sensitive care to facilitate their healthy development. See, for example, Bowlby (1989); Asmussen et al. (2016); Holmes (2014); Ainsworth et al. (2015) and Howe (2005).

Developing these foundational relationships is a two-way process. As Powell, et al. (2014; p. 130) state: *'Attachment does not just exist within the parent or the child, just as music is not contained within the fiddle or the bow, but rather the interaction between the two.'*

Since the 1960s, infant mental health and child development research has deepened our understanding of an infant's capacities to communicate its mental states and needs to elicit responses from its primary caregiver(s). Positive infant mental health is defined as *'the developing capacity of the child from birth to five years of age to: form close and secure adult and peer relationships, experience, manage and express a full range of emotions, explore the environment and learn - all in the context of family, community and culture'* (Cohen, Oser and Quigley, 2012).

Where concerns about parenting and child development are identified, practice interventions intended to promote infant mental health endorse a multi-disciplinary approach to working with infants and carers to improve the child's social and emotional wellbeing. The guiding principles of this approach are relationship-based practice, strengths-based work and prevention (Zeanah and Zeanah, 2019).

These guiding principles underpin a range of interventions applied within social care, and therapeutic and clinical practice, including some being tested by NSPCC children's services. These include:

- > the **New Orleans Model** based on the work of Charles Zeanah at Tulane University
- > Video Interaction Guidance (VIG) brought to the UK by a small group of educational psychologists from Scotland in the 1990s
- > **Minding the Baby**, developed by Arietta Slade and colleagues at Yale University in 2002.

Common desired outcomes of many of these programmes are:

- > Improving parental sensitivity and responsiveness.
- > Changing the parents' behaviour with their child (behavioural).
- > Restructuring the parents' mental representations of their relationship with their child (cognitive/reflective functioning).
- > Enhancing the parents' social networks.
- > Improving parental mental health, confidence and sense of self-efficacy.

(Howe, 2005)

To help achieve these outcomes, promoting parent-child attunement is a primary goal of the helping practitioner. Parent-child attunement occurs when the child and their primary caregiver(s) are positively engaged, with the caregiver(s) being responsive to their baby's cues and reflecting back what they are communicating, and the infant responding appropriately in return.

Supporting parents and infants to develop this 'serve and return' interaction often involves working with them to identify and build upon strengths in their relationship and interactions. Please refer to the NSPCC 'Look, Say, Sing, Play' campaign for further details on how 'serve and return' interactions promote attunement and brain development in infants:

<https://learning.nspcc.org.uk/news/2019/february/look-say-sing-play-launches>

Attuned interaction helps the baby make sense of, and regulate, its emotions. Babies and infants whose needs are not dyadically responded to by their parents are at increased risk of experiencing stress (evidence for which has been gathered through measuring levels of the hormone cortisol, which is produced in response to many forms of stress).

Learning to cope with moderate stress is a normal part of child development, but prolonged or excessive activation of stress response systems can have implications for health and development. The literature also sets out how being attuned can help reduce a parent's own stress and enhance their sense of self-efficacy, thereby promoting strengths in the parent-child relationship. See, for example, Stevens and N'zi (2019).

Video feedback is an effective tool in providing moment-by-moment observations of parent-child interactions. A practitioner works with the parent(s), identifying moments or even micro-moments of positive interaction, and uses these to support them to recognise their own strengths and strategies that have helped them achieve these moments. Empirical evidence suggests video feedback can promote self-efficacy and parental sensitivity, and can be more effective than parenting programmes alone (Kennedy, 2011; Fukink, 2008).

There are important considerations for organisations to factor into any planning to implement video-feedback approaches into service delivery, in order to promote safe and ethical practice.

Training and supervision

Using video-feedback approaches with families is complex and requires a high level of practice knowledge and skill. Specialist training and supervision of practitioners that support the safe delivery of the programmes is, therefore, essential. Many programmes, such as VIG, require practitioners to demonstrate their competence in delivering the work through a process of training and accreditation.

It is also important that practitioners are equipped with sufficient theoretical understanding of attachment, child development and parenting alongside the theory and practical process that underpin microanalysis and clip selection. Practitioners, referred to as trainee guiders when delivering VIG, are supported for considerable periods by VIG-trained supervisors to ensure their service delivery is safe and of consistent quality.

Please refer to **www.videointeractionguidance.net** for further details.

When delivering Minding the Baby and the New Orleans Model, NSPCC practitioners and clinicians are clinically supervised to promote safe and consistent delivery of the model, critical reflection and analysis of their practice and professional development in the approach. NSPCC practitioners are also provided with line management supervision to support reflection on the complexity of work, and the practitioner's value-base, to help the practitioner manage the emotional impact of the work and to guard against bias.

Further details on NSPCC services, including Minding the Baby and the New Orleans, can be found here: **<https://learning.nspcc.org.uk/services-children-families>**

Ethics/Risks/Critical thinking

It is important practitioners apply strengths-based approaches and video-feedback in practice with caution. For example:

- > The involvement of trained video-feedback practitioners should be in the context of a comprehensive assessment to ensure the approach is appropriate. There are many circumstances in which it would not be an appropriate approach. For example, for a parent with significant mental health difficulties and/or who is unable to accept responsibility for existing difficulties, the approach might actually exacerbate these challenges.
- > Where concerns do exist, it is important to be clear with parents and carers from the outset what the concerns are. Wachtel and McCold (2003) highlight the importance of working *'with'* parents in strengths-based work through a combination of high challenge and high support that sets out clear expectations of what is required to change in the parent/child relationship.

Within NSPCC, video-feedback approaches were delivered within the context of a relationship-based intervention model. It is fundamental to these programmes that practitioners build trusting relationships with parents from the outset, enabling the parent to feel safe enough to meaningfully engage and reflect on their circumstances and relationship with their child. Modelling empathy, compassion and trust in the practitioner-caregiver relationship can help promote the caregiver's reflective functioning, with the aim of enhancing their sensitivity and attunement with the child. For the practitioner, the supervisor-supervisee relationship is also an important factor in promoting relationship-based practice.

Clip selection

Practitioners in VIG are trained to analyse patterns of communication that unfold within relationships and captured in the recordings. Carefully selected positive moments of attunement are used to address the unhelpful patterns, while simultaneously addressing the parents' 'helping question'. The 'helping question' is negotiated at the outset of the intervention and aims to define the parents' goals for the work.

For parents with negative experiences of child protection, and social work's focus on risk assessment and deficits in their parenting, having a practitioner share with them successful moments of interaction with their child can be very powerful - encouraging them to look for these moments themselves, thereby increasing sensitivity to attuned interactions with their child.

Clip selection will be informed by the practitioner's skills, knowledge and values. It is important, therefore, that practitioners have opportunities to critically reflect and analyse their practice through effective supervision to help guard against bias.

Working within the system

When a helping team is worried about the risks surrounding a child, for example when there are child protection concerns, they might feel concerned that using a strengths-based intervention could mask or fail to adequately take account of the risks that are present.

Communication with the professional network around the family is crucial to building a shared understanding of the concerns. The team around the family needs clarity about the role of the strengths-based video work as an opportunity to work collaboratively with parents to address risks, through increasing sensitivity to their child's cues and needs.

Practice contexts of video-feedback approaches

Video-feedback can be used in a range of practice areas to promote strengths in family relationships. Within NSPCC, this has included working with parents where difficulties exist in the adults' relationship. This has helped parents reflect on the patterns of communication between them and build on the strengths in their interactions.

In some circumstances, practitioners use video clips to help inform the professional network about the progress of the work and to demonstrate the strengths in the family. Additionally, clips have been used to help support a shared understanding with the parent(s) and/or professional network about concerns regarding the child's emotional needs being met. This latter use of video-feedback is used cautiously by practitioners, with the key aim being to inform decision-making for the child.

Practical tips

The location and timing of sessions are important considerations in helping both the child and parent(s) to relax during the filming. Where practicable, practitioners typically film the parent(s) and child engaged in a natural activity within a regular setting, for example at home. In NSPCC, the nature of the service and circumstances of the families involved in the New Orleans Model is such that work with families is often undertaken within a clinical setting.

The mental states of the parent(s) and child are considered ahead of filming sessions and practitioners will not go ahead with filming where either a parent or the child is in a state of upset.

Practitioners support parents to structure the time and help them select an activity that both the parent(s) and child will enjoy, promoting opportunities for positive attunement.

Filming equipment

NSPCC practitioners typically use mobile devices such as a tablet or phone to film sessions, which helps enable the recording to be done discreetly. This also helps the parent(s) and child relax and get the best out of the session. An exception to this is when sessions take place in a clinical/practice setting that is fitted with filming equipment.

VIG training provides practical tips about filming and filming devices. For example, the importance of checking the filming device being used has sufficient battery life for the recording, to prevent the need to repeat sessions.

Gaining informed consent

It is absolutely vital to gain informed consent from parents at the outset. This should be sought once they are provided with clear information about the programme of work, its purpose, what the work will involve and what is expected of them. Working collaboratively is critical to achieving the parents' goals and addressing their concerns.

Informed consent must include providing parents with details about how their information (including film clips) will be stored, for how long and who will have access to the information. The purpose of how their information will be used should also be clearly stated. Data protection legislation will help inform the development of organisational policies and procedures that will be an important aspect of implementing video-feedback approaches.

General Data Protection Regulation (GDPR)

Organisations are required to work within the GDPR legislative framework and organisational policies and procedures when handling personal and sensitive information. The safe storage of film footage, which includes all mobile devices being encrypted to protect the identity of children and families, are additional requirements when using video-feedback approaches.



You can listen to practitioners reflecting on their work with strengths-based video-feedback in **this short film**

References

- Ainsworth, M. et al. (2015) *Patterns of attachment: A psychological study of the strange situation*. Hove: Psychology Press.
- Asmussen, K. et al. (2016) *What works to support parent child interaction in the early years*. London: Early Intervention Foundation.
- Bowlby, J. (1989) *The Making and Breaking of Affectional Bonds*. Abingdon: Routledge.
- Cohen, J., Oser, C. and Quigley, K. (2012) *Making it happen: Overcoming barriers to providing infant-early childhood mental health*. Washington DC: Zero To Three. Available online: www.zerotothree.org/resources/3476-vol-40-no-5-leadership-and-systems-change-in-infant-and-early-childhood-mental-health
- Fukkink, R. G. (2008) Video feedback in widescreen: A meta-analysis of family programs. *Clinical Psychological Review* 28, 6.
- Holmes, J. (2014) *John Bowlby and attachment theory. 2nd edition*. Abingdon: Routledge.
- Howe, D. (2005) *Child Abuse and Neglect: Attachment development and intervention*. Basingstoke: Palgrave Macmillan.
- Kennedy, H., Landor, M. and Todd, L. (2011) *Video interaction guidance: A relationship-based intervention to promote attunement, empathy and wellbeing*. London: Jessica Kingsley.
- Slade, A. et al. (2005) Minding the Baby: A Reflective Parenting Program. *Psychoanalytic Study of the Child* 60.
- Stevens, M. and N'zi, A. (2019) Parent-Child Interaction Therapy in Zeanah, C. (ed.). *Handbook of Infant Mental Health 4th Edition*. New York: The Guilford Press.
- Wachtel, T. and McCold, P. (2003) *In pursuit of a paradigm: A theory of restorative justice*. Bethlehem, PA: International Institute for Restorative Practices. Available online: www.iirp.edu/eform-archive/in-pursuit-of-paradigm-a-theory-of-restorative-justice
- Zeanah, C. and Zeanah, P. (2019) Infant Mental Health. The Clinical Science of Early Experience. *Handbook of Infant Mental Health. 4th Edition*. New York: The Guilford Press.

Authors: Paula Gow, Louise Harrington, Theresa Park and Lindsay Rautman

June 2020

research
in practice

www.researchinpractice.org.uk

NSPCC
Learning

www.nspcc.org.uk/learning