



Supporting the parent-infant relationship through Video Interaction Guidance

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*“She’s looking at me. Oh, she’s looking at me...
It’s me what needs to change”*

(Chrissy, on viewing video of herself with her child)

A core aim of Video Interaction Guidance (VIG) is to build a parent’s awareness of how they create positive interactions with their baby. As a guider, or practitioner, of VIG I achieve this through the use of positive images (video clips), viewed and discussed together with the parent, in a manner that is non-threatening and non-judgemental. Providing this space enables the parent to explore and develop an understanding of their own role in building the relationship with their baby.

Video Interaction Guidance (VIG) is a strengths-based intervention that uses video feedback of successful interactions to give parents the opportunity to see the positive impact of themselves on their child.¹ VIG is a participatory approach where the expertise of the parent in their relationship is as important as the guider's expertise in the selection of video clips. VIG and similar interventions have been included in National Institute for Health and Care Excellence (NICE) guidelines for support for young children² and children and young people with autism.³

Relating to parents as experts in their relationship

One of the most appealing aspects of VIG is that it does not involve promoting myself as the 'expert' to a 'non-expert' parent. Instead, I behave from the belief that we are *both* experts. I am an expert in video editing and the parent is an expert in their relationship. This means that the parent and I can relate to one another from our equally specialist perspectives without one or other of us feeling in an inferior position. I think this helps us to draw on each other's perspectives and so develop a new understanding of the video footage that is the product of our making a shared meaning.

So often, our public discourses give weight to the specialist voice, which in turn can force parents into believing that they too must become specialists in parenting. This may subjugate the importance of their own inner thoughts and feelings in their relationship. Parents who don't feel that they know all there is to know may feel pressurised into adopting a specialist role, resulting in them being in a third-person position in the relationship with their child.⁴

In order to practice VIG, I speak and work from the first person position, for example, I say things like, "When we were filming that moment really stood out to me". This kind of expression can give the parent an opportunity to recall her memory of the moment. She may, if given space, go on to say why it was special and what it felt like at the time. Offering my authentic responses to the video footage is done in the sure knowledge that my initiatives will be refined, redefined or rejected by the parent. My ability to receive her refinements to my initiatives lays the foundation for her to tell me what she's thinking and feeling. We can then go on to develop new meaning of the video clip. Creating meaning together results in enhanced reflexivity for both of us and we understand each other better. Working in this way with the parent provides a kind of live model of how the interactions between parent and infant builds the infant's mind: a mind that has space for the other's mind.

What does VIG involve?

VIG does not have a rigidly defined protocol. Practitioners undergo supervised training and assessment over a period of at least 18 months in order to fully understand its values and principles. After accreditation, each guider brings the intervention to life in their own way, but is trained to take high quality video recordings of parents and children in their natural environment. The guider will be able to edit clips to show especially attuned moments of interaction, and use these to help the parent envision change and to see change in their relationship with their infant over time. Guiders find out what

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the parent would like to see as a result of the session, which helps with clip selection. We typically work with a family for about three months, taking three or four video recordings and sharing clips with the parents and others involved with the child, such as family members, child carers or health workers.

VIG supports change in relationships through building upon interactional strengths. These strengths may be exceptions to the general pattern of interaction. When a guider talks to a person about the strengths, they often respond by talking about the limitations of their situation.⁵ And in my experience, these words, spoken freely, are often what create change. There are particular words, which the educationalist Freire described as ‘true words’, that have power to transform the world for the person speaking them.⁶ The term *true words* does not refer to a particular set of vocabulary, but instead denotes the parent’s own verbalisation that has arisen as an outcome of reflection and expresses their intended action; they are much more than utterances that just keep the dialogue flowing. When parents express their own true words, action follows which is often swift, self-determined and owned by the parent. Their particular words have a power that a person speaking from a third person position could never muster. Below is the story of true words being spoken by Chrissy during a VIG session.

The guider records video footage and analyses it for attuned interactions, in which the parent is giving space for the infant’s initiative and where positive impact on the infant is discernible. The guider listens to what the parent says about the clip, and what it might or might not show of the relationship. The guider can therefore use each clip to provoke a realisation in the parent and set up a thread of continuity between the parent’s past, current and future understandings of the relationship.⁷ It is important for the guider to not slip into instructor mode, telling the parent how to see the clip, because that would reduce the potential to develop shared understanding between the guider and parent. I tend to choose clips that enchant me and arouse my curiosity, without always being able to say why. This helps me to talk from a first person position and allows the parent to be the specialist in the relationship.

The video clips provide an exceptionally positive example from which the parent can go on to talk about what they see as the limits of the relationship. They may go on to speak *true words* that have the power to transform their world.

Chrissy and her baby

When Chrissy came to work with VIG she talked about how naughty her daughter was, referring to her as “the devil child”. Chrissy’s mum, the second main carer in the family, adopted the same stance on her granddaughter. Chrissy talked about their situation and particularly focused on their lack of sleep because her daughter routinely took about four hours to settle down to sleep at night. In the initial session, where we constructed the goals for change, we agreed that our work should result in better bedtimes. We thought that it would help if Chrissy could get more co-operation from her daughter. We recorded the first film in the family home, then viewed a selection of three clips a week or so later. The first clip was a few seconds long and showed the daughter looking at Chrissy to follow a simple instruction. When I showed the clip to Chrissy her reaction was not as I had expected. She was frustrated, even

angry, because I had shown a clip in which her daughter was not speaking. Chrissy could not see the point of this. I named what I understood of Chrissy's emotion, saying something like, "You sound frustrated because you can't see how this clip will help things change", and Chrissy confirmed that this was how she felt. I explained that I had deliberately chosen the clip because there was no talking, and that there was something important in her daughter's action of looking at her. We watched the clip again. Chrissy spoke quietly after seeing the clip for the second time. She said, "She's looking at me. Oh, she's looking at me". Her speech was slow and she was tearful. Her next words were, "It's me what needs to change".

Chrissy had a moment of deeper consciousness of the limit-situation of her relationship, seeing herself as both the cause and solution to the limits. At the last session of our video work Chrissy met me at the door of her new home, put out both hands in an open gesture, smiled and said, "Everything's changed." Later in that session she attributed the change rightly to herself saying, "I've just got to calm down when kids are here." She went on to say, "You don't understand, everything's getting tighter and tighter and there's bills what need paying, but I've just got to say, whatever."

In these words, "You don't understand", Chrissy reminded me of her specialist position as parent. I remember smiling as I heard them. She was right, I didn't know the limits of her situation, but somehow I did manage to keep us both in a place where we owned our feelings and maintained our voice without retreating in defence to a position with less power for transformational change.

I think the VIG intervention was helpful for Chrissy because it gave her the opportunity to see the impact of the financial pressure on her relationships. She never once mentioned these financial pressures to me and she didn't have to. She saw it. Then, having seen it for herself, all she needed to do was say, "It's me what needs to change".

Tips for practitioners

- Using video helps create greater awareness in the parent. How could you use pictures, literal or metaphorical, to increase conscious reflexivity in the parents you work with?
- When you use strengths-based techniques, like praise or naming positive examples that you have seen or heard, don't be tempted to close down or attenuate the parent's own reflections on the more negative aspect of their relational life. According to Freire, an increase in the parent's understanding of the limits of their situation is exactly what is needed for that parent to shape their own action for change. Allow the *true words* to be spoken.

The Association for Video Interaction Guidance UK (AVIGuk) is a UK network of accredited guiders and supervisors. Further details about the intervention, including how to train, can be found at the following website: <http://www.videointeractionguidance.net/>.

References

1. Kennedy H, Landor M, Todd L, editors. *Video interaction guidance: a relationship-based intervention to promote attunement, empathy and wellbeing*. London: Jessica Kingsley Publishers; 2011.
2. National Institute for Health and Care Excellence. *Social and emotional wellbeing: early years*. London: NICE; 2012. Available from: <http://www.nice.org.uk/guidance/ph40>
3. National Institute for Health and Care Excellence. *Autism spectrum disorder in under 19s: support and management*. London: NICE; 2013. Available from: <http://www.nice.org.uk/guidance/cg170>
4. Ramaekers S, Suissa J. *The claims of parenting: reasons, responsibility and society*. Dordrecht: Springer; 2012.
5. James DM, Collins LC, Samoylova E. A moment of transformative learning: creating a disorientating dilemma for a health care student using video feedback. *J Trans Edu* 2012;10(4):236-56.
6. Freire P. *Pedagogy of the oppressed*. New York, NY: Herder & Herder; 1970.
7. Dewey J. *Experience and education*. New York, NY: Collier Books; 1938.