

Taking a closer look: Exploring Processes and Evaluating Outcomes of a Video Intervention: Video Interaction Guidance (VIG)

Submitted by Danya Gromski to the University of Exeter as a thesis for the degree of Doctor of Educational Psychology in Educational, Child & Community Psychology, September 2011.

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Date: 23rd September 2011

Overview: Paper 1 and Paper 2

Video Interaction Guidance (VIG) is an intervention that aims to enhance communication within relationships. It is based on a pedagogical model initially developed by child psychologist, Harrie Biemans (1990) in the Netherlands for use with troubled families which is known as video home training (VHT). VIG was first used in the UK within Dundee Educational Psychology Service in 1992. It has become increasingly well known in the UK and is used in a range of settings with parents, children and professionals to enhance communication and develop positive interaction skills.

The Every Child Matters Agenda (DfES, 2004) recognises the crucial role of parents, carers and families in improving outcomes for children and young people and the need to provide support in order for them to do so. There is also an increasing recognition that EPs are well placed to apply psychology through the development of direct intervention work with children and their significant others (Norwich, 2005). In recent years, there has been an objective within the profession to increase the extent to which work carried out by Educational Psychologists (EPs) is evidenced-based, professionally defensible and psychological (Frederickson, 2002).

In working to promote and achieve such priorities the Educational Psychology Service in which I have been working as a Trainee Educational Psychologist (TEP) utilises a wide range of interventions. One such intervention is VIG, in which twenty EPs have received training

and some are using in their work with parents, teachers, children and other professionals. The evidence-base for the effectiveness of VIG has been developing over the last twenty years through small-scale studies in the Netherlands and the UK. The VIG approach is grounded in psychological theory (See Section 1.2.1, pg. 12 below) and puts into practice many core principles within the field of Educational Psychology such as empowerment, collaborative working and respect.

Rationale

A basic requirement of evidenced-based practice within Educational Psychology is that services and individual practitioners evaluate outcomes of intervention programmes (Frederickson, 2002). Whilst small scale studies have reported VIG to be effective, enabling EPs to recommend it as an evidence-based intervention (Fukkink, 2008; Juffer, Bakermans-Kranenburg & Van Ijzendoorn 2007; Simpson, Forsyth & Kennedy, 1995; Kaye, Forsyth & Simpson, 2000) this is not necessarily sufficient. It is also important to understand something about the impact of such interventions within a local and individual context. It is becoming increasingly accepted that outcomes in *efficacy* research carried out under highly controlled conditions do not always transport directly to routine practice with the same effects. Rather, this must be demonstrated, undertaking *effectiveness* research into outcomes based on those routine settings (Bower, 2003).

Furthermore, Carr (2000) identifies that for children and adolescents with all kinds of psychological problems, the 'best available' treatment does not work in up to one third of cases. Current research within the field of

VIG has not identified how the intervention brings about change for clients. Although explanations can be drawn from the theoretical base of VIG this has not yet been fully explored in practical contexts.

Therefore, this research aims to deepen understanding about the process of change in relation to VIG, still a relatively under-researched area. An individual case study methodology was employed, using a mixed method design to explore some of the key processes and link these to perceived outcomes for parents and their children.

Paper 1 focused on exploring some of the key processes within the video intervention through an in-depth analysis of shared review sessions between parents and EPs. Discussions were found to be qualitatively different between cases. Parents also perceived VIG in different ways, which appeared to correspond with the nature and content of discussions in shared review sessions. Where parents were more often engaged in activating discussions (two out of four cases) they valued the space to reflect on interactions with their children and the non-directive approach used by EPs. Those that only experienced VIG as a method to demonstrate that their parenting was 'good enough' were more likely to be given information by EPs in the video review sessions and less likely to create new understanding about their individual situations.

Paper 2 evaluated the perceived social, emotional and behavioural outcomes for parents and their children. There were some small gains in two out of four cases but these were largely not maintained over time. A secondary aim was to identify any barriers and enablers of the video intervention, as perceived by parents and EPs. Key themes identified

broadly related to client factors, the relationship between EP and parent, and factors specific to the intervention.

Link between Paper 1 & 2 Findings from both papers together demonstrate that there was a complex interplay of factors within the process of VIG that may have increased or decreased the likelihood of change, depending upon individual circumstances. These factors related to parents' level of active engagement within the process of VIG, how parents' perceived the intervention and the relationship that developed between EP & parent. A set of guiding principles have been developed that could be applied to using VIG in practice contexts when working with families.

When conducting this type of research, it was important to position myself as a researcher, since my own personal experiences, views and constructs could implicitly affect the way in which others' perceptions were understood and how information was interpreted and portrayed. I am a white, middle class female who has worked in educational contexts for the past eight years. I have been careful to reflect on my position as a Trainee Educational Psychologist throughout the research process, and the different backgrounds and experiences of the parents who took part in this study in relation to my own.

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Abbreviations and definitions

VIG	Video Interaction Guidance
EP	Educational Psychologist
EPS	Educational Psychology Service
SSIs	Semi-structured interviews
RQ	Research Questions
SDQ	Strength and difficulties questionnaire
PSI	Parental Stress Index
P1	Parent 1
P2	Parent 2
P3	Parent 3
P4	Parent 4
C1	Child 1
C2	Child 2
C3	Child 3
C4	Child 4
SR	Shared Review session

Paper 1

**An exploration of some of the key
processes in
Video Interaction Guidance in
action**

Abstract

Evidence suggests that Video Interaction Guidance (VIG) is an effective intervention leading to positive behaviour change when used with parents and their children. The aim of this paper is to explore the processes of Video Interaction Guidance (VIG). Utilising a case study methodology it explores some of the key processes within the video intervention through in-depth analysis of shared review sessions. It also examines what parents and EPs perceive as significant and helpful within the process of VIG. Results reveal that the interplay between the visual image and the nature and content of discussions appears to be qualitatively different when parents are more actively engaged in video review sessions. Parents perceived the intervention in different ways, which appeared to correspond with their level of engagement in shared review sessions. The limitations of the study and suggestions for future research are discussed and the direct implications are dealt with in the overall conclusion in Paper 2 (pg. 93).

Chapter 1

Introduction & Literature Review

1.1 Introduction

This is the first of two papers which together explore the processes and evaluate the outcomes of Video Interaction Guidance (VIG) when used with parents and their children. Specifically, this paper seeks to explore some of the key processes within the video intervention through in-depth analysis of shared review sessions - where parent and EP view edited video clips and explore them together. It will also examine what parents and EPs perceive as significant and helpful within the process of VIG.

VIG was first used within Dundee Educational Psychology Service. Hilary Kennedy and colleagues have been gathering evidence in practice contexts which presents a convincing case for VIG as a therapeutic approach nurturing lasting behavioural change (Simpson, Forsyth & Kennedy, 1995; Kaye, Forsyth, & Simpson, 2000; Kennedy & Sked, 2008). This evidence-base continues to grow and as more EPs use VIG in practice, it seems important to contribute and deepen understanding about VIG as it is used within Educational Psychology practice in the UK

Therefore, it is proposed further research is needed to understand how VIG is used within local practice contexts. There is currently little published research (see literature review in Appendices) that explores how VIG works when used with families. A recent doctoral thesis, by Doria (2008) looked at how VIG brings about positive change for

vulnerable families through an examination of shared review sessions. This study therefore proposes to add to the small but growing evidence-base and also to support explanations that can be drawn from the underpinning theory of VIG to account for how VIG brings about change.

In order to develop greater clarity on the topic and define my research focus, a literature review was completed. The next two sections provide a brief overview of the literature and how it was sourced. For a more in-depth review of the literature please see Appendices, pg. 162 (the literature review has been marked separately from the examination of this thesis).

1.2 Literature Review

The following literature has been sourced through academic search engines such as EBSCO and Psych ARTICLES. Academic texts were also accessed. Different search terms were employed as the research base for Video Interaction Guidance is small, albeit growing. Therefore, it was deemed necessary to look more broadly at video interventions and video-self modelling. Primary sources of literature were sought where possible. A small number of secondary sources have been used due to texts being unavailable or where papers had been presented at conferences, thus making them difficult to locate.

The following sections will consider the underpinning theory and examine possible explanations provided by this theoretical base to account for how VIG brings about change. It then looks in more detail at mediated learning

and how this links to a theoretical model that is used within VIG. Finally, it briefly examines research literature that has identified there are common factors across therapeutic interventions that increase the likelihood of positive behavioural change.

1.2.1 Theoretical Aspects

VIG draws on several theoretical frameworks related to developmental, constructivist, social learning and humanistic approaches. These offer a rationale for how VIG might promote change and positive outcomes.

The principles of social learning theory (Bandura, 1977, 1997) are relevant to VIG. This view of learning emphasised the ability to learn by observing a model and this is most effective when perceived by individuals to be competent and similar to themselves, e.g. gender, age, physical characteristics. Video self-modelling is a specific application of video that allows individuals to learn from images of one's own future behaviour or success. Dowrick (1986, pg.201) defines it as "*A procedure in which people see themselves on video tapes showing only adapted behaviour*".

Research documents the benefit of video self-modelling across a wide range of participants, settings and variables in promoting behavioural change and the maintenance and generalisation of these skills over time (Meharg & Woltersdorf, 1990; Dowrick, 1991; Dowrick, 1999 & Hitchcock, Dowrick & Prater, 2003). These qualitative review studies focus on the use of video self-modelling in therapeutic, clinical and educational

settings, where children (usually with disabilities) were referred for treatment of problem behaviours or to learn a verbal, social or functional skill. Other research documents the use of video within pedagogical programmes is most effective when video playback is combined with structured guidance by a therapist or in the context of a coaching relationship (Hung & Rosenthal, 1981; Foster & Roberts, 2007; Dowrick et al, 2000, 2001).

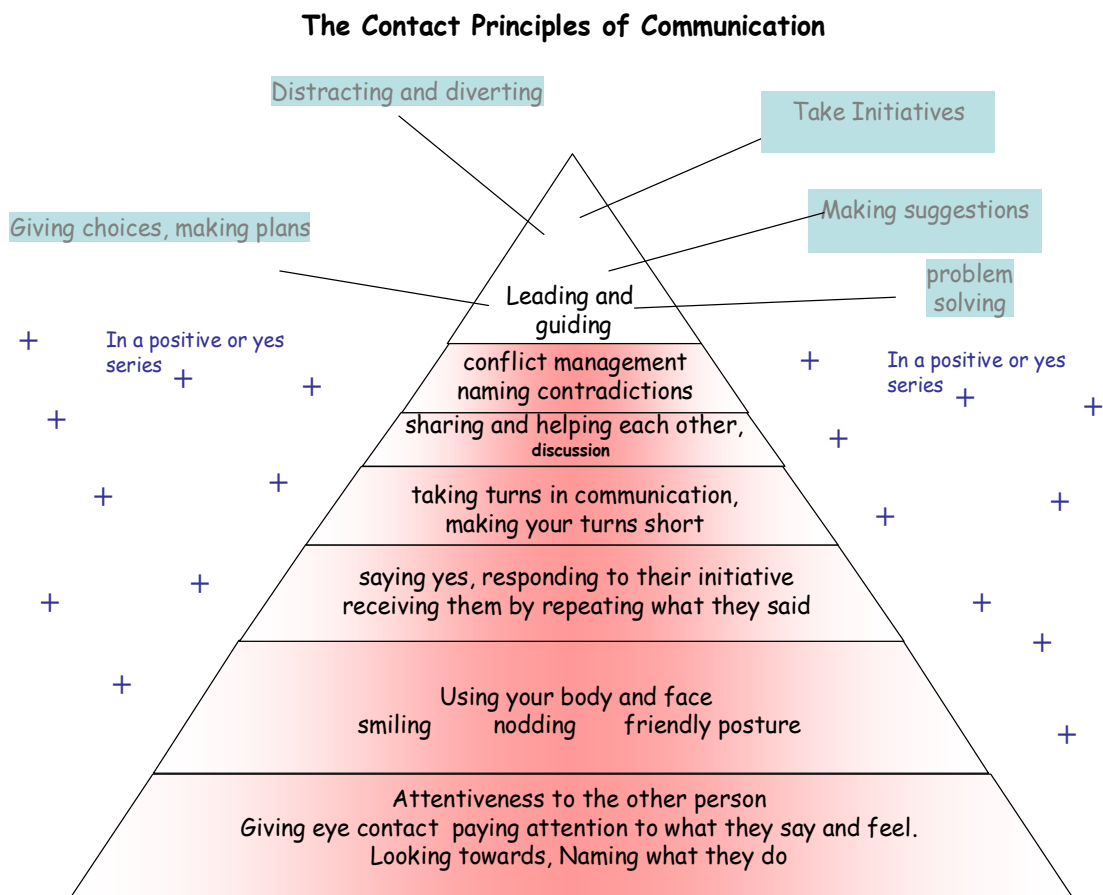
Kennedy & Sked (2008), assert that the 'coaching' that takes place within VIG review sessions focuses on the interaction between people, rather than the behaviour of individuals. It is suggested that it is not simply the isolated effect of watching oneself on video but rather the interplay between the visual image and importantly, the relationship that develops between VIG guider and client that may lead to successful outcomes in VIG. Vermeulen (2006), has suggested that because VIG is a strengths-based approach it has a positive effect on the developing relationship between VIG guider and client. This is because VIG is an intervention that aims to enhance communication within relationships.

The theoretical core of VIG was developed by Trevarthen (1979, 2001). Two fundamental ideas from the theory of inter-subjectivity have influenced VIG. Firstly, the adult's ability to be sensitive to the child's actions and communicative intent by attending and responding encouragingly and secondly the active role which the adult plays in mediating children's learning experiences, through shared activities, towards culturally shared knowledge. This process of mediation has been

described variously: by Bruner (1978) as “scaffolding”, by Vygotsky (1978) as “learning in the zone of proximal development” and by Feuerstein and Klein (1985) as “mediated learning experiences”. It relates to the way people move from what they already know to what they do not and how a ‘skilled other’ provides a structure to support that process.

Biemans (1990), developed a schematic ladder of communication skills that are used in VIG, based on Trevarthen’s theory of inter-subjectivity and adult-child relationships. These are known as the “Contact Principles”. (See Fig. 1)

Figure 1: Contact Principles used in VIG (Biemans, 1990)



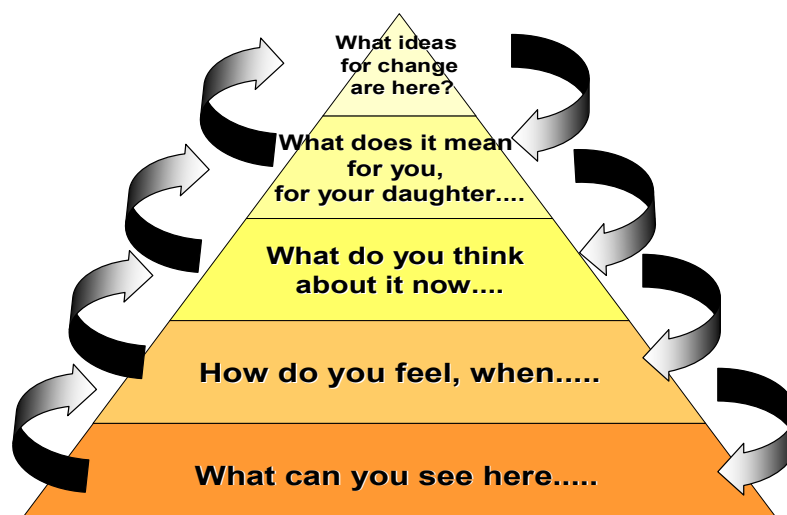
The principles relate to the basic building blocks of communication and are equally valid in adult client-professional interaction. They provide a framework by which clients, with the assistance of a VIG guider can evaluate their own communication during shared review sessions.

1.2.2 Mediated Learning

There is growing literature about the nature of the adult or more skilled peer's role in the recognition of others' intentions and active adjustment to them (Kaye, Forsyth & Simpson, 2000). The notion of creating a new, shared understanding is a core principle of VIG and this process is thought to play an integral part in the shared review sessions, where adults mediate one another's learning by looking to each other to give meaning to their shared understanding and experiences (Forsyth, Kennedy & Simpson, 1995). Figure 2 shows a model that a VIG guider can use to scaffold conversations during shared review sessions, to facilitate the creation of new meanings with clients.

Figure 2: Model of a 'questioning hierarchy' to scaffold video feedback discussions.

Scaffolding the meanings during the feedback

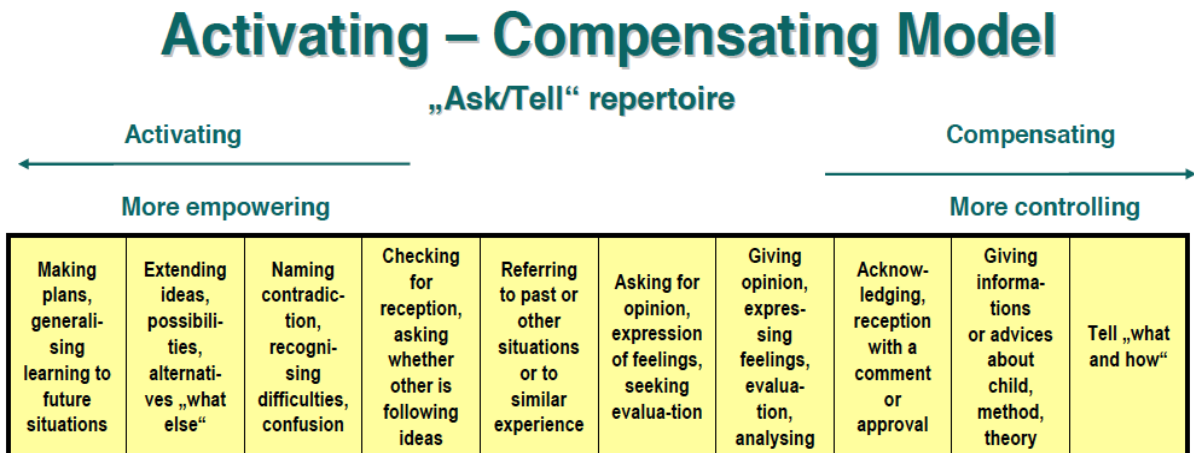


VIG is based on the assumption that everyone can progress from 'where they are' to somewhere else and that this can be interpreted as constituting positive growth (Brookes, 2008). Kennedy & Sked (2008) suggest that VIG guider and parent reflect together during shared review sessions and discussions move from analysis of behaviour to exploration of feelings, thoughts, wishes and intentions of the parent in relation to interactions with their child.

Wels (2004) explains that VIG promotes empowerment as it accepts parents as they are. It strengthens their skills rather than identifying their weaknesses. Most importantly, parents are empowered by discovering these skills for themselves rather than being advised by professionals. The aim of the VIG guider is to activate parents to perceive their own strengths for themselves. Parents should be able to name specifically what they are doing, state it is good and believe that they are being successful (Brookes, 2008).

Šilhánová (2008), has developed a model showing how discussions between client and VIG guider can develop in shared review sessions. The fundamental aim is to engage the client in activating conversations which result in new learning and shared understanding. It appears there are links between the activating-compensating model (See Figure 3) and the three key principles necessary for a mediated learning experience to have taken place. These are intentionality & reciprocity, meaning and transcendence (Feuerstein & Klein, 1985).

Figure 3: Activating-Compensating Model (Šilhánová, 2008)



Benefits for the client

Higher, when the aims are set by the client and trainer only helped towards their recognition	Understanding the goals of cooperation	Lower, client's role is passive, very often there is not enough recognition of client's aims
Deeper understanding through searching and coming up with own answers	Learning new things	Deep enough, but only if the client trusts the trainer's expertise, otherwise very low
Higher in many aspects of cooperation	Motivation	Very low, client can feel completely lost
High, client feels ability to do things and control own life, high level of responsibility	Empowerment	Empowerment doesn't happen and trainer is disappointed with uncooperative client, responsibility is not taken

This model suggests the VIG guider enables the client to find individual meaning in their situations through developing a reciprocal relationship informed by the contact principles (Figure 1). This is with the aim of developing transcendence or 'bridging', where the mediator (VIG guider) supports the client to apply newly learnt meanings and principles into a relevant context, e.g. to their daily interactions or family life. Silver & Burden (2005), acknowledge that within a mediated learning framework, the more links that the student/client is able to make to their own life, the more secure the principle becomes.

Šilhánová (2008), suggests the content of interactions between client and VIG guider will usually become more 'activating' as shared review sessions progress. There is currently no published research that has examined video review sessions to identify if this is the case. It follows that if clients are actively engaged in discussions during shared review sessions then they may be more likely to experience positive change within their individual situations. The final section will briefly examine related literature that has indicated there are common ingredients within interventions that increase the likelihood of positive outcomes.

1.2.3 Common factors in behavioural change

Lambert (1992) has argued that the quality of relationships and extra-therapeutic factors are key to the success of interventions. Lambert's findings showed the relationship between therapist and client, as well as activation of client factors, accounts for approximately 70% of the change. Kennedy & Sked (2008) indicate this is the case with VIG. They argue that quality of the review process, in particular the nature of the relationship between VIG guider and client, will be central to the success of VIG as intervention.

Horvath & Greenberg (1994) summarise research on the therapeutic relationship from the past twenty years and suggest that at the core of any successful therapeutic working alliance is the notion of collaboration. Therapeutic alliance, according to Bordin (1979, 1994), consists of three main dimensions - goals, tasks and bond - which includes the extent to which the therapist and client work collaboratively and purposefully to

determine where therapy is going and how they will get there, as well as the sense of warmth and understanding they share. It seems likely that this bond or emotional connection shares similarities with the concept of attunement (a central idea in VIG and on which the 'Contact Principles' are based). Importantly, therapeutic alliance has emerged in the literature as a promising construct for understanding treatment outcomes and overall, appears to be a relatively strong predictor of client change (Gellhaus Thomas, Werner-Wilson & Murphy, 2005).

Sked (2006) (cited in Kennedy & Sked, 2008) concluded that the effectiveness of VIG is influenced by the quality of the relationship developed in review sessions. This was because the engagement of some clients in the process of self-reflection and change was qualitatively different to others. Films of their shared review sessions demonstrated their increase in confidence and that they brought new ideas and were active and emotionally engaged in the process of change.

Hubble, Duncan & Miller (1999) assert that the client's capacity to change is the most potent factor in achieving successful outcomes and research from the field of counselling has shown clients to be active, reflective and motivated to resolve their own problems (Bohart & Tallman, 1999; Manthei, 2007). Furthermore, Hubble et al argue the trained practitioner should function as a support system and resource provider, which contrasts with literature where the therapist is portrayed as "hero" with techniques and procedures, who intervene in clients lives and fixes the problem. As already noted, the VIG guider works from an empowerment

perspective to accept clients' as they are and aim to 'activate' clients via facilitating a process through which they perceive their own strengths for themselves (Wels, 2004).

1.3 Summary and research questions

This chapter highlights that there is currently a small evidence base that indicates that VIG is an effective intervention in promoting parental sensitivity and increasing confidence in parenting skills which can have a resultant impact on improving their relationship with their children. It examines the theoretical basis of VIG: social learning theory, (Bandura, 1977; 1997) and theories of inter-subjectivity (Trevarthen, 1979; 2001) and mediated learning (Vygotsky, 1978; Feuerstein & Klein, 1985) and draws more broadly on literature that identifies common factors that increase the likelihood of positive behaviour change. It suggests that VIG and the content and nature of interactions within shared review sessions warrants exploration to consider how a video intervention brings about change. I propose that this is a current gap in the literature, which this study will address.

This gave rise to the primary, overarching research aim:

To explore some of the key processes taking place during Video Interaction Guidance in action

which encompasses the following related questions:

Research Question 1: Do discussions during shared review sessions empower parents and result in the construction of new meanings about their individual situations?

Research Question 2: What do parents and EPs perceive is significant and helpful within the process of Video Interaction Guidance?

Research Question 3: How do the views of parents and EPs correspond with what happens in shared review sessions?

Chapter 2 Design and Method

2.1. Methodology

In selecting an appropriate methodology, I considered the following factors:

- The research was grounded in the practice of Educational Psychology and so required a methodology that allowed me to examine everyday practice.
- The research questions were developmental as they explored the nature and process of change over time in relation to the video intervention.
- The research was to capture an in-depth understanding of the processes of the video intervention and the views of those involved.
- The design had to be flexible to allow participants to successfully engage and participate with the research process.

2.1.1 Case Studies

A case study methodology was used in this research, using qualitative methods to allow for a rich description of the data within and across individual cases. Case studies give a platform to the writer in which a rich description of a particular unit of analysis: the *case*, is depicted thus allowing the reader to gain a greater understanding of the world in which the research has taken place. For the purposes of this research, Bromley's (1986) definition of the term 'case study' has been adopted:

'To the psychologist it means the study of an individual person, usually in a problematic situation, over a relatively short period of time.' (pg.187)

Robson (2002), presents a typology of case study approaches, within which the current study fits the criteria for 'a set of individual case studies' as it involves the study of a set of common features (e.g. processes within shared review sessions, perspectives on the process of VIG) across four EP-parent VIG cases. Adopting an in-depth approach was important as only a small number of individual cases were included in this research and the data from each has been split between Paper 1 and Paper 2 (See Appendix 1).

2.2 Participants and Sampling

Participants were selected from a large local authority in the South East of England as part of the Educational Psychology Service (EPS) development plan to evaluate an intervention - Video Interaction Guidance, which was being used by a number of EPs within the service. Where VIG was being used in family work, this was usually offered on a case by case basis at the discretion of the individual EP, who would have considered that VIG may be an appropriate intervention for the family. EPs that had completed VIG training and were using the intervention within the home context with parents and their children were approached and invited to take part in the study.

Whilst there was initial interest expressed in the research, a number of issues emerged that resulted in pragmatic factors impacting on the

selection of participants (See Appendix 1). The following information is provided to give an overview of each case:

Case 1: Mother and 6 year old son. There had been increasing concerns about the child's behaviour within the home context although these difficulties were not reported at school. His mother described his behaviour as that of a much younger child. He had frequent temper tantrums where he could become aggressive towards his parents and siblings at home. His parents did not want to take him on outings as they felt unable to control his behaviour. There were three other siblings and father at home. Only the child's mother was involved in the video work. The child had been raised with the EP through the School Based Review meeting, after being referred to the paediatrician. Parents were offered VIG at home by the EP who had recently completed Stage 1 VIG training. This was their second piece of VIG casework working with a family.

Case 2: Mother and 5 year old son. The child had recently received a diagnosis of Autism Spectrum Disorder (ASD) and there had been reported concerns about the child's behaviour and social communication difficulties within the home and school. There was one other sibling and father at home. Both parents were initially involved in the video session, however after the first session it was decided that the child's mother would be the most appropriate person to take part. The child was known to the EP through the statutory assessment process and as parents had raised concerns in managing his behaviour they were then offered an opportunity to take part in VIG at home. The EP involved in this case regularly worked with parents and professionals using VIG and had completed the three year VIG training cycle.

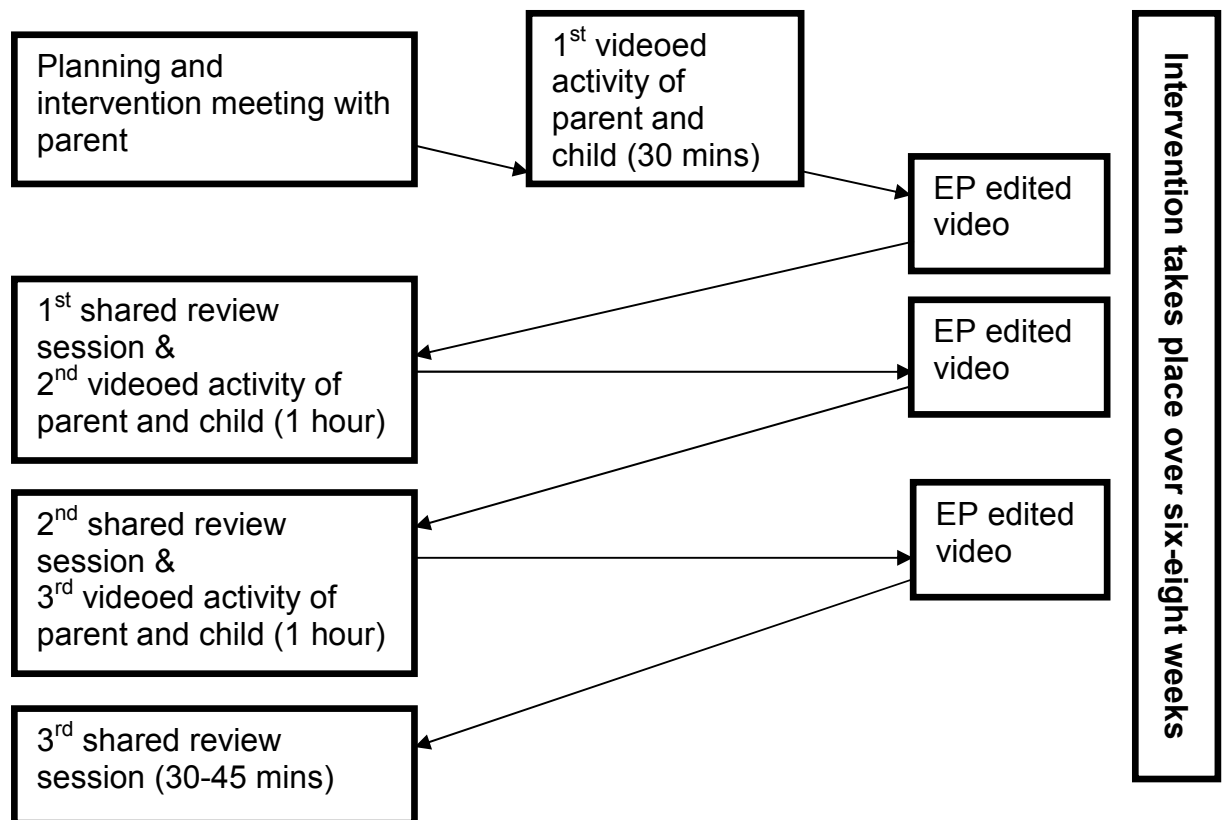
Case 3: Mother and 12 year old son. There had been increasing concerns about the child's behaviour since primary school and a Team Around the Child (TAC) was in place. The young person had recently received a diagnosis of ADHD. His mother described his behaviour as agitated and "always on the go". He would smash and throw items and there were loud arguments. He had also not been attending school. There was one other sibling and father at home. Only the child's mother was involved in the video work. The child and family had been known to the EP through ongoing involvement in the TAC process, and they had offered VIG work at home as part of this package of support. The EP had almost completed the three year VIG training cycle.

Case 4: Father and 11 year old son. The child had found the transition from primary to secondary school difficult and difficulties with the child's behaviour were also reported in the home context. His father reported that there were frequent arguments between his son, himself and his partner. This was mostly to do with refusal to follow instructions and getting into low level trouble at school, for being disruptive in the classroom and rude to teachers. There were two step-siblings and step-mother at home. Both parents were involved in the video work; however for the purposes of the research, data was only collected from the father as the step-parent preferred not to take part. The child and family were known to the EP through the TAC process and they had been offered VIG work at home as part of this package of support. The EP had recently completed Stage 1 of the VIG training and this was their third piece of VIG casework working with a family.

2.3 The Video Intervention

Video Interaction Guidance is carried out in 'intertwined cycles' where a video recording of activity sessions is taken followed by a shared review based upon the footage.

The video recordings all took place within the home and consisted of the parent being asked to organise and participate in an enjoyable activity with their child for approximately 10-15 minutes. The main focus is capturing the interaction between the child and parent, which the EP edits in order to review only the positive aspects of interaction with the parent during shared review sessions. All four parents participated in a minimum of three cycles, with one parent completing four cycles of recording and review sessions over a 6-8 week period. This is set out for each case in the diagram below:



N.B. P3 completed an additional 4th videoed activity session and 4th shared review session.

2.4 Measures and Procedure

2.4.1 Shared Review Sessions

Shared review sessions with parents are usually video recorded by EPs, so they can examine the quality of communication and interaction with parents using the 'Contact Principles' during supervision. I collected video data from EPs, which consisted of three shared review sessions in Cases 1, 2 and 3. In Case 4, four shared review sessions were completed (details relating to the storage of video is in Appendix 2).

2.4.2 Written Reflections

Written reflections were used to gather information from parents about the intervention, focusing particularly on the shared review sessions and nature of the relationship with the EP. This aimed to provide an account of their experiences of 'the journey' over time and address problems associated with retrospective reporting i.e. only completing a semi-structured interview (SSI) at the end of the intervention. In this way, the intention was to capture information at different time points throughout the VIG process. Parents were asked to complete a 'Reflection Activity' form following each shared review session (See Appendix 3). This was designed by looking at the research literature on client factors and theory of change (Hubble et al, 1999) and also measures that are used to assess the working alliance in therapy sessions as perceived by clients. EXPLAIN MORE HERE It was decided to focus the 'Reflection Activity' on identifying shared goals and the parents' belief in the process of VIG and/or EP to achieve these goals and bring about change in their individual situations.

2.4.3 Semi-Structured Interviews

Semi-structured interviews (SSIs) were carried out with the participants on completing the video intervention. These were used to gather more in-depth information from parents about their experiences of VIG (See Appendix 4). The interview schedules were designed to gather the different views of individuals and allow for exploration of the behaviour, interactions and experiences through open-ended questions that are not easily reduced to measurement. Participants were asked to comment on what they found most helpful about the shared review sessions and the role of the EP. SSIs were also carried out with the respective EPs to gather their views about the process of shared review sessions (See Appendix 5).

Figure 4: Data sources for individual cases

Data Source	Case 1	Case 2	Case 3	Case 4
Video Feedback Sessions	Parent & EP completed 3 feedback sessions	Parent & EP completed 3 feedback sessions	Parent & EP completed 4 feedback sessions	Parent & EP completed 3 feedback sessions
Written reflections	Parent completed Feedback 1 2& 3	Parent completed Feedback 1&2	Parent completed Feedback 2 3 & 4	Parent completed Feedback 3
SSIs	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up
	EP completed at post intervention	EP completed at post intervention	EP completed at post intervention	EP completed at post intervention

2.5 Data Analysis

Figure 5: Data sources & analysis in relation to research questions

	Data source	Data Analysis
Research Question 1	All video feedback sessions from each individual case.	Qualitative analysis completed using predetermined coding framework within each individual case. (See Appendix 8)
Research Question 2	SSIs completed with parents and EPs at POST intervention. (SSI questions relating to processes of VIG)	Thematic analysis of SSIs with parents and EPs across all cases.
Research question 3	Draws together and compares the above two data sources and analysis.	

2.5.1 Analysis of shared review sessions

Stage 1 analysis

The framework approach to qualitative analysis (Pope, Ziebland & Mays, 2000) was adapted and applied. This approach outlines that actual accounts and observations should be used, but allows the researcher to start deductively from an *a priori* framework (See Appendix 6).

1. Each shared review session was viewed using a time sampling procedure (See Appendix 7).
2. The length of turn taken by parent and EP in each same episode was recorded (See Appendix 7).

Stage 2 analysis

3. Episodes were transcribed and the transcripts were segmented into utterances. An utterance was defined as ‘...any clear segment of dialogue spoken during the course of the session...’ (Monsen & Frederickson, 2002, pg.202).
4. A framework was formulated from the Activating-Compensating Model, (Šilhánová, 2008) (See Appendix 6) and utterances were then colour

coded under four categories: 'compensating', 'towards activating', 'activating' and 'other' (See Appendix 7).

5. Frequencies (shown as a % of the total number of coded utterances) were then calculated for each of the above categories as shown in Figure 7, pg. 35 below. (See also Appendix 7).

Stage 3 analysis

Episodes were also analysed to identify whether parents and EPs created and shared understanding within the episodes, or whether there was conflicting meaning between them in these episodes of interaction (See Appendix 7).

Once video analysis was completed a smaller sample of the transcripts was coded independently by an independent party, who was working as a trainee EP within the same service where the research was completed. Agreement for the use of the initial coding ranged from 80-95% across the five episodes from different shared review sessions. Differences in interpretation were discussed and resolved. The initial coding that had been completed was revisited and refined to ensure consistency across the whole data set.

2.5.2 Thematic Analysis

The SSIs and written reflections for both parents and EPs were analysed using a six phase model of thematic analysis, as described by Braun & Clarke (2006) (See Appendix 8). Thematic analysis was chosen because predetermined categories were used to search for pertinent themes that related to the process of VIG.

1. Familiarisation with the data for each case, making descriptive notes and generating initial codes within each case. (See Appendix 9)
2. Comparisons were then made across all the cases to look for similarities and the initial codes were collapsed to form common themes. (See Appendix 10 & 11).
3. To attend to subtleties within each case, common themes were also identified within individual cases. This was completed for initial codes that occurred frequently or were considered pertinent.

2.6 Ethical Considerations

The British Psychological Society (BPS) Code of Ethics and Conduct (2009) sets guidelines for carrying out research and emphasises the need for consideration of ethical issues regarding respect, confidentiality, informed consent and safeguarding. These were carefully considered and adhered to during this research. A key issue within this study related to the video recordings and the sensitive handling of this material. Some parents were understandably nervous about being filmed during the intervention and about my watching of these videos. In one case the EP also had reservations about the purpose of the analysis. I shared the each of the different measures used and how I intended to analyse the video data with the EPs who had given their informed consent to participate in the research. I adhered to guidelines in the VIG handbook used by EPs detailing appropriate handling and storage of video. I ensured that parents understood who would look at the video (one other

EP to verify coding and me) and they had the right to withdraw from the study at any time (See Appendix 2).

Chapter 3 Results & Analysis

In this chapter, I will answer the research questions outlined in Section 1.3, (pg. 20). Findings from the shared review sessions, written reflections and SSIs are presented in relation to the research questions. Each case was analysed separately, then examined for common similarities and differences.

3.1 Do discussions during video feedback sessions empower parents and result in the construction of new meanings about their individual situations?

Figure 6: Summary of analysis from shared review sessions for individual cases.

Summary of analysis from shared review sessions	
CASE 1	Parent refers to child’s unpredictable behaviour (external attributions) Discussions are less frequently ‘activating’ for parent over three feedback sessions. (Fig. 7) EP taking longer turns over three feedback sessions. (Fig. 8) Meaning conflicts more between parent and EP. (Fig. 9) Parent using more positive language in reference to child in feedback session 3.
CASE 2	Parent refers to ASD diagnosis (external attributions) Discussions are less frequently ‘activating’ for parent over three feedback sessions. (Fig. 7) Meaning conflicts more between parent and EP. (Fig.9) Parent & EP taking more equal turns over sessions. (Fig. 8) Parent able to reflect and able notice own strengths as feedback sessions progress.
CASE 3	Parent refers to self and own behaviour/responses to child (internal attributions) Discussions more often develop with parent engaged more ‘activating’ exchanges over four feedback sessions. (Fig. 7) Parent taking longer turns over four feedback sessions. (Fig.8) EP & parent create more shared understanding in episodes.(Fig.9) Parent more positive about child as sessions progressed, noticing some changes in wider context of family life.
CASE 4	Parent recognises reciprocal impact of interactions with child (internal attributions) Parent moves towards ‘activating’ discussion over three feedback sessions. (Fig.7) Parent and EP taking more equal turns over four feedback sessions. (Fig. 8) Equal number of episodes where meaning conflicts/create shared meaning. (Fig.9) Parent able to reflect on positive impact of spending time with child.

Discussion of findings: Cross-case analysis

Similarities across cases (relating to the process of shared review sessions)

Figure 6 summarises the data analysis of the shared review sessions for each case. In general, shared review discussions between EPs and parents were 'Compensating' rather than 'Activating', (Šilhánová, 2008). Thus, they were often characterised by EPs giving information to parents and EPs more often giving extended analysis and summary of interactions shown on the video. This style of interaction was most prevalent in the first shared review session across all cases (See Appendix 7 and Figure 7).

All parents expressed initial uncertainty about the nature of the video intervention and how to respond in shared review sessions (See Appendix 12 and 13). This may account for EPs using 'Compensating strategies' more often in the initial review session, to allow parents to become familiar with the process of VIG. This is further supported by the time sampling analysis: in all cases EPs also took longer turns than parents within episodes in the first feedback session (See Figure 8).

Throughout the shared review sessions, EPs asked parents for their opinion and analysis in response to watching the video (coded as 'Towards Activating', see Appendix 7) and checked understanding with parents. EPs also deepened discussions by naming feelings with parents and asking them to consider their own feelings and also from their child's

perspective. EPs also explored parents' point of view and checked that they had understood with them. EPs also often reframed negative statements to focus on more positive aspects with parents (See Appendix 7).

However, in general within shared review sessions there was less evidence of discussions deepening further, where parents began to consider new alternatives and possibilities about their current situations. When new ideas were introduced they were not often extended by parents into finding solutions, nor did parents appear to generalise any new learning to future situations. Instead, discussions tended to focus largely on the visual image and nature of the interaction and basic communication (relating to contact principles, see Figure 1) between parents and their children (See Appendix 7 for examples of transcribed episodes).

Differences between cases (relating to the process of shared review sessions)

In Cases 3 & 4 there was some shift to parents having more 'Activating' discussions with EPs as review sessions progressed (as shown in Figure 8). These were characterised by parents beginning to generalise to other situations involving their child, discuss possibilities and extend ideas for themselves. For example:

Parent: Yeah yeah....(Looking at EP, leaning in towards video, has previously been laughing at clips with EP) I think another thing with C3, is that I am trying to make things more obvious, you know....things that his brother just sees, I make more obvious points about things and I can see that he doesn't get as frustrated so that's good really....I mean like anything that C3 does on his own, without anyone having to push or shove him, we praise him more than (his brother) to keep encouraging that. You know I am not a huggy, squeezey, sort of

parent, I am more about teaching...but I don't want to overdo that...(Gestures with hands, to show closeness, looking at EP)

EP:One of the things I think you are exploring there is whether to give him lots of feedback as you go along

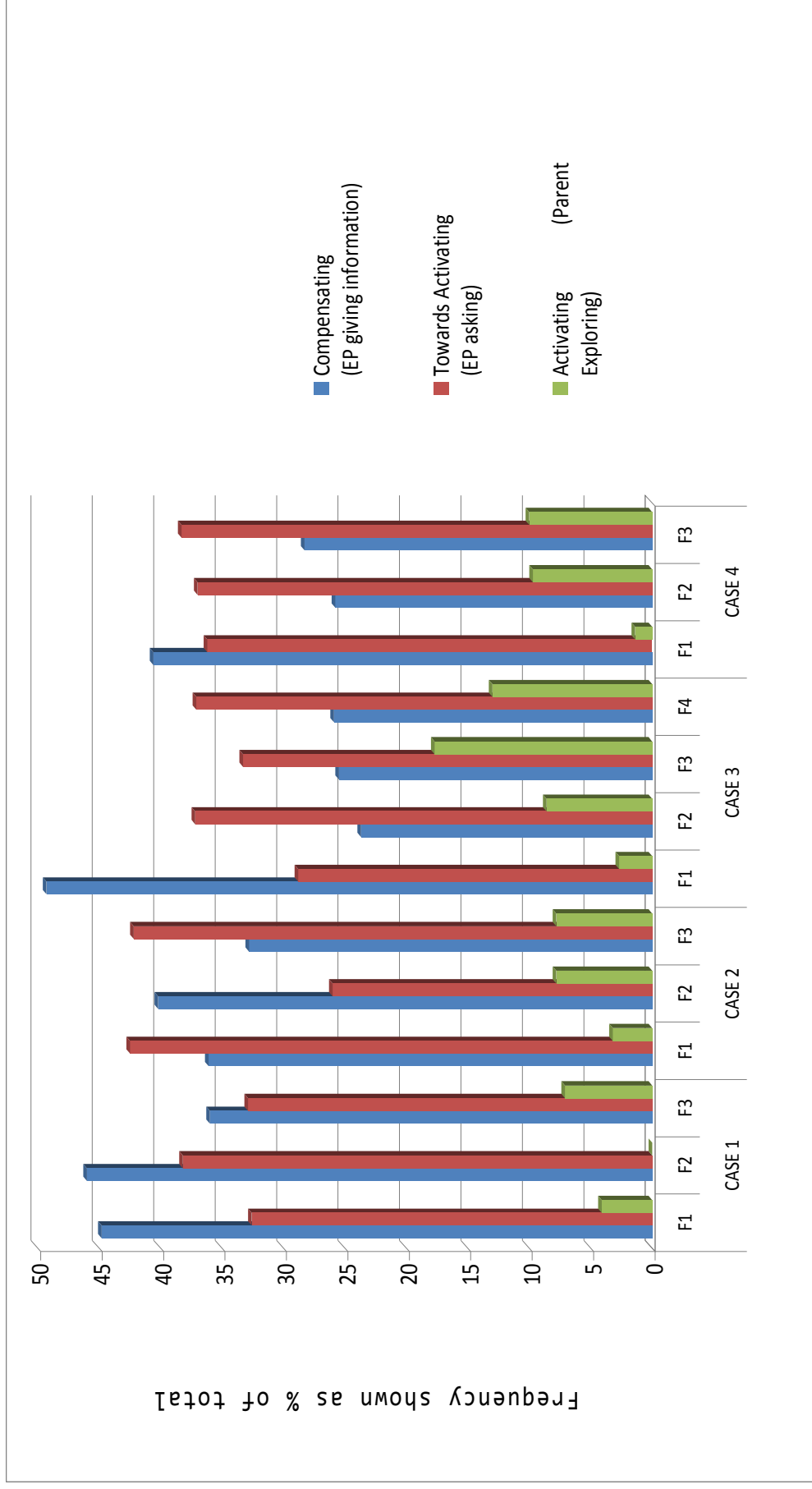
Parent: *Right*, yeah (looking at EP) but also I notice if I say too much as in, now do this and now do that, he wouldn't like that either, so I guess it is about finding a balance with him. I think am doing more of that now, you know, noticing when he can handle things and when its too much.

(CASE 3: Episode from Feedback Session 3)

In case 3, the parent's utterances were more often coded as 'Activating' than in any of the other cases. Within these episodes it was also evident that the parent began taking longer turns than the EP as the shared review sessions progressed (See Figure 8).

A higher number of episodes were coded for 'Conflicting Meaning' between parent and EP in case 1 and 2 (See Figure 9). These discussions were characterised by the parent creating or holding a different meaning and not sharing the perspective presented by the EP. This was often related to the EP taking a more holistic perspective to consider the reciprocal impact of the parent's behaviour on interactions with their children. Whereas the parent would refer back to the problem situation with their child and be more likely to make external attributions, for example, unpredictable behaviour and issues relating to diagnosis. These episodes persisted across the review sessions suggesting that parents did not necessarily shift and create new understandings of their situation and/or problem (See Appendix 7).

Figure 7: Graph showing frequency of coded utterances in shared review sessions



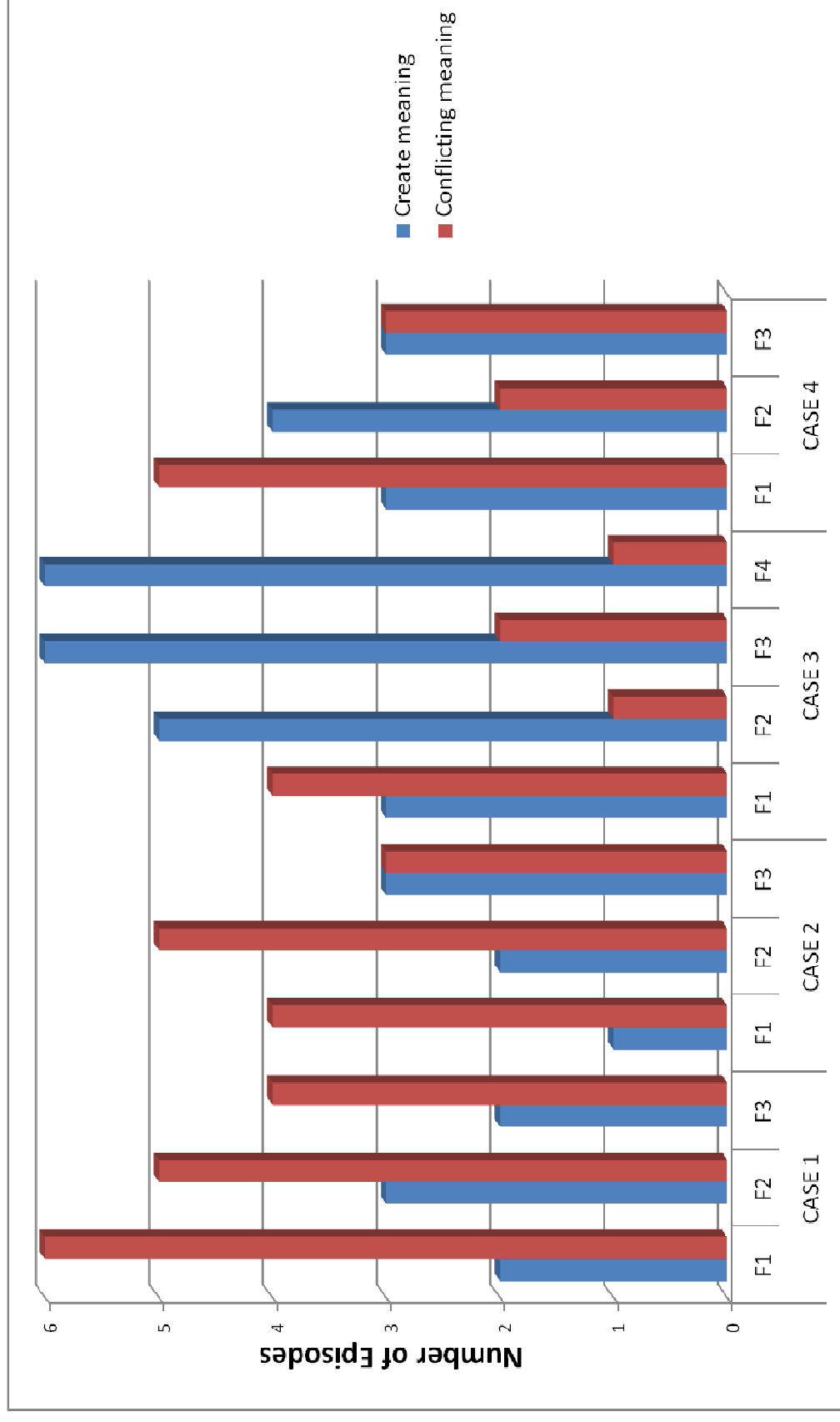
(Frequency shown as % of total)

(*F1/F2/F3 = video feedback session)

Figure 8: Average length of turn in seconds (time sampling) for parent and EP within video feedback sessions

	Case 1			Case 2			Case 3				Case 4		
	F1	F2	F3	F1	F2	F3	F1	F2	F3	F4	F1	F2	F3
EP	13.5	15	12.5	13.5	15	16	14.5	14	12.5	14	17	16	14
Parent	7.5	7	8	9	12	12	7	11	15	15	10	12	14

Figure 9: Graph showing number of coded episodes in shared review sessions



3.2 What do parents & EPs perceive as significant and/or helpful within the process of Video Interaction Guidance?

Written reflections

Parents reported a number of positive aspects about the process of VIG that related to the skills of the EP. For example, parents felt listened to and supported by EPs within shared review sessions. Parents also perceived that EPs understood their problems and/or difficulties and were confident in their ability to be able to help and offer support. In Case 3, P3 gave higher ratings (giving scores of 9 & 10 where 0=not at all understood or confident, 10=very much understood or confident) for this than either P1 or P2 (who gave an average score of between 6 and 7 respectively) (See Appendix 14 for summary of data from these reflections).

EP & Parent SSIs

Three main themes emerged from parent SSIs and written reflections across all four cases: (i) Relationships (ii) Protocols of VIG and (iii) EP skills. A number of subthemes were created from the initial codes (See Appendix 11). Some subthemes were found to be specific to individual cases, whilst others were common across all cases. This is depicted in Figure 10.

Figure 10: Distribution of parent subthemes across individual cases

Main theme	Subthemes	Case 1	Case 2	Case 3	Case 4
Relationships	Parent-child	Yes	Yes	Yes	Yes
	EP-parent	No	No	Yes	No
Protocols of VIG	Initial uncertainty	Yes	Yes	Yes	Yes
	Video-self modelling	Yes	Yes	Yes	Yes
	Space to reflect	No	Yes	No	Yes
	Creates artificial situations	Yes	Yes	No	No
EP skills	EP as expert	Yes	Yes	Yes	No
	EP as skilled outsider	No	No	Yes	Yes
	Therapeutic skills	Yes	Yes	Yes	Yes

Similar main themes emerged from the EP SSIs which were again relevant to all four cases. These were: (i) Relationships, (ii) Protocols of VIG, (iii) EP skills and (iv) Client Factors. There were a number of different subthemes that were also identified, as per Figure 11.

Figure 11: Distribution of EP subthemes across individual cases

Main theme	Subthemes	Case 1	Case 2	Case 3	Case 4
Relationships	Parent-child	Yes	Yes	Yes	Yes
	EP-parent	Yes	No	Yes	No
Protocols of VIG	Video self-modelling	Yes	Yes	Yes	Yes
	VIG as a flexible tool	Yes	Yes	Yes	Yes
EP skills	EP as skilled outsider	Yes	Yes	Yes	Yes
	Therapeutic skills	Yes	Yes	Yes	Yes
Client Factors	Readiness to change	Yes	Yes	No	Yes
	Attribution style	Yes	Yes	No	No

Cross-case comparison for parents and EPs.

Similarities across cases

Subthemes from parent and EP SSIs that were similar across cases were (i) Parent-Child relationship (ii) Initial Uncertainty (iii) Video self-modelling (iv) VIG as a flexible tool (v) EP as skilled outsider (vi) Therapeutic skills. These are set out in Figure 12 below. (See Appendix 12 and 13 for data matrix with full summary of findings for each case and more illustrative excerpts).

Figure 12: Subthemes for similarities across cases from parent and EP SSIs

Main theme: Relationships

Subtheme	Main points that emerged from SSIs
Parent-Child	<ul style="list-style-type: none">• EPs emphasised significance of parents spending time with children during VIG enables them to feel more positive about relationships.• All parents perceived that activity sessions were helpful to spend positive time together. This did not always extend beyond the intervention. <p><i>“We got to do something nice together with no interruptions, so yeah, that in itself was wonderful” (P1, SSI, Line 90-92)</i></p>

Main theme: Protocols of VIG

Subtheme	Main points that emerged from SSIs
Initial uncertainty	<ul style="list-style-type: none">• All parents expressed initial uncertainty about video intervention. This related to:<ul style="list-style-type: none">-How VIG would help their situations-How to respond in shared review sessions <p><i>“I felt quite unsure initially, you know, was (EP) looking for a certain thing, seen something that I was supposed to see, so I asked whether there was something I should be saying for the first few times.” (P2, SSI, L84-92)</i></p>

Video self-modelling	<ul style="list-style-type: none"> • Both parents and EPs perceived the video self-modelling as significant in helping parents to feel more positive. • Video self-modelling perceived in subtly different ways in relation to role of EP. (See Differences between cases, pg. 44 below) <p><i>“When you feel so awful all the time, watching yourself getting it right, that really helps a lot because then you start to think that you are doing the right things and I felt like we didn’t get on at all. But I saw that we did”. (P3, Post SSI, L 494-497)</i></p>
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Main theme: EP Skills

Subtheme	Main points that emerged from SSIs
EP as skilled outsider	<ul style="list-style-type: none"> • EPs emphasised their role in the process as being non-directive and always starting from where individual parents are at within sessions. • EPs perceived sessions as led by parent. Using skills to encourage them to reflect and reframe. <p><i>“It’s very personal and about supporting the parent to discover for themselves, there isn’t an element of thinking that things aren’t relevant or they couldn’t imagine something relates to them, because it is all completely focused on their specific relationship with their child.” (EP1, Post SSI, Line 118-121)</i></p>
Therapeutic skills	<ul style="list-style-type: none"> • Parents valued the time to sit and talk and perceived the EP as supportive and understanding. • EPs use active listening skills to build rapport and provide containment to create ‘space’ for video with parent. <p><i>“So on every visit there was a good 15-20 minutes before looking at the video, of having a chat, helping to process some of the difficult feelings and sometimes the same afterwards. I think in terms of the relationship that really helps, and I think the amount (P3) was able to get out of the video did increase.” (EP3, SSI, Line 164-170)</i></p>

Differences between cases

Subthemes that were identified as different between cases were (i) EP-Parent relationship (ii) Space to reflect (iii) Creates artificial situations (iv) EP as expert (v) EP as skilled outsider.

Figure 13: Subthemes for differences between cases from parent and EP SSIs

Main theme: Relationships

Subtheme	Main points that emerged from SSIs
EP-Parent	<ul style="list-style-type: none">• In Case 3, parent and EP perceived relationship that developed between them as significant part of the process.• Emphasis on this relationship not apparent in other cases. <p><i>“It was like (EP) got to know us both, got to know me really, and took the time listening to me or not telling me that I was doing the wrong thing but just being there and sometimes laughing and helping me to laugh, because it had all gotten so much on top of me you know? I think that is really what has helped me the most, is having time with people to talk through everything that has happened.” (P3, Post SSI, Line 452-456)</i></p>

Main theme: Protocols of VIG

Subtheme	Main points that emerged from SSIs
Space to reflect	<ul style="list-style-type: none">• In Case 2 & 4, parents perceived the shared review sessions as helpful to allow time to reflect on their interactions with their children.• In Case 4, parent and EP perceived that this skill developed as the shared review sessions progressed. <p><i>“He was very trusting and his engagement in the process really developed in the sessions. He said in his own words, it makes you sit and think and for them to sit and think was a big thing, he was able to reflect.” (EP4, Post SSI, Line 251-259)</i></p>
Creates artificial situations	<ul style="list-style-type: none">• In Cases 1 & 2, parents perceived that the video intervention did not capture reality and was difficult to generalise to everyday life.• In Case 1, the EP perceived that the parent was distrustful of the method.

“It was quite an odd feeling because it is quite intrusive and (EP) is really nice so it wasn’t their presence. But having someone behind the camera changes the dynamic because it made (C2) perform for the camera and then we did as well. I think if it was...a camera set up without anyone manning it that would be more reflective of reality.” (P2, Post SSI, 132-138)

Main theme: EP skills

Subtheme	Main points that emerged from SSIs
EP as expert	<ul style="list-style-type: none"> • In Case 1, 2 and 3, parents perceived benefits of video as being linked to the EP showing them what they did well as parents. • In Case 1 only, this was perceived by the parent as the most significant aspect of the intervention. <p><i>“It was having a psychologist highlighting that you do deal with things in the right way that helped. The rest of the time I am made to feel like it is me that has got the problem, and I feel as though I am not being helped. It was different with (EP) she was supportive.” (P1, Post SSI, Line 171-174)</i></p>
EP as skilled outsider	<ul style="list-style-type: none"> • In Case 3 and 4, parents perceived the non-directive approach used by the EP as helpful. • In Case 3 and 4, parents valued the opportunity to think differently about their interactions with their children. <p><i>“I sort of expected somebody to come and point us in the right direction of what sort ofhow I should manage C4’s behaviour. But (EP) didn’t come and tell us that at all, she came and showed us something and I realised that being shown something was better.” (P4, Post SSI (Line 245-248)</i></p>

3.3 How do parent and EP views of the process of VIG correspond with what happens in video feedback sessions?

This section draws together findings from shared review sessions and SSIs with parents and EPs. The way parents perceived the process of VIG corresponded with the content and nature of discussions in shared review sessions:

- Data from SSIs and reflections showed that in all cases parents perceived that EPs were positive and supportive. This corresponds with evidence from shared review sessions where EPs used humour, asked open ended questions and explored feelings with parents.
- Case 1 & 2 – EP more often using compensating strategies with parents. SSI data indicated that parents perceived it was helpful to be shown by an EP what they were doing well in relation to their parenting skills.
- Case 3 & 4 – Parent more often engaged in activating discussions over time with EPs. SSI data indicated that parents perceived relationship with EP as significant and valued non-directive approach of EP and space to reflect in shared review sessions.

Figure 14 triangulates these findings, highlighting how SSI data has been mapped onto the activating – compensating model. The model shows that in Case 3 & 4 parents perceived more aspects of the VIG process as significant and/or helpful. This appears to correspond with a higher incidence of activating discussions within shared review sessions.

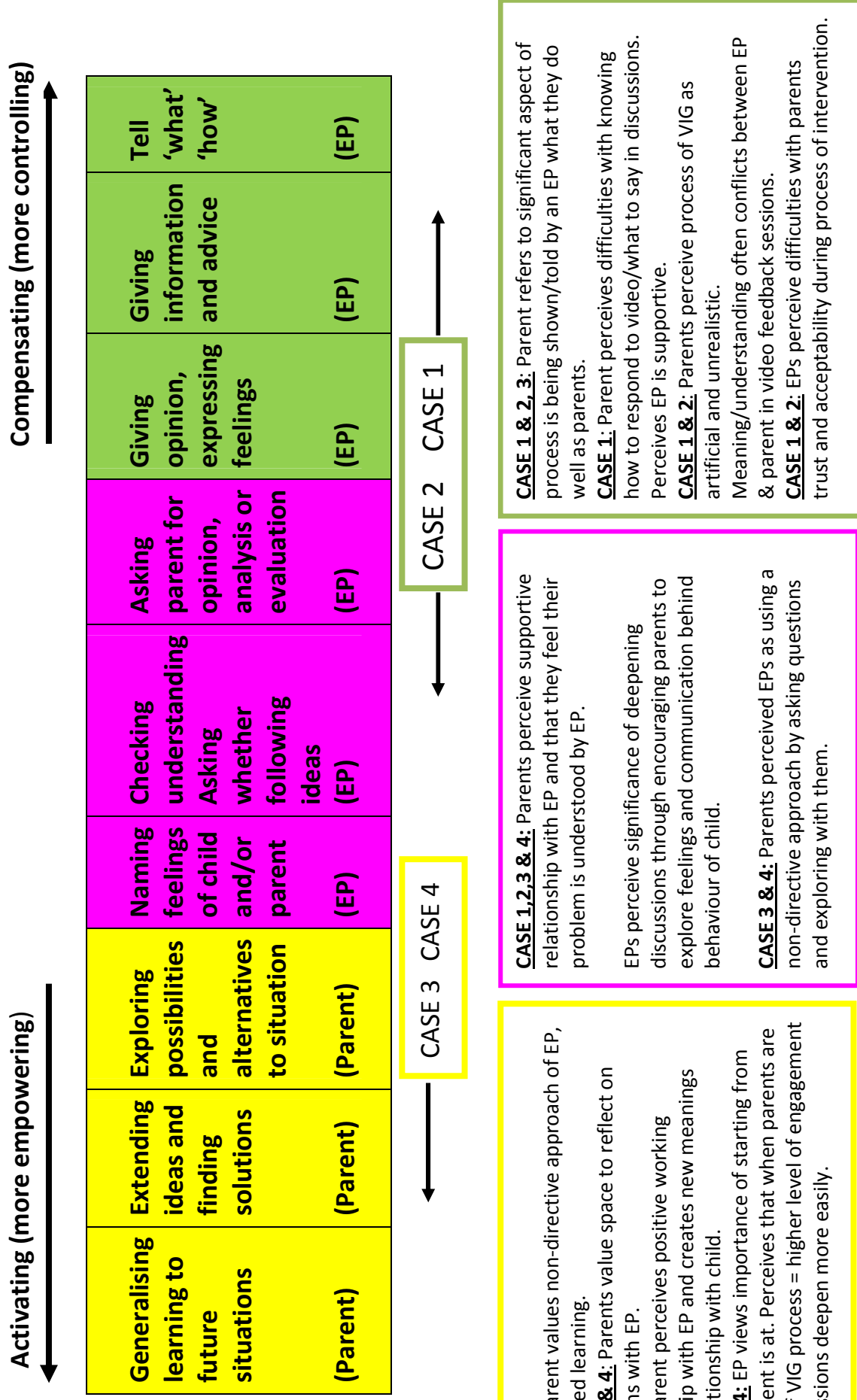


Figure 14: Model mapping EP and parent views to process within video feedback sessions

Chapter 4 Discussion

This chapter explores and further defines the findings from Paper 1. It is organised by research questions for clarity. Recommendations for practice are amalgamated with Paper 2 in the overarching conclusion in Chapter 9, Pg. 93.

4.1 Do discussions during video feedback sessions empower parents and result in the construction of new meanings about their individual situations?

In all cases it was apparent that EPs used a range of therapeutic skills to create a supportive and positive space for parents in shared review sessions. These included reframing, checking understanding, naming feelings, recognising strengths and asking parents for their opinion and analysis before giving their own. This fits with much of the published literature on the protocols of VIG, (Wels, 2004; Brookes, 2008) which recognise the core principles of VIG are to promote empowerment, partnership and respect by strengthening clients' skills. This finding also corresponds with evidence from other therapeutic interventions that proposes the practitioner acts as a support and resource provider rather than intervening to 'fix' a problem (Rogers, 1990; Manthei, 2007; Hubble et al, 1999).

Another principle that is central to VIG is the mediated learning experience (Feuerstein & Klein, 1985; Feuerstein et al, 2004). The aim of

the VIG guider is to activate parents' to perceive their own strengths for themselves and develop new perspectives about what works for their children (Forsyth, Kennedy & Simpson, 1995). The aim of this study was to explore what happens in shared review sessions using a theoretical model developed by Šilhánová (2008), known as the 'Activating-Compensating' model (See section 1.2.2, Figure 3, pg. 17) which shares similarities with the process of mediation.

Findings from the video review sessions show EPs were using more compensating strategies earlier in the process and in some cases, these moved towards more activating discussions with parents over time. This corresponds with theories of mediated learning and how a 'skilled other' provides a structure to support individuals to move from what they already know to new forms of learning and/or perspectives (Vygotsky, 1978; Feuerstein & Klein, 1985).

Šilhánová (2008), suggests that the content of interactions between VIG guider and client are likely to become more 'activating' as sessions progress. Through this process the client reaches a deeper understanding by coming up with their own solutions. The findings from the shared review sessions lend partial support to the Activating-Compensating model, but there was not a straightforward, nor linear, progression in all cases. In some incidences it was more evident that parents were reflective and discussions moved from the analysis of behaviour to the exploration of thoughts and feelings as described by

Kennedy & Sked (2008). Some parents were also more likely to reach new meanings within discussions, began to explore alternatives and to generalise learning to other situations. This shares similarities with Feuerstein's (1985; 2004) notion that three key principles of intentionality and reciprocity, meaning and transcendence are necessary for a mediated learning experience to have taken place, i.e. within the context of a reciprocal relationship, some parents developed their understanding in a more meaningful way. This was then 'bridged' to the wider context of their everyday family life.

In other cases EPs more frequently gave information to parents and discussions were less likely to lead to the creation of new meanings or a shared understanding between parent and EP. In these examples, the meaning and transcendence within discussions was perhaps sometimes lost between EP and parent. The findings suggest that within each case there appeared to be a complex interplay between the frequency of activating discussions and parents' perception and understanding of the process of VIG, their relationship with the EP and their view of the particular problem they were experiencing.

4.2 What do parents and EPs perceive as significant and/or helpful within shared review sessions?

Findings from all cases show that parents and EPs perceived video-self modelling as a significant aspect of the VIG process in enabling parents

to feel more positive. This supports research that documented benefits of video self-modelling across a wide range of participants, settings and variables in promoting behavioural change (Meharg & Woltersdorf, 1990; Dowrick, 1991; Dowrick, 1999 & Hitchcock et al 2003). Specifically, parents perceived viewing themselves was helpful to become aware of small positive elements of their communication and the impact this had for their children. Bandura (1977, 1997) provides an explanation to this phenomenon: that observing one's own performance accomplishments provides unambiguous information on effective performance.

All parents perceived that benefits of VSM were linked to the guidance and support of the EP within shared review sessions. This corresponds with research indicating use of video within pedagogical programmes is most effective when video playback is combined with structured guidance by a therapist or in the context of a coaching relationship (Hung & Rosenthal, 1981; Foster & Roberts, 2007; Dowrick et al, 2000, 2001). In case 1 and 2 parents perceived this combined effect as helpful in subtly different ways, particularly they felt the process was more directive (EPs using video to show them what they did well) rather than one of self-discovery and learning.

In addition, in these cases parents were less frequently engaging in activating discussions in feedback sessions and perceived the VIG intervention as somewhat artificial and more difficult to generalise to everyday life. This correlates with literature outlining the significance of

treatment acceptability, which refers to the extent to which consumers of treatment view an intervention as reasonable, justified and palatable (Kazdin, 2000). Research indicates that clients are more active and motivated within treatment because they perceive it to be congruent with their conceptualisation of the problem and their expectations of what will work (Cross-Calvert & Johnson, 1991; Kazdin, 2000). Perepletchikova & Kazdin (2005) suggest that when clients appear to be experiencing difficulties within the process of treatment it may be helpful to revisit past material or to provide additional sessions.

In all cases, parents perceived that the EP understood the nature of their problem, felt supported and valued the positive focus used by the EP. Correspondingly, Vermeulen (2006), suggests that as a strengths-based approach VIG has a positive effect on the developing relationship between VIG guider and client.

Within two of the individual case studies, parents perceived the non-directive approach used by the EP as helpful in drawing their own conclusions. EPs also reported the importance of parents who are able to reflect in shared review sessions as useful in deepening discussions. In these cases, parents were more likely to engage in activating discussions within review sessions. For example in Case 3, the parent and EP commented on the positive working relationship that had preceded (and further developed) during the VIG intervention. In review sessions, the parent was more often extending ideas and developed shared meaning in

discussions with the EP. This lends tentative support to Sked (2006) (cited in Kennedy & Sked, 2008) who concluded that the engagement of some clients in the process of self-reflection and change during sessions was qualitatively different to others, consequently having a positive impact on VIG outcomes.

Furthermore, EPs highlighted factors relating to the client, such as how they perceived their problem and their readiness to change, were significant within the process of VIG because of the potential influence on parents' level of engagement in shared review sessions. Research from the field of counselling has shown that clients who are active, reflective and motivated to resolve their own problems within the process of counselling are more often linked to successful positive outcomes (Bohart & Tallman, 1999; Manthei, 2007).

The findings here possibly suggest there are both relationship and client factors that are significant within the process of VIG and impact the way in which review sessions evolve. This corresponds with Lambert (1992) who has argued that the quality of relationships and extra-therapeutic factors are key to the success of interventions. Lambert's findings highlight the relationship between therapist and client, as well as activation of client factors, accounts for approximately 70% of change. Similarly, this could be the case within the process of VIG. This is discussed more fully in relation to outcomes for these cases in Paper 2.

4.3 Assessing the validity of the study

This qualitative study aims to contribute to theory and practice in the field of VIG, thus it necessary to evaluate how the interpretations correspond to the participants' construction of reality that is being studied. Yardley (2000) identifies four main principles when assessing the validity of qualitative research; sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance.

In this study, sensitivity to context was demonstrated through an awareness of existing theory and literature within the field of VIG. Furthermore, shared review sessions were analysed using a theoretical framework from VIG, making it possible to draw links between theory and practice. This principle was also applied by using individual SSIs, allowing participants to openly share their views. I also revisited the data set with parents by sharing initial codes generated from SSIs completed at each previous stage (e.g. pre-post-and follow up with parents). This process of clarification minimised the subjectivity of interpretation during data collection and analysis.

The method and design process and appendices allow the reader to 'trace' the data analysis and view how interpretations have been made. Verbatim responses were included in the results to ensure that participant views are represented transparently. In addition, this allows the reader to verify interpretations and compare these with the research claims.

Furthermore, the range of methods used to collect data allowed for triangulation within the data set. For example, by comparing analysis of the shared review sessions with the views of both parents and EPs about the processes of VIG. By completing this research within individual contexts and drawing comparisons across cases, it not only contributes to, but more importantly, extends existing knowledge and practice within the field of VIG. This is further discussed in Chapter 9, pg. 93.

4.4 Limitations and suggestions for future research

The sample in this study was small and cases were not chosen for their particularity but because they were all that were available at the time of data collection. For example, in one case the EP had recently trained in VIG, which may have impacted on likelihood of positive outcomes. Future research might further explore whether the level of training of the VIG guider has an impact on the quality of shared review sessions.

A qualitative approach was chosen to gain insight into the views of parents and to understand the intervention from their perspective. When conducting semi-structured interviews, it is important to acknowledge the potential impact of researcher bias (Miles & Huberman, 1994). I had little previous knowledge of VIG and this has been both an advantage and disadvantage at times. For example, in some ways it allowed me to be able to engage with the different views and perceptions without any preconceived notion or expectations of the intervention. In other ways, there have been challenges in learning about the intervention whilst

simultaneously carrying out the research which may have affected my perspective and how I engaged with the process.

I was able to triangulate responses from parents, by asking them at the follow up stage whether the themes included in this report represented their views. However, this was not completed with EPs due to time constraints. Similarly, when interviewing EPs, it would have been insightful to check their understanding of the process within shared review sessions and compare with analysis using the activating-compensating framework. This would have allowed for a more in-depth and nuanced account of the findings. It would be interesting to employ grounded theory methodology to develop a model of the process of VIG and show how it develops over time.

Due to time constraints a relatively structured approach was necessary for data collection and analysis which means it was difficult to explore all the themes within the data. Analysis of parents' responses was completed at one level only. In general, the video analysis showed parents made more positive references about their children as the sessions progressed. However, this was not included in the findings. Future research might use discourse analysis to look more closely at the language used in shared review sessions and the exchanges between individuals. In all cases, three or four shared review sessions were completed in the process of VIG. Future research might explore individual cases that have completed more shared review sessions over time to ascertain the impact on the process of change for families.

PAPER 2

**Evaluating Outcomes of Video
Interaction Guidance:
What is the impact of VIG for
parents and their children?**

Abstract

Evidence suggests that Video Interaction Guidance (VIG) is an effective intervention that leads to positive behaviour change when used with parents and their children. This paper aims to evaluate the perceived impact of VIG when used with four parents and their children. Utilising a mixed methods case study methodology, it explores parents' views of their experiences of the video intervention and examines whether any changes are maintained over time. Findings indicate that parents perceived some positive attitudinal and emotional changes. However, it was not clear that any changes were maintained over time and whether they could be solely attributed to the impact of VIG but were perhaps a result of a combination of other factors. A number of common themes emerged across cases that related to barriers and enablers of successful outcomes in VIG as perceived by parents and EPs. The direct implications of this study, suggestions for further research, and for Educational Psychology are discussed.

Chapter 5

Introduction and Literature Review

5.1 Introduction

This is the second of two papers exploring the processes and outcomes of Video Interaction Guidance (VIG). Paper 1 examined some of the key processes in VIG. This paper will focus on the perceived social, emotional and behavioural outcomes over time for those same parents and their children, as a result of VIG. It also seeks to identify whether EPs and parents perceive there to be barriers and enabling factors to achieving successful outcomes. Both papers aim to understand the extent to which parents' engagement in discussions in review sessions has an impact on how successful they perceive a video intervention. Findings from Paper 1 & 2 will be collapsed and interpreted jointly at the end of this paper.

The next section gives an overview of the literature (see appendices for full literature review).

5.2 Literature Review

VIG is being used increasingly in educational settings with reported positive outcomes (Kaye, Forsyth & Simpson, 2000, Kennedy & Sked, 2008). However, this review focuses on research that has evaluated the use of video interventions with parents.

Support for the effectiveness of VIG has been generated through large scale studies in the Netherlands. Bakermans-Kranenburg et al (2003) completed a meta-analysis of 51 randomised intervention studies with 6282 mothers and their infants and found that video feedback interventions were significantly more effective at increasing maternal sensitivity than those that did not use video feedback. Furthermore, their findings showed that outcomes were similarly positive when interventions were relatively short in length. Thus they proposed that a 'less is more' hypothesis should inform the planning of video feedback interventions.

Juffer, Bakermans-Kranenburg & Van Ijzendoorn (2007) have produced a summary of Netherlands-based research that demonstrates interventions using video feedback are effective in promoting parental sensitivity between parents and infants with attachment and feeding difficulties. In a large randomised control trial for 77 mothers and their children, Velderman et al (2006), reported early short-term video feedback intervention significantly protected children from developing clinical behavioural problems at preschool age. However, it should be noted that whilst encouraging, these reviews focused primarily on targeted early intervention with babies and infants. It is not clear whether such positive intervention effects are found with older children.

Key findings from a review of studies conducted for the Government Department for Children, Schools and Families (Barlow & Schrader-MacMillan, 2009) cite evidence of the effectiveness of VIG in preventing emotional maltreatment through improving parental sensitivity and

promoting attachment security in young children. However, it is necessary to be cautious as this is only based on findings of one relatively small scale study. In light of this, the review does conclude that further research on the short and long term benefits of innovative interventions like VIG should be undertaken.

Fukkink (2008), carried out a meta-analysis of 28 studies that examined use of video feedback in parenting interventions with 1844 families. Studies were included if they gave quantitative data necessary for the determination of a statistical effect size. The findings indicated that interventions with video feedback are effective in families with young children, specifically on completion of the programme: “Parents become more skilled in interacting with their young child and experience fewer problems and gain more pleasure from their role as parent.” (Fukkink, 2008, pg.912).

Additionally, Fukkink (2008), claims interventions using video feedback are not only influential in increasing parental sensitivity (thus supporting the evidence from Juffer et al, 2007), but also result in behavioural and attitudinal changes towards their children. The gains are reducing parental stress and increasing self-confidence in parenting. Results also showed that when family programmes were ‘short but powerful’ they were more effective in promoting behavioural change in parents and their children (Fukkink, 2008). It is worth noting that studies in this review mostly combined video feedback with other components (such as social support of parents). Therefore, it is difficult to draw concrete conclusions

about whether video feedback is the crucial component to the overall success of the intervention.

Simpson, Forsyth & Kennedy (1995), were first to evaluate VIG in the UK. In a small scale study they measured change in the interaction of five families. A mixed methods approach was employed to triangulate quantitative data obtained from videotapes of parent-child interaction with qualitative data obtained by interviewing the families. The study examined the first and final activity sessions filmed during the VIG programme and results showed all the parents became more attuned to their children's initiatives during this period. Furthermore, parents reported that, although they still experienced difficulties, they felt more positive about their ability to resolve them and were more flexible in strategies they used to manage their children's behaviour.

Whilst both large and small scale studies demonstrate positive gains for parents following video feedback interventions there are inconsistencies in the findings. For example, Fukkink, (2008), found that positive changes in parenting behaviour and attitudes were smaller if parents belonged to a 'high risk' group. Additionally, Juffer et al, (2005) reported video feedback intervention was not completely successful in changing insecure avoidant and ambivalent attachment styles. Simpson et al, (1995) note that although there were positive changes for families these were not always as expected and the nature of change was unique to the family.

Clearly, it is important to question why the research findings of VIG can vary. Most research has focused on using quantitative measures to show outcomes and has been carried out with parents and young children. However, there is very little published research on the use of VIG with parents of older children. It does not appear that any research has examined whether the reported positive effects of video feedback interventions are maintained over time. Simpson, Forsyth & Kennedy, (1995), gave parents a voice in their study as a way of corroborating the video data analysis and to further evidence positive outcomes. There appears to be no other published research that has explored parents' views of VIG in relation to outcomes and what the impact of the intervention has over time. Furthermore, as VIG is still growing in use within Educational Psychology practice, it is appropriate for further research to evaluate outcomes. This has contributed to the rationale for the following research questions.

5.3 Research Questions

Research Question 1: What impact does VIG have on perceived social, emotional and behavioural outcomes for parents and their children over time?

Research Question 2: What are the perceived enablers and barriers to successful outcomes in using VIG?

Research Question 3: Is there a link between the quality of discussions in video feedback sessions and whether parents' report positive outcomes in relation to VIG?

Chapter 6 Design and Method

6.1. Methodology

6.1.1 Case Studies

An individual case study methodology was employed which allows individual experience to be investigated in depth. Case studies utilise a range of methods to collect rich data, which is triangulated from the different sources of evidence collected. Elliott, (2002) advocates using multiple methods of data collection (e.g. from different sources) to look at process and outcome, with the researcher systematically evaluating the evidence. Therefore, this method was chosen as it allowed for rich in-depth exploration of individuals experiences of VIG.

A pre-test, post-test and follow-up design was selected to capture any changes in perceived social, emotional and behavioural outcomes over time. This design was supplemented with qualitative methods to provide some more detailed and subjective description and understanding of the process. Furthermore, it was considered important to capture parent voice as this is one of the main gaps in the literature. This choice of methodological design was driven by 'methodological appropriateness', rather than a 'methodological orthodoxy' (Patton, 2002).

The first research question is attended to by explaining outcomes for each individual case using results from both quantitative and qualitative measures. The second question is answered by examining further

themes across the cases to gain a deeper understanding of their individual situations and draw out any similarities and differences between them.

6.2. Participants and Sampling

Participants were selected from a large local authority in the South East of England as part of the Educational Psychology Service (EPS) development plan to evaluate an intervention - Video Interaction Guidance, which was being used by a number of EPs within the service.

Following EP consent, six parents were approached and four expressed interest in participating in the research (A full case description for each case is located within the Participants and Sampling section in Paper 1).

	Case 1	Case 2	Case 3	Case 4
Parent Sex	Mother	Mother	Mother	Father
Child Gender	Male	Male	Male	Male
Child Age	6	5	12	11

6.3 Measures and Procedure

6.3.1 Parental Stress Index (PSI)

The PSI measures the perceived level of parental stress and quality of parent-child interaction. Parents completed the checklist before, immediately after and at a six week follow up. Information on standardisation and development of the index is detailed in the handbook (Abidin, 1995) (See Appendix 15).

6.3.2 Strength and Difficulties Questionnaire (SDQ)

The SDQ (Goodman, 2001) was used to measure the perceived level of social, emotional and behavioural functioning of each child. Parents were asked to complete the checklist before, immediately after and at a six week follow up. The questionnaires were used to illuminate the themes identified in the interviews by examining responses to individual questions (See Appendix 16).

6.3.3 Scaling Exercise & Written Reflections

A scaling exercise was also completed with parents three times within the intervention period: pre-post and at a six-week follow-up. This was related to the parents' level of concern about their particular situation and was completed as a way of further triangulating the different data sources. Data were also collected from a 'Reflection Activity' (See Appendix 3) that parents were asked to complete during the process of VIG. As the focus of this second paper is on outcomes, parents were asked to specifically reflect on whether they felt they had achieved their particular goal in relation to the intervention.

6.3.4 Semi-Structured Interviews

Semi-structured interviews (SSIs) with participants were undertaken prior to the video intervention, on completion and at a six week follow-up (See Appendix 4 & 5). The interview schedules were designed to gather different views expressed by individuals involved in the study, allowing for

exploration of the behaviour, interactions and experiences through open-ended questions that are not easily reduced to measurement (Patton, 2002). Individual interviews were completed with parents before the intervention to explore and generate information around concerns, strengths, goals, areas for development and particular difficulties. SSIs were completed with participants at the end of the intervention to evaluate its effectiveness and to explore whether parents' perspectives had shifted. Parents were also asked which aspects of the video intervention they felt were the most and least helpful.

SSIs were also completed with EPs at the end of the VIG intervention. This data has been included in order to highlight possible barriers and enablers to the video intervention

Figure 15: Data sources for individual cases

Data Source	Case 1	Case 2	Case 3	Case 4
PSI	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up
SDQ	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up
SSIs	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up	Parent completed Pre/post/follow up
	EP completed at post intervention	EP completed at post intervention	EP completed at post intervention	EP completed at post intervention

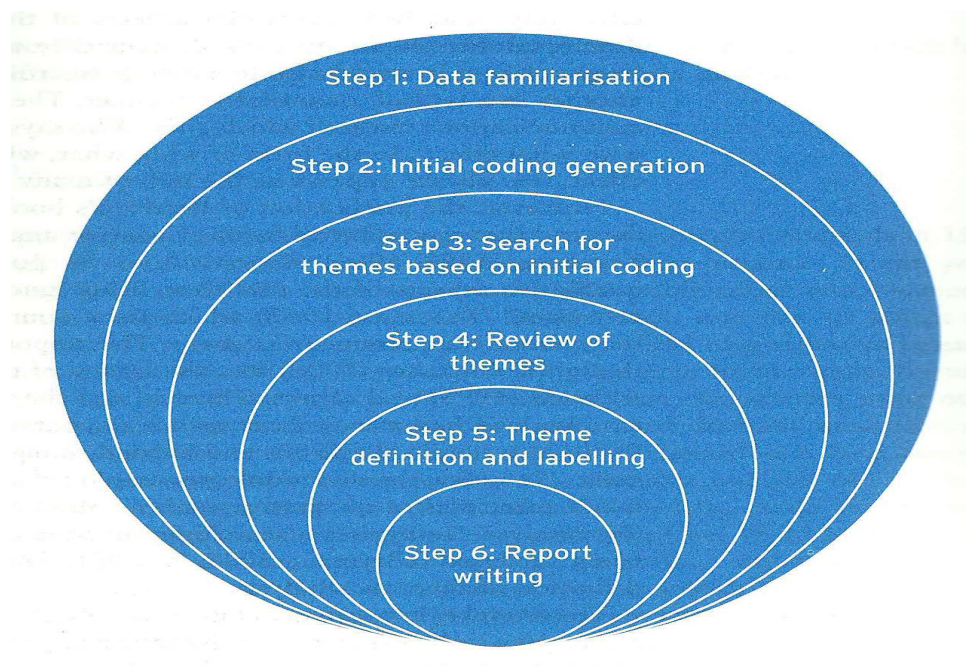
6.4 Data Analysis

Selecting an appropriate method of analysis

Thematic analysis was chosen in comparison to other suitable data analysis techniques that may have been appropriate: Grounded Theory or Interpretative Phenomenological Analysis (IPA). The data were analysed using loosely predetermined categories to search for pertinent themes linked to the research questions. For this reason a thematic analysis, (Braun & Clarke, 2006) was deemed more appropriate. This contrasts to inductive methods where codes are grounded within or emerge from the data set.

Data were analysed using a thematic analysis approach, to search each data set within each individual case for repeated patterns of meaning, as well as making comparisons across the entire data set. A six phase model of analysis was used (Braun & Clarke 2006). The pre-selected categories related to outcomes in relation to VIG (social, emotional and behavioural) and other emergent themes which may be specific to VIG (barriers and enablers for the intervention). Figure 16 below outlines the process and quality criteria of thematic analysis (See Appendix 8).

Figure 16: Process of thematic analysis.



6.5 Ethical Considerations

Ethical approval was sought from Exeter University which also included The British Psychological Society's Code of Conduct (2005). The registered approval can be seen in Appendix 4. I initially approached EPs who were using VIG in their casework and they asked parents if they would agree for me to contact them. I then introduced the research to parents via telephone and arranged to meet with them, where they were asked to sign letter of consent (See Appendix 2). Before each interview, participants were briefed about the nature of the research (See Appendix 4) and informed that they had the right to withdraw at any time. As I was visiting parents at home, I was careful to establish a climate of open communication from the outset. Parents were given the researcher's contact details in case they had any queries or decided to withdraw at a later date. I reassured participants that all recorded transcripts would be made anonymous by changing all names and destroying audio recordings once they had been transcribed (See Appendix 2).

Chapter 7 Initial analysis and Results

The aim of this study is to evaluate the perceived impact of VIG when used with four parents and their children.

Figure 17: How data sources relate to research questions

	Case 1	Case 2	Case 3	Case 4
RQ 1: Parent social/emotional outcomes	PSI/SSIs	PSI/SSIs	PSI/SSIs	PSI/SSIs
Child behavioural/social/emotional outcomes	SDQ/SSIs Written reflections	SDQ/SSIs Written reflections	SDQ/SSIs Written reflections	SDQ/SSIs Written reflections
RQ 2: Barriers & enablers (Parent & EP SSIs)	SSIs (Pre/post/ follow up)	SSIs (Pre/post/ follow up)	SSIs (Pre/post/ follow up)	SSIs (Pre/post/ follow up)
RQ3: Link process to outcome	Links the process of VIG (from Paper 1) to the outcomes of the intervention (focus of Paper 2). This will be completed across cases.			

In order to make comparisons within and across the individual cases, the data will be displayed in matrices. The similarities and differences between cases will be discussed.

7.1 Research Question 1: What impact does Video Interaction Guidance have on perceived social, emotional and behavioural outcomes for children and their parents over time?

Figure 18 below summarises the findings from the different data sources across the four individual cases. Cases 1 and 2, reported little perceived change for them or their children after the video intervention had been completed. Importantly, they did not feel they had achieved their goal set at the beginning of the video intervention. Respectively, the findings from the SDQ and PSI support this and show no change over time (See Figure 19 & 20). Cases 3 and 4 reported some subtle changes in a positive direction as a result of VIG. The qualitative data will be discussed in detail in Section 7.1.1.below.

Figure 18: Summary of findings from different data sources

	CASE 1	CASE 2	CASE 3	CASE 4
Problem/situation:	Describes difficult interactions with child, unpredictable behaviour and battle for control with child. Seeking diagnosis. No reported difficulties at school.	Describes difficult interactions with child (who has a diagnosis of ASD) in relation to routines and activity level. Difficulties at school, statutory assessment.	Describes negative interactions with child (who has a diagnosis of ADHD) Behaviour can be aggressive and volatile. Difficulties at school, not attending.	Describes difficult interactions with child, not following instructions and arguments at home. Difficulties at school, behaviour towards staff.
Goal:	For C1 to follow instructions and respond more positively to P1.	For family dinnertimes to be calmer and more enjoyable.	For P3 and C3 to get on better and talk calmly with each other more often.	For family to be able to spend more positive time together and C4 to join in.
Confidence ranking (0=not hopeful 10=very hopeful)	(Hope to achieve goal = 5)	(Hope to achieve goal = 5)	(Hope to achieve goal = 6)	(Hope to achieve goal = 7)
Goal reached?	Reported as not reached	Reported as not reached	Reported as partially met	Reported as partially met
Strength & Difficulties (SDQ)	No change in Pro-Social & Total Difficulties Score at post & six week follow up (See Figure 18)	No change in Pro-Social & Total Difficulties Score at post & six week follow up. (See Figure 18)	No increase in Pro-Social Score. Slight decrease in Total Difficulties Score and this reduced further follow up. (See Figure 18)	No increase in Pro-Social Score. Slight decrease in Total Difficulties Score but not maintained at follow up. (See Figure 18)
Parental Stress Index (PSI)	No change in Total Parental Stress at post & six week follow up (See Figure 19)	No change in Total Parental Stress at post & six week follow up. (See Figure 19)	Decrease in Parental Distress at post & six week follow up. (See Figure 19)	Total Parental Stress decreased at post and slight increase at six week follow-up. (See Figure 19)

<p>Scaling (Level of concern: 10 = most concerned 1 = no concern)</p>	<p>Level of concern: Parent goal = 4 Pre = 8 Post = 8 (no change) Follow up = 9 (increased)</p>	<p>Level of concern: Parent goal = 5 Pre = 8 Post = 8 (no change) Follow up = 6 (decreased)</p>	<p>Level of concern: Parent goal= 5 Pre = 9 Post = 6 (decreased) Follow up = 8 (increased)</p>	<p>Level of concern: Parent goal = 4 Pre = 7 Post = 4 (decreased) Follow up = 6 (increased)</p>
<p>SSIs (Parents) (See Section 7.1.1.)</p>	<p>Perceived increase in confidence in parenting skills. Not transferred to interactions with child or broader context of family life. No change at follow-up.</p>	<p>Perceived more able to notice positives/own strengths in parenting skills. Valued opportunity to reflect as part of VIG. Positive changes at follow-up not due to VIG.</p>	<p>Perceived increase in self-efficacy and & positive 'ripple effect' to child and other family relationships. Some changes maintained at follow-up.</p>	<p>Perceived increase in awareness of positive ways to respond to child. Small reported improvement in child's behaviour. Not maintained at follow-up.</p>

Figure 19: SDQ at Pre, Post and Follow up.

		SDQ – Total Difficulties			
		SDQ – Pro-Social			
		Pre	Post	Follow up	
Case 1	Abnormal	Abnormal	Borderline*	Abnormal	Abnormal
Case 2	Abnormal	Abnormal	Abnormal	Abnormal	Abnormal
Case 3	Normal	Normal	Normal	Normal	Abnormal*
Case 4	Normal	Normal	Normal	Normal	Normal*

*Denotes a positive change in score over time

Case 1: Slight shift in Pro-Social Scale but in real terms only 1 point difference.

Case 3: Slight decrease in Total Difficulties Scale, but remained within the abnormal range. Decrease within the conduct subscale.

Case 4: Decrease in Total Difficulties Scale. Decrease within the conduct subscale.

Figure 20: Parental Stress Index at Pre, Post and Follow up.

		Parental Distress			Parent-Child Interaction			Child Difficulties			Total Parental Stress		
		Pre	Post	F/up	Pre	Post	F/up	Pre	Post	F/up	Pre	Post	F/up
Case 1	High	High	High	High	High	High	High	High	High	High	High	High	High
Case 2	High	High	High	Normal*	High	High	Normal*	High	High	High	High	High	Normal*
Case 3	High	Normal*	Normal*	Normal*	High	High	High	High	High	High	High	High	High
Case 4	Normal*	Normal*	Normal*	Normal*	High	Normal*	High	Normal	Normal*	Normal*	High	Normal*	Normal

*Denotes a positive change in score over time

Case 2: All scores at 95th percentile at Post-Intervention. Total Parental Stress had decreased to 75th percentile at six week follow-up. Parent attributed this change to Early Bird Training and HomeStart support at home for strategies.

Case 3: Parental Distress reduced from 99th percentile to 80th percentile at Post-Intervention and was maintained at six week follow-up.

Case 4: Parental distress within normal range, reduced from 40th to 20th percentile at Post-Intervention. Increased slightly (30th) at six week follow-up. Decrease in Total Parental Stress Index from 85th percentile to 60th at Post, slight increase at follow up (70th). Parent-child interaction also improved

7.1.1 Similarities across cases

Prior to VIG intervention all parents reported they were having frequent difficult interactions with their children and this was causing them considerable stress. This is indicated by parents' ratings on the PSI within the Parent-Child Interaction subscale and Total Parental Stress Index which fell between the 85th - 99th percentiles across all cases (measured at pre-intervention, see Figure 20). Parents also described difficult interactions with their children and some had felt at a loss about what to do to resolve their individual situations. Thus, they agreed to VIG when it was offered.

"..he was being excluded every day, things were awful at home and I said I just cannot believe there is no help. There must be something out there and, then (EP) suggested video interaction so I said yes straight away because I just feel very much like, um....I wouldn't say no to anything, anything." **(P2, Line 14-19, Pre Interview)**

Two themes were identified in relation to perceived social, emotional and behavioural outcomes across all individual cases: (i) Self-efficacy and awareness and (ii) Behaviour and relationships (See also Appendix 17).

(i) Self-Efficacy and awareness

The positive focus of the video feedback appeared to increase self-efficacy in relation to parenting skills. Parents also identified an increased awareness and affirmation of the way in which they responded to their children and that this alleviated feelings of self-blame that they often experienced about not being able to manage their behaviour.

"To a certain extent, now I feel more confident, like I am doing the best that I can and I am not as bad as I think I am sometimes, so being shown that on the video has done that." **(P1, Post Interview, Line 22-24)**

(ii) Relationships

Parents also perceived that there had been a shift towards them feeling more positive about their relationships with their children and them experiencing a renewed sense of connectedness with them.

“Well, it has shown me that there are good things about the connection that (C3) and me have, its not no connection like I thought...I thought that he hated us and I was getting quite resentful towards him as well, er because you know, you are never getting anything positive back ...I was sort of, at the end of my tether and that has changed quite drastically.” **(P3, Post-interview, Line 68-73)**

It appears the VIG intervention positively boosts parents by increasing their confidence and helping them to view their relationships with their children less negatively. However, in Case 1 and 2, this did not necessarily result in significant changes in their actions over time. The individual differences between cases are discussed and can be found in Appendix 18.

Summary of individual findings

Overall findings indicate that parents experienced some attitudinal and emotional changes which might be attributed to taking part in the video intervention. They reported positive outcomes in relation to increased self-efficacy around their parenting skills and more positive feelings about their relationships with their children. However, not all cases demonstrated any lasting behavioural changes in parents' day-to-day interactions with their children. Rather, that the video intervention gave a positive boost that their parenting was 'good enough' in itself. Additionally not all cases showed any maintained changes over time and if there

were, these changes could not be solely attributed to the impact of VIG but were perhaps as a result of a combination of other factors.

7.2 What are the perceived barriers and enablers to successful outcomes in using Video Interaction Guidance?

Perceived enablers to successful outcomes

A number of subthemes emerged from the analysis that related to the main theme of perceived enablers, these were (i) Part of a package of support (ii) Parents' theory of change and (iii) Relationships. These are set out in Figure 21 below.

Figure 21: Perceived enablers: Subthemes and main points that emerged from SSIs

Subthemes	Main points that emerged from SSIs
Package of support	<ul style="list-style-type: none"> • In Cases 3 and 4, parents valued that VIG was part of wider multi-agency support (TAC meetings). • Parents perceived EP supporting collaborative working between home and school as beneficial. <p><i>“The school side has been sorted out a lot too recently, we have had the Team Around the Child meetings and there has been a lot of talk about how to help him. It has made me feel less like I am battling on my own you know, and having (EP) give us support at home with the VIG but also in the meetings with the school has been good.” (P3, Line 127-132, Post interview)</i></p>
Theory of Change	<ul style="list-style-type: none"> • In Cases 3 & 4, parents were more self-reflective about the process of change in relation to parenting skills. • Parents moved away from individualised accounts of their child's behaviour. <p><i>“I did change as it went on, I noticed that I was more comfortable to share what I was thinking and I could see what it was all about and then it gave you a chance to go away and think about it in a different way to how I had before. I now want (C4) to see that I am trying, that I want him to be different by being different myself.” (P4, Post interview, Line 70-74)</i></p>

Relationships

- In all cases, parents perceived support and positive role of EP as helpful to them. (See Appendix 5)
- In Case 3, EP and parent emphasised quality of relationship as an enabling factor within VIG.

“I had done some work with P3 prior to doing the VIG, we got to know each other over a period of time and I had been quite involved with what was going on. I think that where the situation is quite complex you need to work closely together to reach a goal. That was being done through the Team Around the Child process, the VIG was only one part of the support that P3 received.” (EP3, Line 41-44, Post Intervention).

Perceived barriers to successful outcomes

A number of subthemes emerged from the analysis that related to the main theme of perceived barriers, these were (i) Time and resources (ii) Complexity and stress level (iii) Conflicting working models and (iv) Client acceptability and trust. These are set out in Figure 22 below.

Figure 22: Perceived barriers: Subthemes and main points that emerged from SSIs

Subthemes	Main points that emerged from SSIs
Time and Resources	<ul style="list-style-type: none"> • EPs perceived obstacles in relation to allocation of time for VIG casework. • EPs perceived barriers in using technology and how to develop their practice in using VIG. • Parents perceived would have been helpful to complete more shared review sessions. <p><i>“Ordinarily how you find those regular spots in your diary that you can feel completely comfortable about allocating that amount of time for, to work with one family, is a challenge...how you justify that in terms of outcomes...” (EP1, Post Interview, Line 96-102)</i></p>
Complexity and stress level	<ul style="list-style-type: none"> • In Cases 1, 2 and 3 parents reported high levels of stress (See Figure 19) and similar level of complexity across cases. • Case 3 reported decreased stress at post and follow up. Case 1 and 2 perceived no real change over time. • Case 1 and 2 received only VIG, whereas Case

	<p>3 & 4 received other support with better outcomes.</p> <ul style="list-style-type: none"> • EPs perceived that working over time is beneficial but not always possible. <p><i>“There are those situations or times when it appears that the parent is not going to be able to be receptive, there is too much going on for them and you have to work together for longer periods of time to build that trusting relationship. I suppose as EPs we don’t always have the opportunity to do that and I think there are also times when we must...” (EP2, Post Interview, Line 67-71)</i></p>
<p>Conflicting working Models</p>	<ul style="list-style-type: none"> • In Case 1 & 2, parents found it difficult to move away from individualised accounts of child’s behaviour and focus on relationships. • Parents perceived that VIG did not help them to understand what was ‘wrong’ or how to manage difficult situations. • EPs perceived can be difficult for parents to shift focus; VIG is intense and focuses on specific relationship with child. <p><i>“I mean I genuinely do believe there are medical reasons to explain why he does the things that he does. So for me, until somebody actually says this is it, and this is what you can do about it, I feel sort of in the dark at the moment, because I am sure that there is something underlying. So with that in my mind as well, it was difficult to come up with a goal for VIG because I wasn’t sure how it would help.” (P1, Line 38-43 Follow up interview)</i></p>
<p>Client acceptability and trust</p>	<ul style="list-style-type: none"> • EPs perceived that use of video could often be a barrier to clients agreeing to intervention. • EPs reported that way VIG is introduced requires planning and distrust of method can impact on level of engagement. • All parents reported uncertainty about how VIG could help their respective situations. • In Cases 1 and 2, parents perceived VIG as having little transferability to situations in everyday life. <p><i>“It is not reality, so (C1) behaved in that way because he has got my undivided attention, that’s what he does. There’s not someone else saying “Mummy, can I do this” Mummy, I need a drink” So if you want it to happen, a real situation you have to have the rest of the house happening as it would, but then you wouldn’t get the same interaction, you wouldn’t get any of that.. but if you’re hoping to see the child as they really are, then it needs to be in a real situation. Which it isn’t...” (P1, Post Interview, Line 84-91)</i></p>

7.3 Research Question 3: Is there a link between the quality of discussions in shared review sessions and whether parents' report positive outcomes in relation to VIG?

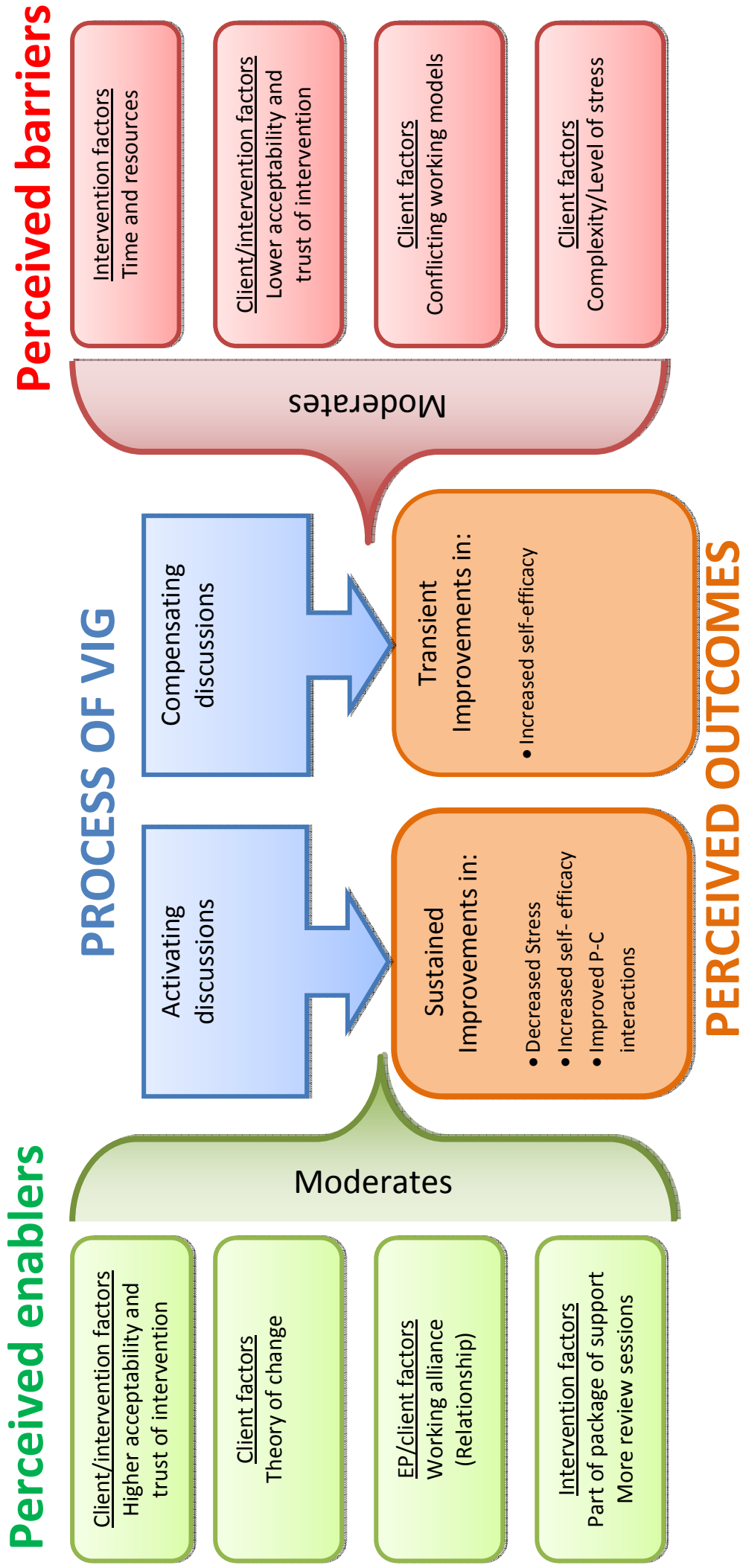
In this section, the findings from Paper 1 (process of VIG) will be augmented with those of Paper 2 (outcomes of VIG). This is depicted in Figure 23 below. In Case 3 and 4, there were more sustained positive outcomes for parents and they were more often engaged in activating discussions in shared review sessions. In Cases 1 & 2, parents reported increased self-efficacy but these were only small, transient improvements.

Findings from Paper 1 suggest that in Cases 1 and 2, parents were more often engaged in compensating discussions. However, there is not a direct link between how active and/or engaged parents were in video feedback sessions and positive outcomes in VIG. Rather, it is suggested that there are a number of factors that relate to either: the intervention, the client and the relationship between EP & client that also influence this process. It is proposed that these factors act as moderators in that they either facilitate or have a blocking effect within the process of VIG and whether subsequent positive outcomes are achieved.

Figure 23 below sets out the process of VIG (findings from Paper 1) and links this to perceived outcomes, with the potential barriers and enablers that may also impact on the success of the intervention when used with

parents and their children (findings from Paper 2). It is important to acknowledge that this model can only be considered within the context of the individual case studies discussed here.

Figure 23: Model showing perceived barriers and enablers and the link between process and perceived outcomes in VIG



Chapter 8 Discussion

This chapter interprets and clarifies the findings from the previous chapter. It is organised under relevant research questions for coherence. Strengths and limitations of the study are then discussed.

8.1 What impact does Video Interaction Guidance have on perceived social, emotional and behavioural outcomes for children and their parents over time?

The findings suggest that VIG had a greater impact in some cases than others. However all parents perceived that the video intervention had enabled them to feel better about their relationships with their children and specifically, increased their self-efficacy in relation to their parenting skills. In case 3 and 4 parents reported they had observed changes in their child's behaviour as a result of them being more sensitive and responding differently. This finding supports other studies (Fukkink, 2008, Juffer et al, 2007, Bakermans-Kranenburg et al, 2003; Simpson, Forsyth and Kennedy, 1995) which report video feedback interventions increasing parental self-efficacy and sensitivity.

When comparing the pre-post-and follow-up measures from the Parental Stress Index, it was evident that there were no clear conclusions about any positive change as a direct result of VIG. In case 1 and 2 parents reported no change in the level of stress they were experiencing over time. In case 3 and 4, (where parents had perceived the VIG intervention

more positively) there were some improvements, one parent showed improvements on the Parental Distress subscale, while in case 4 they improved across all three subscales. Interestingly, this parent had reported lower levels of stress at pre-intervention (40th percentile as compared to the 95th-99th percentile) than any of the other three parents. This might suggest that lower levels of parental stress enable parents to benefit from a short course in VIG: possibly because they are less overwhelmed by their individual situations.

Furthermore, in Case 3 there were better outcomes in spite of the parent experiencing high levels of stress. A key difference in this case was that VIG was received in addition to other forms of support. In Case 2, the parent reported high levels of stress at pre-and post-measures but perceived her stress levels had decreased at six week follow-up. This change was attributed to other support (statutory assessment for child in school, Early Bird training and home visits) that had been put in place since completing VIG. This suggests that wraparound support packages (that may or may not include VIG) might be more effective when parents are experiencing high levels of stress.

This corresponds with Fukkink, (2008), who indicated that successful video feedback was often used in conjunction with other forms of support for families. Furthermore, he highlighted that it was unknown whether video interventions were effective when used with complex cases and 'high risk' families. These findings appear to suggest that short courses of

VIG are not necessarily successful when used with families who are experiencing high levels of stress.

In case 3 and 4 SDQ data indicated some small positive changes in child behaviour over time. This corresponded with both parents perceptions that their child's behaviour was calmer after the intervention. These children also scored within the normal range on the pro-social scale at pre-post-and at follow-up. This suggests that parents perceived their children as easier to interact with which may have impacted outcomes. Conversely, in case 2 where there were no changes over time, the child had a diagnosis of Autistic Spectrum Disorder. As VIG focuses on improving relationships and interactions, it may be that in cases with complex communication difficulties parents would benefit from extending the video intervention. For example, Sked, (2006), found that five shared review sessions were helpful in promoting change when working in a school setting with children with ASD and their key workers.

Another possible factor that could account for the differences in outcomes between cases may have been the age of the child. In cases 3 & 4, the children were on the verge of adolescence and attending secondary school, whereas in cases 1 & 2, they were much younger children. However, it is not possible to comment in detail on this here, as the main focus of the study was to look at parent rather than child factors within the context of the video intervention. This may be an interesting line of enquiry in future research.

In case 3 the parent had continued to notice improvements in her relationship with her child at the six week follow-up. She perceived that she had been able to reflect on what she had during the VIG intervention and was continuing to put it into practice. However, in case 4 where there had been some positive shifts at post-intervention, the parent felt that there were similar difficulties at six week-follow-up. Scores for PSI and SDQ also increased at six week-follow up.

Currently, there has been no research published that has examined the impact of VIG over time. Kennedy & Sked, (2008), suggest families change in their own unique way as a result of VIG; and these findings appear to partially support this claim as parents experienced some positive changes albeit in different ways. However, this study also indicates that such changes are not necessarily maintained. Furthermore, where positive changes did persist they may have been dependent upon whether the family had continued to receive support.

8.2 What are the perceived barriers and enablers to successful outcomes in using Video Interaction Guidance?

This research suggests there are factors relating to the client and factors intrinsic to the video intervention that may enable positive outcomes in VIG. For example, incorporating VIG into a multi-pronged approach in more complex cases; focusing attention on difficulties at home and at school. This is consistent with a contextual or ecological framework

(Bronfenbrenner, 1979) which emphasises the interactions and relationships in a child's life. This finding supports other research that has shown it is often beneficial to address the complex nature of children's difficulties by developing interventions across and between systems (Pianta & Walsh, 1998, Shepard & Carlson, 2003). Furthermore, McCartan, (2009), reports that VIG was effective in improving a child's behaviour when used at home and in school to promote collaborative working.

Other enabling factors appeared to be the parent's theory of change and the relationship developed with the EP. This supports observations made by Kennedy & Sked, (2008) which show how communication is enhanced when the client is emotionally engaged in the process of VIG as they demonstrate more enthusiasm, confidence and initiative. In one case, where outcomes were more positive, the relationship between EP and parent had developed over a longer period of time. Other studies have similarly shown the impact of the alliance quality between therapist and client to be important in achieving positive outcomes (Hubble et al, 1999, Shirk & Carver, 2003, Horvath & Symonds, 1991). This finding also parallels with Lambert (1992), who argues that 70% of change is attributable to client factors and the relationship between the practitioner and client.

Time and resources were highlighted as a barrier within VIG. It is possible that the limited length of time (three shared review sessions) prevented

parents from becoming more engaged in the process of change. Some EPs felt that there was not always enough time to build relationships, particularly in more complex cases where parents may not be as receptive to the intervention straight away. In one case, the parent received four feedback sessions (where there were some positive outcomes) and reported that she would have liked more.

This study does not support the 'less is more' or 'short but powerful' hypotheses as proposed by Bakermans-Kranenburg et al, (2003) and Fukkink, (2008). Instead it suggests that parents may have benefitted from taking part in more video review sessions. This supports Kaye, Forsyth and Simpson, (2000) who report that significant change was demonstrated in work with families and teachers when more than four video back sessions were received. Furthermore, other research has indicated that ensuring adequate exposure or 'dosage' of therapy is crucial to promoting positive outcomes (Mihalic, 2000; Scott, Carby & Rendu, 2008).

A further challenge in using VIG to address difficulties with communication between parents and their children relates to conflicting perspectives and the motivation of those involved to bring about change. VIG focuses on the interface between the social and individual at the level of 'the relationship' and begins to move parents away from the individualised nature of the 'trouble' or 'problem' towards a social understanding, whereby they are participants in producing their own and other people's worlds (Drewery & Winslade, 1997). For some parents

focusing on relationships was construed as having little value in addressing the 'root cause' of the problem, resulting in the possibility of resistance and defensiveness. For example, at the outset parents found it difficult to understand how an intervention that was not aimed directly at the child could bring about change in their situations. In one case there was little shift away from this perspective, as this parent felt strongly that a diagnosis would resolve the child's difficulties. This appeared to impact on how the intervention was perceived - she felt there was an underlying reason for her child's behaviour that was outside of her control.

Kaye, Forsyth & Simpson, (2000), note that individuals are more likely to attribute success to internal causes and failure to external causes, thus it would be useful to further investigate the link between this and the readiness of parents to problem-solve and adapt when VIG is employed. This study has highlighted a similar issue. Within VIG, it is intended that the shared review sessions provide a chance for problematic attributions to be reviewed and replaced with more constructive alternatives, as the parent experiences more positive interactions with their child. Scott & Dadds, (2008), suggest that if negative, fixed attributions continue to block progress they could be addressed using classical cognitive approaches. They also propose that the use of motivational interviewing (MI) (Miller & Rollnick, 2002) techniques may be useful. Similar strategies could be utilised with some parents prior to using VIG. MI in particular would be especially compatible with the strengths-based and empowerment perspective of the VIG approach.

8.3 Is there a link between the quality of discussions in video feedback sessions and whether parents report positive outcomes in relation to VIG?

The measures used in this study identified some small positive social, emotional and behavioural outcomes for parents and their children. However, these gains were only apparent in two of the cases (others reported some positive benefits from taking part but no real change). It appeared that these parents were more frequently engaging in activating discussions during the process of shared review sessions. They also perceived the process of VIG more positively and in Case 3 particularly, there was evidence from SSIs that a strong working relationship had developed between the parent and EP.

On one level, these findings relate to the wealth of literature showing both therapeutic alliance and how the client's activity within the process of therapy will impact upon the likelihood of positive outcomes (Lambert, 1992, Hubble et al, 1999). However, Paper 2 suggests this could be deconstructed further to identify specific underlying factors that may have impacted upon each individual parent's level of engagement within VIG. These were factors relating to the client, but also to the intervention itself.

Previous studies suggested the process of VIG has a positive impact on the developing relationship between parent and guider (Vermeulen, 2006). The level of client's engagement is also linked to successful outcomes (Kennedy & Sked, 2008). However, they do not detail whether

there are specific factors which inhibit or enable such processes in shared review sessions, consequently affecting the likelihood of positive outcomes within individual cases: i.e. it is important to know why parents may not be as engaged or what factors may prevent a good working relationship from developing. This current study contributes to this gap in research and practice.

Both papers combine to demonstrate there is likely to be a complex interplay of factors that may increase or decrease the impact of VIG depending on individual circumstances. Crucially, in this context it is suggested that where positive outcomes were achieved it is not necessarily due only to VIG. Additionally, the 'less is more' or 'short and powerful' hypotheses put forward elsewhere are supported (Fukkink, 2008; Bakermans-Van-Ijzendoorn, 2007). Rather the opposite may be true: it may be beneficial to extend the number of sessions with parents depending upon the complexity of their circumstances.

8.4 Limitations and suggestions for future research

The small scale nature of this study of this nature allowed for an in-depth understanding of participants and their unique contexts. However, conversely findings may be difficult to generalise when VIG is used with families. The small sample was taken from what was available rather than selected for particular typical or atypical features, for example, in one case where there were complex issues, the impact of VIG was better

which may have been as a result of VIG being delivered as part of a package of support.

Fukkink, (2008), highlights the importance of ascertaining whether video feedback interventions alone lead to positive outcomes where a number of issues within a family exist. Future research could further investigate this by examining complex cases over time. Furthermore, there is a need for more large scale studies using control groups and a follow-up over time to produce more robust findings. This would also allow for a different methodology to be employed and more thorough analysis. For example, if more cases had been available it may have been more suitable to use conversational or discourse analysis to look at patterns and exchanges within shared review session.

The SSIs and reflection activity used were specifically designed for the purposes of this research project and are subsequently not easily comparable to other studies. Although the SSIs allowed for enquiry about topics in depth, pre-determined prompts were included and these may have inadvertently influenced parent responses and biased the results. Furthermore, understandings gained in SSIs need to be perceived as meaningful but not as absolute truths. Additionally, it would have been useful to gather the views of the children and young people to aid understanding of the impact of the video intervention and whether this was different from their parents.

Another limitation of the SDQ and PSI measures used in the study is that they were not sensitive to the strengths-based focus of VIG. Future research would benefit in utilising to specific self-efficacy measures in relation to parenting or positive emotional well-being measures. Another avenue would be to explore parent attribution style and readiness to change and the implications for video interaction guidance.

The EPs were at different stages of VIG training (from having recently completed Stage 1 training to being at Stage 5 and a qualified VIG supervisor). This may have influenced the findings as interestingly the EP at Stage 1 was linked to a case where outcomes were poor. Scott, Carby & Rendu, (2008), found that therapist skill was a key factor in achieving successful outcomes in parent training programmes. Further research might investigate how the level of practitioner training can impact outcomes in VIG.

Chapter 9 Conclusions

This chapter firstly summarises and links findings from Paper 1 and Paper 2. It concludes by reflecting on the contribution to knowledge and implications for Educational Psychology practice.

9.1 Summary of conclusions from Paper 1 and Paper 2

This research has identified some of the key processes within Video Interaction Guidance in action and shown how these linked to perceived outcomes for parents and their children. Importantly, it has further contributed to knowledge within the field by highlighting a number of factors that might facilitate or hinder positive outcomes when using VIG with families. These relate to the client, the intervention and the relationship between VIG guider and client.

In summary the findings from both papers were:

- i) Parents have qualitatively different experiences in shared review sessions which can be tentatively linked to better or worse VIG outcomes.
- ii) Parents experiences of the VIG process (and the impact on subsequent outcomes) may depend on, and be moderated by, barriers and enablers at both the client and intervention level.
- iii) Consideration of enablers and barriers can be used as a guide within VIG casework to potentially enhance outcomes when working with parents.

9.2 Implications for EP practice

I have considered these findings in relation to their contribution to knowledge and implications for EP practice. It seems important to acknowledge that where EPs are using an intervention such as VIG, (which is time-consuming and thus expensive) it may benefit services to use evaluation data from VIG casework in action to formulate clearer frameworks for practice. One major benefit of VIG commented upon by practitioners in the field, is the flexibility of its use, however, this study has highlighted that there may well be a range of contextual factors that lead to more or less successful outcomes within casework. This suggests that it would be beneficial to use such contextual information to inform the way VIG is implemented, e.g. with whom, for how long and whether there are other interventions that may suit families better at that particular time? In continuing to collate such information, services that use VIG might understand more about the processes to achieving successful outcomes, so that they can develop a more focused model of delivery in order to demonstrate impact at a whole service level. In considering this, I have identified some key factors that have come to light in the process of this study that may be useful in formulating a framework for VIG practice when working with families.

Explore client's expectations and hope for change

One barrier to positive outcomes in VIG is the way in which parents perceive the intervention and their individual problem or situation. Research shows that the client's readiness for change is usually a

powerful indicator of how successful any intervention will be (Hubble, Duncan & Miller, 1999). That is, the client feels optimistic about change and perceives that it is within their control to do something differently in their situation. For example, in this study where parents held a within-child perspective and were seeking a diagnosis, VIG did not appear to change their internal attributions of the problem. Thus, it may be more helpful to offer VIG once these issues have been resolved, or to talk more openly with parents about what resources they feel they already possess that could bring about change for their children.

Furthermore, the findings from this study appear to suggest that where shared understanding developed more often between parent and EP (and parents also reported a good working relationship) there were better outcomes. Elsewhere research has shown that establishing a bond and agreement of shared tasks and goals are critical in building a strong working alliance and that this relationship is a key factor in achieving positive outcomes in therapeutic interventions (Horvath & Greenberg, 1994; Bordin, 1979, 1994). VIG is based upon the principles of attuned interaction and inter-subjectivity (Trevarthen, 1979, 2001) which in theoretical terms provide the necessary conditions for building rapport and developing an effective alliance. However, it is possible that these conditions are not sufficient to ensure positive outcomes, rather that there is a possible interplay between parents' readiness for change and any subsequent working alliance that develops.

Research shows that exploring a client's resistance and ambivalence to change through the use of Motivational Interviewing techniques can be a first step to enabling them to think differently about a problem (Miller & Rollnick, 2002). It may be helpful to initially meet with parents to explore initial concerns and stage of change before beginning VIG work. The principles of MI dovetail with those of VIG (strengths-based, empowering and respectful) and would also enable the EP to build rapport with the parent which may further enhance positive outcomes in VIG.

Review goals and monitor the number of shared review sessions

Vermeulen (2006) suggests clients develop trust in the video intervention over time and this leads to increased trust in the relationship within shared review sessions. The findings highlight the importance of closely monitoring how clients perceive the intervention and to regularly review goals with them, for example, it might be beneficial to use a formal target setting, monitor and review system within the VIG shared review sessions. This would be a way to gauge progress, whether to celebrate success and continue or perhaps consider an alternative intervention. Furthermore, as the evidence base for VIG is still relatively small, the proposal of the 'less is more' hypothesis should not necessarily be adhered to in all cases. The findings do not support this assumption. Therefore, when completing VIG casework, the number of shared review sessions should be tailored according to the individual case and level of need.

Promote home-school collaboration and wraparound support

McCartan (2009) found an important factor in whether schools and families would consider participating in a video intervention, was having already established a trusting and mutually respectful relationship with the school. The findings from this study extend this, as in those cases where support was also in place in school (which is how the VIG intervention had come to be offered at home) perceived outcomes were also more positive for families. It is well documented that EPs are often able to bridge the 'gap' between home and school and promote collaborative working. For example, EPs could consider using VIG within both contexts or facilitate good working relationships through regular meetings with parents and school staff.

In general, the findings here highlight the importance of EPs carrying out small scale research to evaluate interventions in practical contexts and identify what works best, for whom and under what circumstances. This also ensures that a cyclical relationship between theory and practice in the field can be maintained through systematic evaluation of the evidence base for interventions. This area of EP work is becoming more pertinent as the profession moves toward traded services and new models of service delivery, with an increased focus on the achieving the best possible outcomes with scarce resources.

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Appendices

Appendix 1: Design and Methods

2.1.1 Rationale for case study methodology

Willig, (2001), suggests it is possible to identify a number of defining features of case study research:

- An idiographic perspective – aims to understand an individual case in its particularity.
- Attention to contextual data – takes a holistic approach, in that it considers the case within its context.
- Triangulation – integrates information from diverse sources to gain an in-depth understanding of the phenomenon under investigation.
- A temporal element – involves the investigation of occurrences over a period of time.

In considering these features, a case study approach was deemed appropriate in order to address the aims of this research. However, there were also a number of pragmatic factors that also prompted this choice, for example, very few EPs were using it with families in their practice at the time of data collection. The overall focus of both papers is to look at the nature of change and development within individual cases over time.

2.2 Participants and sampling

Approximately ten (out of twenty) EPs trained to use VIG were actively using the intervention. Of these, some were using it in schools with teaching staff and others had already begun a group parenting course, which another TEP was collecting data from. Two parents that initially agreed to VIG work with an EP changed their minds and so these cases were not followed up for research. A further case was missed due to the difficulty of being new within the service and keeping in contact with EPs working in other districts.

It was only feasible to collect data from a small number of EPs. As a result, the participants were not selected on the basis of any predetermined criteria, but rather included for practical reasons. Once EPs had given consent, meetings were arranged with parents to discuss the proposed research and issues of consent and confidentiality. From these meetings, four parents expressed interest in participating in the research. One parent who completed VIG work with her partner did not want to take part in the research.

Appendix 4: Ethical Approval Form and Information and consent form for parents and carers

Informed Consent

Verbal consent was obtained from Educational Psychologists who were using VIG with parents in their casework. EPs initially approached parents about the possibility of them being involved in the research. Where parents expressed an initial interest, I then contacted them to arrange a meeting. I visited the parents at home to gain verbal and written consent. During this initial meeting, I informed parents how video data would be stored and that interview data would be transcribed anonymously. I also made them aware of how the research findings would be used.

At each stage of the research, I checked with parents that they were still willing to participate. I informed them that they had the right to withdraw and that data relating to them would be destroyed.

Confidentiality

All records of the data collected were coded to ensure that the participants could not be identified. Video data was stored securely and kept in a locked and safe place. Parents were informed that all data collected relating to them would be destroyed when it was no longer required. Participants were informed about who would have access to the data and what the purpose of this was for.

Respect

It was very important to ensure that the views of parents were heard, respected and represented in this study. This was particularly pertinent as I was visiting parents in their homes, I was careful to establish a climate of open communication when working with them. During semi-structured interviews, I was sensitive and respectful to issues relating to cultural, social and individual differences.

STUDENT HIGHER-LEVEL RESEARCH



Graduate School of Education

Certificate of ethical research approval

STUDENT RESEARCH/FIELDWORK/CASEWORK AND DISSERTATION/THESIS
You will need to complete this certificate when you undertake a piece of higher-level research (e.g. Masters, PhD, EdD level).

To activate this certificate you need to first sign it yourself, and then have it signed by your supervisor and finally by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: <http://www.bera.ac.uk/blog/category/publications/guidelines/> and view the School's statement on the 'Student Documents' web site.

READ THIS FORM CAREFULLY AND THEN COMPLETE IT ON YOUR COMPUTER (the form will expand to contain the text you enter). **DO NOT COMPLETE BY HAND**

Your name: Danya Gromski

Your student no: 580030230

Return address for this certificate: 13 St Radigunds Street, Canterbury, Kent CT1 2AA

Degree/Programme of Study: DEd Psych in Educational Psychology

Project Supervisor(s): Brahm Norwich/Shirley Larkin

Your email address: dg237@exeter.ac.uk

Tel: 07961 035 244 / 01227 780823

I hereby certify that I will abide by the details given overleaf and that I undertake in my **dissertation / thesis** (delete whichever is inappropriate) to respect the dignity and privacy of those participating in this research.

I confirm that if my research should change radically, I will complete a further form.

Signed: *Danya Gromski* date: 09.03.10

NB For Masters dissertations, which are marked blind, this first page must not be included in your work. It can be kept for your records.

Certificate of ethical research approval

Your student no: 580030230

Title of your project: Taking a closer look at the process of Video Interaction Guidance: What leads to positive outcomes?

Brief description of your research project: Using a multiple single case design, this research aims to examine the development of the therapeutic alliance and experiences of parents and VIG guiders in Video Interaction Guidance feedback sessions. Examining the process of VIG when used with parents and children may give a clearer indication of how it works and what parents/VIG guiders perceive as leading to positive outcomes. To identify what changes and whether there are additional factors that may affect such changes, a set of measures will be administered pre/post VIG intervention and also at follow up to ascertain whether these changes are maintained over time.

Give details of the participants in this research (giving ages of any children and/or young people involved):

The participants will be parents and children (although children will not be direct participants they will be included in video footage as part of the VIG intervention) and Educational Psychologists (EPs) who facilitate the feedback sessions with parents. It is likely that there will be between 4-6 parent child dyads and EPs who will take part in this research.

Give details regarding the ethical issues of informed consent, anonymity and confidentiality (with special reference to any children or those with special needs) a blank consent form can be

downloaded from the SELL student access on-line documents:

Brief information about the nature of the research will be given to parents and EPs in writing initially. If they express an interest to take part they will be invited to a meeting where more detailed information will be provided and any questions they have can be answered, it will be at this stage that written consent will be sought. At this stage, participants will also be informed that all information will be stored anonymously (see below) and kept strictly confidential, I will outline the remit of the confidentiality agreement with parents before any interviews or other form of data collection. Participants will also be informed that they have the right to withdraw from the research at any time and request any data collected be shown to them or destroyed.

Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:

I will use a combination of methods to collect data, consisting of four measures to be administered with parents at pre/post and follow up in VIG intervention. I will also use a semi-structured interview schedule with parents and EPs (VIG guiders) at the end of the intervention to ascertain their views and experiences of the process of VIG. I will triangulate this evidence from recorded transcripts of parent-VIG guider verbal responses during the first three feedback sessions (the child is not present during the feedback sessions). I will ensure that parents and VIG guiders are informed of the purposes of the research and that all data collected will be anonymous and ensure that they do not have to answer questions that they feel uncomfortable about and have the right to withdraw at anytime.

Give details of any other ethical issues which may arise from this project (e.g. secure storage of videos/recorded interviews/photos/completed questionnaires or special arrangements made for participants with special needs etc.): Each participant will be given a

randomly allocated number in order to protect confidentiality. I will transcribe interviews and conversations taken from video and recordings myself and make reference to participant numbers rather than names throughout my write up. Once the video and/or audio tapes have been transcribed they will be destroyed. I will give participants the opportunity to comment on the transcripts and advise whether they still hold those beliefs and perceptions, as well as advise me about my interpretations of their interview data.

Give details of any exceptional factors, which may raise ethical issues (e.g. potential political

<https://owa.exeter.ac.uk/owa/dg237@isad.isadroot.ex.ac.uk/WebReadyViewBody.asp...> 09/03/2010

or ideological conflicts which may pose danger or harm to participants):

None

*This form should now be printed out, signed by you on the first page and sent to your supervisor to sign. Your supervisor will forward this document to the School's **Research Support Office** for the Chair of the School's Ethics Committee to countersign. A unique approval reference will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.*

N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor

This project has been approved for the period: May 2010 until: November 2010

By (above mentioned supervisor's signature): B. J. ... date: 12/3/10

N.B. To Supervisor: Please ensure that ethical issues are addressed annually in your report and if any changes in the research occurs a further form is completed.

SELL unique approval reference: 0/29/10/65

Signed: [Signature] date: 16/08/2010
Chair of the School's Ethics Committee

This form is available from <http://education.exeter.ac.uk/students/>

Appendix 2: Letter of consent (parents)



GRADUATE SCHOOL
OF EDUCATION

St Luke's Campus
Heavitree Road
Exeter
EX1 2LU

Telephone +44 (0)1392 264892
Fax +44 (0)1392 264922
Email education@exeter.ac.uk
Web www.exeter.ac.uk/education

Dear

I am completing a research project with Exeter University. I am writing to enquire whether you would be willing to take part in the research project which is looking at Video Interaction Guidance.

The purpose of this project is to learn more about Video Interaction Guidance and how it is successful in supporting parents and their children. The project is focusing on the views of parents' who take part in this intervention.

Although you will be completing Video Interaction Guidance with (Educational Psychologist), I am hoping to be able to work alongside them. I expect that there will be a short additional time commitment because I would need to meet with you before the intervention starts and at the end so that I can ask you some questions.

You will be asked to complete two questionnaires, which will contain questions about how you and your child get on. This would be carried out before the VIG intervention begins, when it finishes and six weeks after the intervention has been completed. This would mean that I would need to contact you again at a later date and arrange to meet with you.

I would also like to carry out a short interview with you after you have completed the Video Interaction Guidance so that I can find out what you thought was helpful and whether anything has changed. I also plan to analyse information from the video feedback sessions, so I would need your permission to look at the video recordings of yourself and the Educational Psychologist you are working with.

Any data collected would be for the purposes of this research only, it would only be shared with my supervisor but I will ensure that you or your child cannot be identified in any way. The data would be stored anonymously until the end of the project and then it would be destroyed.

I will analyse the data that I collect and write a summary of the findings which I will happy to share with you.

I have read and understood the above and am happy to take part in the research project.

Signature (Print name) Date

Appendix 3: Reflection sheet completed by parents

Reflection Activity

Please could you comment on the questions below after the video feedback session with _____. It would be helpful if you could write down your immediate thoughts and impressions. This information will remain completely confidential and will be made anonymous.

Thank you for your help.

I have agreed a goal to work towards which is:

How hopeful are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
Not at all								Very hopeful	

What do you feel was most helpful about the feedback session today?

How do you feel after today's session, do you feel differently than before?

Have you learnt anything new in the session today about yourself and/or your child?

1	2	3	4	5	6	7	8	9	10
Not learnt at all								Learnt a lot	

Do you feel that _____ understands the problem that you have?

1	2	3	4	5	6	7	8	9	10
Does not understand at all								Understands a lot	

How confident are you in _____ ability to help?

1	2	3	4	5	6	7	8	9	10
Not at all confident								Very confident	

**Do you believe that VIG has been useful in helping to achieve your goal?
Please also give a reason**

Appendix 4: Semi Structured Interview schedule (parents)

Semi-structured interview schedule (Post Intervention – parents)

Introductory comments: [Hi, my name is Danya, I am a trainee Educational Psychologist. The main purpose of this interview is to allow you to tell me your experiences of VIG in your own words. The major topics of this interview are to consider any changes that you have noticed since you began the VIG course. I am interested to discover what you believe may have brought about these changes as well as helpful and unhelpful aspects of the VIG sessions. I hope that this information will help to better understand how VIG works. This interview will be recorded for later transcription. [Talk through confidentiality/anonymity, interview could last between 45 minutes and 1 hour. Are you ok to start?]

General questions – factual ones (Included to introduce interview format etc)

How many feedback sessions (where you looked at video together) did you complete with {EP name}

What did you hope to gain from doing VIG?

At the beginning of the intervention did you set a personal goal, what was this?

How did you decide on this goal? Can you comment on how easy/difficult this was?

Questions relating to any changes since VIG began (behaviour/interactions)

How is your child getting on since completing VIG?

Have you noticed any changes in your child's behaviour since completing VIG?

Have you noticed any changes in your own behaviour when you are with your child?

Has anything changed for the worse since starting VIG?

Is there anything that you wanted to change that hasn't since VIG started?

Overall, looking at your day-to-day interactions with your child, how has VIG helped you?

Questions relating to any changes since VIG began (feelings)

How has it felt to take part in the VIG sessions?

**How are you feeling now about your child's behaviour?
(Are you feeling differently from the way you did before?)**

**How are you feeling about yourself at the moment?
(Are you feeling differently from the way you did before?)**

Questions relating to what parents believe brought about changes/helpful & unhelpful aspects

What impact has VIG had on your day to day family life?

In general, what do you think has caused these various changes?

What did you find most helpful about the VIG feedback sessions?

What was discussed in the video feed back sessions?

What specific things did the EP do in the video feedback sessions that you found helpful?

Are there things that you have done differently in between VIG sessions with (EP name) that have been helpful?

Overall, what do think has been the most helpful aspect of VIG? (Please give examples)

Has anything about the VIG process been unhelpful for you?

Are there things that you have learnt from VIG that you are continuing to use now?

Is there anything else you wish to add re: your experience?

Associated prompts and probes

Can you say a bit more about that?

Can you give me an example?

How did that make you feel?

What do you think about that?

Closing comments: [Thank you very much, you have been most helpful, is there anything you would like to ask me? Debrief re: what is going to happen with the findings, okay to call re: audit trail, summary of report, check transcripts?]

Appendix 5: Semi-structured interview schedule for VIG guiders (EPs).

How does the Video Interaction Guidance method work? What are the main factors that made it work?

(General questions relating to process of VIG)

How do you introduce Video Interaction Guidance to parents and how do they usually respond?

What is the purpose of feedback sessions with parents?

How does the discussion in feedback sessions develop? For example, referring to the broader context of family life?

(Questions relating to the process of VIG within individual case)

Can you comment on the outcomes for (parent name) as a result of completing VIG?

Can you comment on the working relationship with (parent name) and how this developed in the feedback sessions?

Can you give some examples of the successful moments in the feedback sessions with (parent name)?

Are there specific things that (parent name) did during feedback sessions that helps the process?

Are there specific things that you do during feedback sessions to build this relationship?

Do you think there are helpful things that (parent name) did for themselves during the time (or in between sessions) while they were completing VIG work?

What do you think (parent name) found most helpful about doing VIG?

Can you comment on whether (parent name) was able to generalise learning from VIG to other areas of their life?

Are there things that you do to support this?

Do you think that the number of sessions of VIG is important and if so why?

Can you describe in your opinion, what factors might enable successful outcomes in VIG?

Can you describe in your opinion, what some of the barriers to successful outcomes in VIG might be?

(General questions relating to the impact of VIG on professional role)

In general, what have been the outcomes of the VIG sessions of the cases you have had so far? Why?

In your opinion, what are the most positive aspects of VIG in comparison with other social or psychological interventions that are aimed at improving family relationships? What has been the impact of using VIG on your professional role?

How easy/difficult has it been for you to incorporate VIG into your practice?

Associated Prompts and Probes:

Can you say a bit more about that?

Can you give me an example?

Appendix 6: Framework approach to qualitative analysis

Stage 1: Familiarisation

Immersion in the raw data (or typically a pragmatic selection from the data) by listening to tapes, reading transcripts, etc., in order to list key ideas and recurrent themes.

Stage 2: Identifying a thematic framework

Identifying all the key issues, concepts and themes by which the data can be examined and referenced. This is carried out by drawing on *a priori* issues and questions derived from the aims and objectives of the study as well as issues that recur in the data.

Stage 3: Indexing

Applying the thematic framework or index systematically to all the data in textual form by annotating the transcripts with codes from the index, usually supported by short text descriptors to elaborate the index heading.

Stage 4: Charting

Rearranging the data according to the appropriate part of the thematic framework to which they relate, and forming charts.

Stage 5: Mapping and interpretation

Using the charts to define concepts, map the range and nature of phenomena, create typologies and find associations.

Five stages of data analysis in the framework approach (Pope, Zeibland, & Mays, 2000)

Appendix 6: Process of video analysis and coding framework

Process of analysis for video shared review sessions:

1. Each shared review session was viewed and initial thoughts/comments were recorded to get an overall sense of what was going on in each session.
2. Time sampling was used at one minute intervals throughout shared review sessions to select episodes. Each two minute episode was then transcribed and included as much of the non-verbal interaction as possible.
3. These episodes were then coded using the coding framework shown on page 121.
4. All individual shared review sessions for each case were analysed in the same way.
5. The number of common episodes across shared review sessions for each individual case was collated in order to show how discussions developed within each case.
6. In addition, common themes/similarities and any differences across cases were recorded in order to make comparisons between them in the cross-case analysis.

Overarching code	Initial code	Descriptor
Compensating (EP giving information)	Tell 'what'/'how'	Any statement used by EP telling client what they could do, how to go about something.
	Giving information/advice about child/method/theory	Any statement used by EP giving information to client, characterised by longer turns in conversation, client more passive
	Giving opinion	Any statement used by EP saying what they think in relation to situation/problem/interaction.
	Expressing feelings	Any statement used by EP in reference to the parent/child emotion.
Towards Activating (EP seeking information)	Making evaluation & analysing	Any statement used by EP that summarises, weighs up, looks in close detail at what is happening in either interaction or wider context.
	Asking (client) for opinion seeking evaluation	Any statement used by EP seeking information from client in response to video/situation/problem
	Naming feelings	Any statement used by EP ask parent to name feelings of child and/or parent in response. (Referring to communication behind behaviour)
Activating (Parent exploring)	Checking for reception, asking whether other is following ideas	Any statement used by EP to check understanding with parent
	Exploring possibilities and considering alternatives	Any statement where parent is considering new possibilities about their situation. Any statement used by parent that indicates they are thinking about an alternative (positive) perspective. (Reframing)
	Extending ideas and finding solutions	Any statement used by parent that is thinking about new ideas and coming up with possible solutions
	Making plans, generalising learning to future situations	Any statement used by parent that is discussing what they have learnt to the broader context of family life and/or making plans for future situations
	Other	Any utterance given as a response that did not fit into one of the above categories.

Appendix 7: Activating-compensating coding and analysis process for shared review sessions

This section sets out the process of data analysis of shared review sessions for each case. CASE 1 is given as an example to show the stages of analysis.

Data from CASE 2, CASE 3 and CASE 4 then follows in turn.

Stage 1 Analysis:

1. Time sampling was instigated at the **10** minute interval across all three shared review sessions. This decision was made as parents and EPs spent time talking at the beginning of sessions before looking at video clips.
2. Starting at 10 minutes, video episodes were identified at approximately one minute intervals i.e. 2 minutes transcribed, 1 minute interval, 2 minutes transcribed until this reached a total of eight episodes. (This number was chosen as shared review sessions varied in length and ensured the time sampling was equal).
3. Episodes were usually two minutes in length so as to capture the essence of the interaction. The table below shows the intervals for shared review sessions 1,2,3, for **CASE 1**.

SR = shared review session

	Transcribed episodes (Time sampling shown in minutes)							
	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33
SR1 (42.14 minutes long)	10.02-12.04	12.54-14.58	16.11-18.14	19.08-21.08	22.07-24.22	26.04-28.06	30.00-32.12	33.18-35.28
SR2 (35.10 minutes long)	10.00-12.12	13.02-14.48	16.01-18.16	19.02-21.11	22.14-23.58	25.10-27.10	28.12-30.18	31.04-33.01
SR3 (33.14 minutes long)	10.06-12.14	13.10-15.08	16.02-18.04	19.11-21.22	22.02-24.04	25.08-27.06	28.06-30.14	31.03-33.14

4. Within each episode the total number of turns was recorded for EP and parent respectively. The total length of these turns was noted and an average was calculated to provide an average length of turn for the parent and EP. This is shown in Table 1 & 2 on Page 123 below.

Table 1 - Shared Review Session 1 – Time sampling – length/type of turn (at 1 minute intervals)

	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33
EP	17 (an) 12 (gi/o) 13 (o/oq) (42) 6 (cq) 12 (gi/an) 17 (gi/oq) 13 (gi/o) (48)	13 (gi) 9 (o) 10(oq/o) (22) 17 (o/gi) 15 (gi) 22 (an) (52)	18 (o/gi) 21 (o/an) 4 (oq) (43) 4 (cq) 15 (an) 8 (oq) (27)	5 (oq) 6 (oq) 28 (an/gi) (39) 12 (an) 18 (o/oq) 17 (gi) (47)	16 (gi/oq) 27 (o/an) (43) 3 (a) 12 (an) 11 (an) (26)	7 (oq) 18 (gi/oq) 14 (o) (39) 11 (gi) 13 (o/an) 7 (oq) 16 (an) (47)	14 (oq) 12 (o) 8 (cq) (34) 26 (an) 8 (oq) 11(gi) (45)	6 (oq) 41 (an) 7 (oq) (54) 20 (gi) 16 (oq) 11 (gi) (47)
P1	2 (r) 20 (an) (28) 5 (r) 3 (a) (8)	7 (o) 13 (o) 12 (an) (32) 2 (a) 6 (r) (8)	2 (r) 4 (r) 7 (r) (13) 12 (o) 21 (an) (33)	12 (c) 11 (c) (23) 4 (a) 6 (r) 2 (a) (12)	2 (a) 17 (r) (19) 2 (a) 5 (r) 15 (an) (22)	24 (r) 2 (a) (26) 2(a) 4(r) 3(a) (9)	4 (a) 2 (a) 14 (r) (20) 8 (o) 2 (a) 6 (r) (16)	2(a) 2 (a) (4) 2 (a) 8 (r) 2 (a) (12)

(EP taking longer turns, giving information/advice about child/method/theory, seeking parent’s opinion with questions, offering analysis, comments)

gi = give information O = give opinion An = Analysing Q = Open Question CQ = Closed question (what/how) A = acknowledge R = Response

Table 2: Average length of turn for parent & EP

Shared Review Session 1	EP	Parent
No of turns in 16 mins (960 secs)	49	42
Total length of turns in seconds	655	285
Average length of turn in seconds	13.5	7

Stage 2 Analysis:

1. Episodes were transcribed and each transcript was segmented into utterances.
2. EP utterances were coded in two ways
 - a) As to whether they were 'Compensating' (EPs giving information to parents).
 - b) As to whether EPs were trying to deepen and open up discussions as 'Towards activating' (by asking for information/naming feelings/checking).
(This is denoted by **(EP)** against the corresponding initial codes in Table 3).
3. Parent utterances were coded as to whether they were 'activating' in nature. (This is denoted by **(P)** against the corresponding initial codes in Table 3).
4. Utterances that were given in response or that did not fit into any of the above were coded as 'Other'. (See also coding framework in Appendix 6). Fillers were not coded. E.g. Yes, no, mmm, ok, I see
5. A colour coding system was used for each category (as shown in Table 3 & 4 below):

Key:

GREEN = Compensating
PINK = Towards Activating
YELLOW = Activating
BLUE = Other

6. The number of coded utterances within each episode was collated to provide an overall total within each shared review session. (See Table 3 & 4)

Table 3 : Coding framework used to analyse episodes (CASE 1)

SHARED REVIEW SESSION 1 – Time sampling (2 minutes transcribed at 1 minute intervals)																		
CATEGORY of Turn (coded utterance)	EP (8 episodes)								Total	Parent (8 episodes)								Total
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	
1. Giving information/advice (EP)	3	2	1	2	1	3	1	2	15									
2. Giving opinion (EP)	3	3	2	1	1	1	1	0	12									
3. Evaluating and analysing (EP)	2	1	2	3	3	2	1	1	17									
4. Asking closed question (EP)	1	0	1	0	0	0	1	0	3									
5. Asking open question (to seek opinion/analysis) (EP)	2	1	2	3	1	2	2	3	16									
6. Naming feelings (EP)	0	2	1	0	1	0	1	0	5									
7. Checking understanding (own with other party) (EP)	1	1	1	0	0	0	1	0	4									
8. Checking reception (with other party) (EP)	0	0	1	2	0	0	1	0	4									
9. Exploring alternatives (P)										0	0	0	0	1	0	0	0	1
10. Extending ideas & finding solutions (P)										0	0	0	0	1	1	1	0	3
11. Generalising learning to other contexts (P)																		0
12. Acknowledges/ Responds (EP/P)	0	1	0	0	1	0	0	1		1	2	3	1	2	1	3	2	18
13. Minimal response (EP/P)										1	2		2	1				6

Table 4: Total number of coded utterances within shared review sessions

Over arching Codes	Initial Codes	Shared Review 1 (8 episodes)	Shared Review 2 (8 episodes)	Shared Review 3 (8 episodes)
Compensate (EP giving)	1. Tell 'what and how' (EP)	0	0	0
	2. Giving information/advice (EP)	15	14	7
	3. Giving opinion, expressing feelings, analysing (EP)	29	27	21
Towards Activating (EP asking)	4. Asking for opinion, naming feelings, seeking evaluation (EP)	19	23	18
	5. Checking understanding, asking whether following ideas (EP)	13	11	8
Activating (Parent exploring)	6. Exploring possibilities and alternatives (P)	1	0	3
	7. Extending ideas and finding solutions (P)	3	0	2
	8. Generalising learning to future situations (P)	0	0	1
	10. Other	18	14	19
	Total coded utterances	98	89	79

Calculating frequency of overarching codes

Frequencies were calculated for the overarching codes within each shared review session:

1. Compensating
2. Towards Activating
3. Activating

(Frequency is shown as a % of the total number of coded utterances for both parent and EP in all episodes – See Table 5).

Table 5: Frequency (calculated as % of total) of overarching codes within each shared review session (CASE 1).

	Overarching codes			
	Compensating (EP giving)	Towards Activating (EP asking)	Activating (Parent exploring)	Other
SR1	44.8%	32.6%	4.1%	18.5%
SR2	46.0%	38.2%	0.0%	15.8%
SR3	36%	32.9%	7.1%	24.0%

Stage 3 Analysis:

Each of the eight episodes were then coded for whether the EP and parent created/shared understanding within their interaction or whether there was a conflicting meaning.

KEY:

RED = Conflicting meaning between parent and EP within episode

DARK BLUE = Shared meaning/understanding within episode

Where it was not possible to determine this, episodes were coded as 'Other'. This is shown in Table 6 below:

Table 6: Number of episodes coded for conflicting/shared meaning

	SR1	SR2	SR3
Conflicting meaning/understanding	4	5	4
Create shared meaning/understanding	2	2	3
Other	2	1	1

EXAMPLES OF CODING FOR UTTERANCES WITHIN EPISODES (CASE 1)

Shared Review Session 1

(Episode 2: Start time: 12.54 – End time 14.58)

This is an excerpt taken from the episode which has been coded according to the framework shown in Table 2 above (See also Appendix 6). The utterances have been colour coded (green = compensating) and a

number **(2)** at the end of the utterances indicates which initial code it corresponds to (See Table 2 above).

Utterances that follow on (where fillers are used e.g. mmm, yeah yeah) are coded together as one segment. Utterances are coded separately when it is clear that a turn has ended by the parent giving a full response.

EP: The purpose of it, is to look at what very subtle things do go right for him, you know **(2)**

P: Yeah yeah **(Folds hands across body up in front of face, grips wrist with hand)**

EP: what it is that can suggest something about what he is communicating or what he needs **(2 – continuation from previous CODED together as 1 utterance)**

P: yeah yeah

EP: and there are possibly very small things that can be illustrated in those tiny little ways....like time to correct himself or like the feeling that hes able to be in control of things or be helped and like those, in those tiny subtle ways might say something about him in much bigger ways **(2)**

P: yeah of course **(shifts in seat and folds arms in front of self)**

EP: and that is really sort of the point, it is really to try to look within him....for those **(2 - continuation from previous CODED together as 1 utterance)**

P: For what makes him.....yeah....and we say, we want him like that all the time, it is so nice when he is like that! But it doesn't happen...**(7)**

EP: and realistically...

P: no, he is not going to be like that....and we know that, it just makes it harder to understand when he is kicking off, to get to the reason behind it. When I see that it makes me think that it can be possible to have that more often, that's what we need to work on, because he can do it. **(7)**

EP: and it is lovely to see this (to video) and you will know especially from being a teacher that it is the stressful and difficult things that override other things in your mind and so how you think about, so ummm, you know when things kick off and are really, really difficult it is really difficult to separate out what was going on, especially when you have lots of other things going on at the same time, umm and it is also difficult umm for something that can be a sudden thing that goes on for ten minutes you can feel it throughout the day can't you..**(2)**

P: Oh yeah yeah

EP: so something like this, the point of it, is to be an opportunity for you to see things going positively. **(2)**

Total coded utterances:

Compensating (EP) = 4

Activating (P) = 2

Episode 6: Episode 4

The episode has been colour coded as 'Towards Activating' and a number **(4)** indicates utterances where the EP is seeking the parent's opinion. The EP is asking the parent to name how she and the child are feeling and linking those feelings to the positive impact on the child's behaviour.

This episode has also been coded for 'Conflicting meaning' as it appears that the parent holds a different point of view to the EP here.

(Start time: 16.04- End time: 18.06)

EP: So both of those, sort of, so both of those.... responses that you had the waiting and the...umm **(4)**

P: The assisting one....

EP: Yeah the assisting one....ummm, both, from his response, ummm, appear to have the effect of.....**(4)**

P: He is relaxed and happy

EP: Being relaxed and happy.... and as a result is more co-operative, ummm...and then so in relation to that the consequence for you, would be...would you say?**(4)**

P: That I am happy and relaxed....

EP: Laughter...Yeah

P: Laughs

EP: And you really are, so when you pause it on something like that you are both really **(4)**

P: Engaged

EP: yeah engaged and close and focused...so you certainly don't appear like you are anticipating that something is going to go wrong..**(4)**

P: No no, but you do know that at any moment he can kick off, or will kick off

EP: That he can kick off, yeah

P: Mmm mm

P: Yeah and it literally would be if I picked up the wrong colour and that's it. **(Is this in response to EPs use of the word 'wrong' here?) Creates a conflicting meaning between them.**

EP: Yeah yeah

P: It could be something as simple as that, and everything would have been thrown

EP: So that could possibly be the pace that that could happen, so we know something about when he is feeling things are not in his control...and then it will be how you can...

P: Interrupts...So everything that you do in the back of your mind....you don't know if that is going to kick him off, so whatever what he finds funny one day, could set him off into a rage the next, **that is just how he is, so yes he did** sit nicely all through this and do that and it is nice to spend that time with him **but** in the back of your mind is that you just don't know what he going to do.

Total coded utterances:

Towards Activating (EP) = 4

Compensating (EP) = 1

Episode also coded for conflicting meaning between parent and EP

Shared Review Session 3

Episode 6 & 8

The episodes have been colour coded as 'Towards Activating' **(4)** where the EP is seeking the parent's opinion to open up the discussion. The EP is also using positive reframes and exploring feelings with the parent.

EP: And just looking at how the two of you are sitting there and the clip that you have seen, can you remember how you felt in this, in that activity, how did it feel?

P: I liked it, I liked doing that with him, we have been trying to do more things like that this holiday...because he is very imaginative, he can make things lookoh look mummy I have made aI have made chicken coop and I am like, how did he come up with that...so is he very creative along those lines and so I am trying to find the time to spend with him more...

EP: He is very creative and you like spending time together...you enjoy that time with him

P: Yeah and it is nice to be doing things like that with him, and it is nice to watch it back like that

EP: Mmmm

P: He likes doing things like that and he likes to have that 1:1 attention, so it is lovely to do that

EP: And how do you think he feels at that moment....?

P: I think he felt, not like he was in control but I suppose he did feel as you say a shared control type thing, he could do what he wanted, we were giving him the opportunity to make what he wanted, he seems happy there...

EP: And relaxed

P: And Relaxed yeah

EP: And would you say he was able to cope with your suggestion that their could be an alternative to what he thought there....?

P: Oh yeah, he was fine with that at that point in time

EP: To what he thinks, I mean he actually really thought about it, didn't it?

P: Yeah yeah, I mean his pause made me actually really think about it too

Total coded utterances:

Towards Activating (EP) = 4

Activating (P) = 2

Episode has also been coded for 'Shared meaning' as parent and EP create a shared understanding here.

(Start time: 31.03 End time: 33.14)

EP: So umm, thinking of those, just those sort of ideas, and how those things have come out of those sorts feelings of being relaxed and calm and sharing....you know no-one in particular in control and those sorts of things.. **(4)**

P: Yeah yeah

EP: Would that suggest any.....other particular meaningful...or new meanings....? **(4)**

P: Ummmm..mmm.....I know that he does like being with me, but it doesn't make a lot of difference because it is always overshadowed ...so like this morning he told me to die...die I hope you die he said!!!

EP: Mmm mmm

P: That is his way he was angry, but it doesn't make it easy, that is just his way of letting me know he is angry.....I still need that to change.

EP: Mmm mmm

P: I have forgotten what I was going to say...

EP: You were saying that he likes being with you and that this happens more often when things feel calm between you both, so with this (points to video) what would you say about what you do at those times that might help the more difficult situations.....?**(4)**

P: Yeah he does like being with me, but that's difficult.....to do that all the time, you know.

Total coded utterances:

Towards activating (EP) = 3

Episode also coded for conflicting meaning between parent and EP

CASE 2

Table 1: Number of coded utterances within shared review sessions

	Shared Review 1 (8 episodes)	Shared Review 2 (8 episodes)	Shared Review 3 (8 episodes)
1. Tell 'what and how'	0	0	0
2. Giving information/advice (EP)	12	8	2
3. Giving opinion, expressing feelings, analysing (EP)	22	12	19
4. Asking for opinion, feelings, seeking evaluation (EP)	29	19	20
5. Asking whether following ideas (EP)	11	12	7
7. Exploring possibilities and alternatives (P)	3	4	3
8. Extending ideas and finding solutions (P)	0	0	2
9. Generalising learning to future situations (P)	0	2	0
Other	17	20	11
Total coded utterances	94	77	64

Table 2: Frequency (as a % of total number of utterances) of overarching codes within each shared review session

	Overarching codes			
	Compensating (EP giving)	Towards Activating (EP asking)	Activating (Parent exploring)	Other
SR1	36.1%	42.5%	3.2%	18.2%
SR2	26%	40.2%	7.8%	26%
SR3	32.8%	42.2%	7.8%	17.2%

Table 3: Number of episodes coded for conflicting/shared meaning

	SR1	SR2	SR3
Conflicting meaning/understanding	4	5	1
Shared meaning/understanding	1	2	4
Other	3	1	3

EXAMPLES OF CODING FOR UTTERANCES WITHIN EPISODES (CASE 2)

Shared Review Session 2.
Episode 2

This is an excerpt taken from an episode which has been coded according to the framework shown in Table 1 above. The utterances have been colour coded (green = compensating) and a number **(2)** at the end of the utterances indicates which initial code it corresponds to.

Utterances that follow on (where fillers are used e.g. mmm, yeah yeah) are coded together as one segment. Utterances are coded separately when it is clear that a turn has ended by the parent giving a full response.

12.46-14.46 minutes

(Parent resting hand on face and looking at EP throughout (listening))

EP: The other thing is what is going on at those times when he is on your side and where you are together....and that's what we would call attuned parenting, yeah?

P: **(parent half nods, blank expression)**

EP: We are looking at where you can get moments, where you and you child and I am talking in the broadest sense about all children as well as people with social communication difficulties are thinking about the same thing and moving towards it together in the same thing.....

P: MMMMM, **(half laughing, disbelieving? moves hand and sits back in chair)** that just seems such an enormous...(with emphasis).!

EP: Absolutely

EP: The problem you've got is, it **(at same time as)** P: I mean that would be lovely!!

(Half smiles)

EP: no, no but it happens yeah..?

P: mmmm? Yeah? **(disbelieving)**

EP: won't ever happen all the time,

P: mmm

EP: we want it to happen more often,

P: mmmm **(questioning tone, resting hand on chin)**

EP: and part of the support you need is what do you do when it doesn't work and you have got your systems and strategies for that...the other part of our thinking particularly, is why does it work sometimes for C2 what is going on for him...

P: Mmmm **(half nods)**

EP: Partly because he is having a better day, but what is it that YOU do as a parent of a child who actually finds these interactions quite difficult...that really moves it forward and helps him get on your wavelength.....

P: **(interrupts, inhales, moves hand away from face and leans back from EP)** I find it very very difficult and he is so so manic all the time and that varies from day to day, so yes we can have good days like we see here but its..I always say that the autism comes in waves that's what it feels like so we have peaks and troughs with it and I think that really is to do with him having a better day. It doesn't feel like it is things that we necessarily do or don't do... **(moves arms, gesturing to EP whilst explaining, higher level of engagement here)**

Total coded utterances: Compensating (EP) = 4

Episode also coded for conflicting meaning between parent and EP

CASE 3

Table 1: Number of coded utterances within shared review sessions

	Shared Review 1 (8 episodes)	Shared Review 2 (8 episodes)	Shared Review 3 (8 episodes)	Shared Review 4 (8 episodes)
1.Tell 'what and how'	0	0	0	0
2. Giving information/advice (EP)	13	0	1	0
3.Giving opinion, expressing feelings, analysing (EP)	23	14	12	14
4.Asking for opinion, feelings, seeking evaluation (EP)	13	17	16	16
5.Asking whether following ideas (EP)	8	5	4	2
7.Exploring possibilities and alternatives (P)	2	1	3	3
8. Extending ideas and finding solutions (P)	0	3	2	4
9.Generalising learning to future situations (P)	0	1	1	2
Other	14	18	12	13
Total coded utterances	73	59	51	54

Table 2: Frequency (as a % of total number of utterances) of overarching codes within each shared review session

	Overarching codes			
	Compensating (EP giving)	Towards Activating (EP asking)	Activating (Parent exploring)	Other
SR1	49.3%	28.8%	2.7%	19.2%
SR2	23.7%	37.2%	8.6%	30.5%
SR3	25.5%	33.3%	17.7%	23.5%
SR4	25.9%	37.1%	13%	24.0%

Table 3: Number of episodes coded for conflicting/shared meaning

	SR1	SR2	SR3	SR4
Conflicting meaning/understanding	3	1	2	1
Create shared meaning/understanding	4	3	3	5
Other	1	4	3	6

EXAMPLES OF CODING FOR UTTERANCES WITHIN EPISODES (CASE 3)

Shared Review Session 3. Episode 1

This is an excerpt taken from an episode which has been coded according to the framework shown in Table 1 above. The utterances have been colour coded (pink = towards activating and yellow = activating). In this episode, the EP is exploring the parent's point of view and checking their understanding and naming feelings. The parent is exploring ideas here and refers to noticing the effect of she is feeling on how her child is feeling and his behaviour.

Utterances that follow on (where fillers are used e.g. mmm, yeah yeah) are coded together as one segment. Utterances are coded separately when it is clear that a turn has ended by the parent giving a full response

10.14-12.16 minutes

P: I think that the medication is helping him too, you know because he wouldn't his behaviour wouldn't just change just like that would it? So he has been in his room since you have been here and beforeafter about 15 seconds he would be in and out, and I don't even really know he is in..

EP: Yeah...mmm, so it sounds as though you are seeing that he is feeling calmer and more relaxed at home at the moment.....?

P: Mmmm mm, yes definitely he really is, very much calmer

EP: And so you are able to enjoy times like this (gestures to video) much more and maybe that makes it, maybe you are more easily accessing things like this where you are coming together...and enjoying those times more with him.....?

P: Well, yes when he is the way he is, when he is hyper, I get so anxious all the time you know, as to what to say how to say it how do I react to him, I have got all of that in my head and I am like (gestures tense) you know it is really hard...So I notice am now not half as stressed, I am feeling relaxed and I can see more often that it...well again it bounces back to him doesn't it? I can see that how I am around him is having an effect on him.

EP: Do you remember how you were feeling when we were playing scrabble?

P: Well, on that (gestures to video) I felt a lot different on this one to how I felt on some of the ones we have done before...

EP: So you have are feeling differently here and what effect has that had for (C3) would you say?

P: I mean it was kind of chilled there (**points to video**) and (**child's friend**) was there wasn't he?

EP: He comes in later on yes..

P: And (**child's brother**) was there and so there were things going on around and usually that's like when (C3) would be like, jumping, when there's people like that and he was just sitting, he was so much calmer you know...and I see that more often now, we can have little chats together whereas before he would have been off and up, not wanting to listen.

EP: Good, (nods) mmmm, lets watch the next clip...

P: I mean just him sitting there like that isyeah....well, its really good

CASE 4

Table 1: Number of coded utterances within shared review sessions

	Shared Review 1 (8 epsiodes)	Shared Review 2 (8 epsiodes)	Shared Review 3 (8 epsiodes)
1.Tell 'what and how' (EP)	0	0	0
2. Giving information/advice (EP)	12	3	3
3.Giving opinion, expressing feelings, analysing (EP)	16	13	14
4.Asking for opinion, feelings, seeking evaluation (EP)	17	17	18
5.Asking whether following ideas (EP)	8	6	5
7. Exploring possibilities and alternatives (P)	1	1	2
8. Extending ideas and finding solutions (P)	0	3	2
9.Generalising learning to future situations (P)	0	2	2
Other	15	17	14
Total coded utterances	69	62	60

Table 2: Frequency (as a % of total number of utterances)of overarching codes within each shared review session

	Overarching codes			
	Compensating (EP giving)	Towards Activating (EP asking)	Activating (Parent exploring)	Other
SR1	40.6%	36.2%	1.4%	21.8%
SR2	25.8%	37.0%	9.7%	27.5%
SR3	28.3%	38.3%	10%	23.4%

Table 3: Number of episodes coded for conflicting/shared meaning

	SR1	SR2	SR3
Conflicting meaning/understanding	4	4	2
Create shared meaning/understanding	2	3	3
Other	2	1	3

EXAMPLES OF CODING FOR UTTERANCES WITHIN EPISODES (CASE 4)

Shared Review Session 2 – Episode 4

This is an excerpt taken from an episode which has been coded as 'Towards Activating'. Here the EP is naming feelings with the parent and reframing negative references to the child's behaviour by acknowledging the positive manner that the parent responded to them.

(20.18-22.21 minutes in total, excerpt shown below)

EP: He comes right back to the game

P: That was difficult, I could see he was getting cross, thinking that any minute he would walk off

EP: He has been through quite a lot of emotions, he has had quite a lot of fun hasn't he, he has got frustrated..he does this doesn't he (demonstrates) he got very frustrated when he couldn't think of a word

P: And then he drifted off and he didn't want to play it

EP: Yes, mmmm he has been bored and you brought him right back again....you supported him to refocus there...so it has only been about thirty seconds worth, but it has been a real rollercoaster through that hasn't it..

P: Mmm mmmm

EP: and I see you attending and changing what you are doing to that all the way through, so you are playful when he is playful, you are supportive when he is frustrated and you encourage him and refocus him when he is bored

P: Mmmm mmm mmm

EP: yeah.....(appears to wait for parent to respond.....)

P: Mmmm mmm, its interesting to see it, he is like that a lot, he goes up and down and sometimes it is easier for me to respond to him, you know by keeping calm and those sorts of things, but I didn't realise that there were all these different aspects to it. It isn't easy and I know that I don't do that all the time, I know that it doesn't help us though, if we are both angry...things get worse usually don't they?

Appendix 8: Thematic analysis protocol

For the purposes of analysis a rich description of the entire data set was conducted in order to give readers a sense of the most important themes (Braun & Clarke, 2006). According to Braun and Clarke (2006) this is a useful analysis to conduct when investigating an under-researched area and one where participants' views on the topic are unknown. This supports the aims of this research, one of which was to highlight parent voice (as this is missing from current literature and research in the field).

Stages of analysis

The first stage of the thematic analysis process requires the researcher to familiarise themselves with the data (immersing yourself in the data). This can be achieved by personally transcribing the verbal data. This is recommended as this informs an early stage of the analysis. All of the interviews (Pre, Post, Follow-up with parents) (Post interviews with EPs) were transcribed by the researcher.

Data *within* each individual case was then coded as follows:

Case 1: Pre, Post, Follow-up SSIs with parents

Case 2: Pre, Post, Follow-up SSIs with parents

Case 3: Pre, Post, Follow-up SSIs with parents

Case 4: Pre, Post, Follow-up SSIs with parents

(EP interviews were coded and compared for common themes separately to parent SSIs)

(See Appendix 10, for an example of a coded transcript and Appendix 11 for a list of the initial codes generated for Case 1).

Common themes across cases were then generated from the initial codes sought from the data within each individual case (see Appendix 11 for themes and subthemes). According to Braun and Clarke (2006) themes 'capture' something important within the data in relation to the research questions and provides a level of 'patterned' response from within the data set.

The next stage requires the researcher to generalise the initial codes (the production of initial codes from the data). Stage three involves the searching for themes (sorting different codes into potential themes and collating the relevant coded data extracts within the identified themes). The researcher must then review the themes in stage four, before defining and naming the themes in stage five. This last stage (six) is the production of the report (Braun & Clarke, 2006). The thematic analysis of data from this research was conducted using this six-stage model.

Appendix 9: Example transcript and initial coding (Case 1: Post Interview)

How many sessions did you complete?

I think it was three, we did one where we did colouring, one where we did cakes and one where we did Connex.

How long did those sessions normally last?

Between sort of half an hour and an hour I think.

What did you hope to gain by doing VIG?

Umm....Ah...I am not sure...I think that (EP) was saying about trying to see about where (C3) was obviously feeling more comfortable.....and helping see those, the way that the pair of us interact together. To see if there is anything in that, that sets him off or makes him behave (badly), if you know what I mean. Ummm.. But that's, it was a nice time to spend with (C3) and then it was lovely for me to be able to watch the pair of us having a nice time together (laughter) if you know what I mean, it is usually clouded by all the times, all you think about is the times when you are having a go at each other...

Do you feel that was one of your hopes? To spend positive time together?

Yes probably...yes it was. Because it very rarely happens, during the summer holidays, well J... had broken his arm he spent a lot of time with my mum and dad...Just because he wanted to – he seemed to think that was his summer holiday (laughter) to go over there and spend time with them it was his holiday home!. So once the girls were in bed in the afternoon, that allowed (C3) and I to spend time together, but all the time I am aware that

the girls could wake up and get up. So at least that time when we were doing the video, it was just him and I, it was really nice, even if it was only a you know, short concentrated period of time it was to do that.

How is (C3) getting on since you completed the VIG?

No different. There is no difference, if there was any hope that it would help change his behaviour then that's not happened at all. But then I don't think it well, I don't think anything will to be honest.

Can you say a bit more about that?

His behaviour is no different to how it was before, so if there was any hope that he was suddenly going to realise how he could behave shall we say, that obviously didn't happen. So I mean, the week before last I'd been away for the weekend, I came home, got out my laptop – a school laptop and he was having a row with his brother, threw a remote and smashed the laptop. You know, he is just so impulsive, so nothing like that has changed, he still growls at me..you know, does all the things he did before, you know?

Have you noticed that when things are positive that there is a difference in (C3) behaviour then?

(C3) is a real Jekyll and Hyde character, when he is being good he is adorable but he flips just like that and so there is no difference. When he is being great he is great, he has always been like that. But when he has got the devil in him (laughs) or whatever sets him off for that reason, that's it you know he just goes so there is no warning with him either. I know that when (EP) was saying when we were looking back at the videos that you could see that

point when it could've gone the other way but it didn't and she was saying that was because your reaction was to do that, you know whatever that was, she said you did it naturally...and responded to him in the right way...so that...um which obviously happens all the time (ref. to her reactions) I am trying to do that all the time and that makes me feel more confident in what I am doing...So then I know that its down to him as to how HE reacts, as to whether that kicks off or not. Maybe I am not making myself really clear, its hard to explain unless you see him, what he is like. And I know school don't seem to see that side of him but so...

When you say that you and (EP), were looking at the video together, do you notice those things in every day life? That your response to him in certain situations can impact how he responds?

Well, only because, the things that (EP) was picking out....all the things I do naturally, being a teacher you know, I don't always jump in if they're wrong and you know and tell them when they are wrong it depends if they are dangerous then you do, but most of the time you allow them to make their mistake and then come back at you with the right answer or whatever....and that was all the sort of things that she was picking out, it was did you notice that you did this, and sometimes she would say it wasn't a verbal thing it was a visual thing that I had done and its all things that I must do completely naturally because I wasn't aware that I was doing them. I think that comes from years of being a teacher as well, its what you do its just how you are. But that is no different when he kicks off, my reaction is usually the same as that, I try to keep calm and do those things, unless he winds me up so much that I get really cross, but usually my reaction would be the same.

Appendix 9: Example of initial coding for Case 1

CASE 1 – Codes (SSI – Pre, Post, Follow-up intervention)

- 1 Uncertain about own hopes for intervention
- 2 Enjoyed spending positive time with child (different perspective)
- 3 Rare to spend 1:1 positive time with child
- 4 Parent mind jumping ahead to what might happen (?)
- 5 VIG enabled parent-child to spend time together
- 6 Parent holds self-defeating hopes about change in child's behaviour
- 7 Child reactions/responses are unpredictable
- 8 Views child as responsible for own actions (individualised accounts)
- 9 Natural responses to child are due to profession and training (parental expectation?)
- 10 EP using video to show parent what she does well
- 11 VIG did not shift perspective (rather increased self-efficacy through confirmatory effect?)
- 12 Shift in perspective about sharing of control (raised awareness?)
- 13 VIG alleviated concern that was doing the wrong thing
- 14 Other external support (ADHD group) reduces feelings of isolation
- 15 Difficulties reside within child
- 16 Conflicting perspectives between home and school
- 17 VIG creates artificial situations (not reality of family life)
- 18 Views diagnosis as central to receiving support/change occurring
- 19 Feeling embarrassed at being unable to control child
- 20 Support from others enables parent to manage situation
- 21 applying behaviour management strategies
- 22 different approach to managing child's behaviour
- 23 VIG enabled parent to see positive impact of own behaviour
- 24 blaming self for negative interactions with child
- 25 parent's perspective of themselves has shifted (positive)
- 26 Parent feels unsupported/blamed for child's difficulties
- 27 New insights – good relationship with child
- 28 Concerns about motives for VIG – feels scrutinised as a parent (negative)
- 29 diagnosis would help parent to understand child's needs
- 30 poor communication between home-school
- 31 parent feels self (and child) is misunderstood by professionals/school
- 32 earlier intervention to recognise difficulties
- 33 history of child's behaviour change
- 34 blames school for failing to recognise problem
- 35 reflecting on impact of sharing video work with child
- 36 recalls that EP made positive comments on parent behaviour (feedback)
- 37 parent rates self modelling as positive part of VIG
- 38 EP guiding parent to focus on content of video
- 39 Valued being shown parent was good enough by EP

- 40 Contrast between experience with EP to other professional relationships (containment/feels understood/process of self discovery)
- 41 Valued positive recognition from EP

Appendix 10: Example of collation of extracts into codes

Main theme: Protocols of VIG

Code: Initial uncertainty/expectations

Case 1 – Post SSI pg. 5

How has it felt to take part in the video sessions?

I was a bit apprehensive about it, to start with. What are they going to do with it, why do they want to do that? It feels like everyone else is on at you, all the time. I didn't know what was implied and as well I also didn't know if it would make any difference.

Case 3 – Pre SSI pg. 2

Could you describe your expectations of the Video Interaction Guidance that you are about to begin?

I don't really know if it will make any difference but I am willing to try. So I guess I don't really know what to expect because I am not really sure watching video is going to make (C3) behaviour any different, but I suppose it might make me think about how to change mine.

Case 2 – Post SSI pg.4

It was difficult at times to know what I should say to what was there (video clips)... (EP) would always have more to say than I did at the start, but it was good to hear that. I felt quite unsure initially, you know, was (EP) looking for a certain thing, seen something that I was supposed to see, so I asked whether there was something I should be saying for the first few times. I got the gist quite quickly after the first session I suppose.

Case 1 -Post SSI, pg. 10

"I liked it. But I don't think I really knew what I was looking for to start with; I mean I could see what I was doing, what I would normally do in a 1:1 situation with him. (EP) would ask me things and I would say 'I am not sure what I should say?' So (EP) would usually tell me what she saw, so that helped. But then it was also odd going into so much detail about us and what we were doing, I kept thinking I just didn't get how it related to other things we have going on with his behaviour."

Case 4 – Post SSI, Pg. 3

How did it feel to take part in the VIG work?

Umm. Quite confusing to start with because I didn't really understand quite what R was pointing out to me with the clips. I could see certain behaviours but umm, her style of approaching it was "So what did you think of that?" so she wasn't going to tell me what was going on, I had to interpret what I had seen and then we talked about that. I found that quite difficult at first, you know you get to sort of understand how to do it after a few times.

Case 2 – Pre SSI, pg. 1

My expectations aren't massively high, um they are just, its more that I am well, interested. I think either it is going to be useless and so artificial that it has no impact at all or it might be of some use and help with strategies at home so when you are in the middle of something and you can't see it clearly...

Appendix 11: Example of main themes, subthemes and initial codes (Parent SSIs)

Main Theme	Subtheme	Initial Code
(Relating to process)		
Relationships		
	Parent-Child (Process)	2 Enjoyed spending positive time with child (P1, Post)
		5 VIG enabled parent-child to spend time together (P2, Post)
		42 Process = increased awareness of communication with child (Post, P1)
		21 Parent interprets VIG as providing 1:1 time with child (Follow-up) (P3)
		9 VIG = more time to spend with child (Post, P4)
		10 VIG process helpful to have quality time (Post, P3)
	EP-parent (Process)	40 Feels understood by EP, positive relationship built over time (P3, Post)
		27 Parent values supportive relationship with EP (P3, Post)
		36 EP made positive comments on parent behaviour (feedback) (P3, follow up)
Protocols of VIG		
	Initial uncertainty (Process)	6 Uncertain about goal of intervention (Pre P1)
		1 Uncertain about what to expect from VIG (Pre P1 & reflection)

	1 Uncertain about own hopes for intervention (Post P1)
	28 Uncertainty about motives for VIG – feels scrutinised as a parent (negative) (Post, P1)
	4 Uncertain about what to expect from VIG (P4, pre)
	6 Unsure about watching self on video (P4, Pre)
	5 Uncertainty about what to expect from VIG (Post P4)
	31 Initially feeling confused during feedback sessions (P2, Post & reflection)
	33 Difficulty in interpreting video footage of self and child (P4 post)
	38 Difficult to know what to look for on video and how to respond (P4 Post)
	4 Uncertain about what to expect from VIG (P3, Pre & reflection)
	3 Ambivalent about how VIG will help (P2, pre)
Video-self modelling (Process)	10 Helpful to observe behaviour (VSM) (P2, Post/Follow up)
	1 Self modelling as positive part of process of VIG (P1, Post)
	46 VSM (process) highlights what is already there/going well (P4, Post/Follow Up)
	3 Process – video self-modelling (self as competent) (P3, Post)
Space to reflect (Process)	28 Process allowed reflection on having a different response to child (Post, P4)
	42 Self-discovery as powerful learning tool within process (P4, Post)
	58 Understanding of VIG process developed through reflecting over time (P3, Post)
	24 Visualising an alternative future – how would like things to be (P3, post)
	29 Feedback sessions gave space to reflect (valuable) (P2, Post)
Creates artificial situations	43 VIG process is odd and unrealistic (potency of intervention is diluted) (P2, Post)
	44 Camera and EP influences child/parent behaviour (P2, Post)

	12 VIG activity is an artificial situation (Post, P1)
	14 VIG not capturing real life situation (P1, Follow-up)
	7 Use video to capture reality of family life (Follow up, P2)
EP skills	
EP as expert	38 Perceives EP as directing parent to focus on content of video (Post,P1)
	25 Interprets EP as expert, focus on behaviour management (follow-up) (P1)
	1 Expectation that EP will provide answers and give parenting strategies (P4) (Pre)
	5 Perceives EP giving guidance on parenting skills (P2, post)
	19 Feedback from EP enables parent to make internal attribution and feel in control (P2, post)
	9 Reassurance from a professional as helpful (P3, post)
EP as skilled outsider	39 EP using non-directive questioning is helpful for self-discovery (P3)
	32 VIG guider using non-directive approach as helpful (P4, post)
	41 VIG guider asking open questions as helpful (P4, Follow up)
	22 EP using non-directive approach as helpful (P3, post)
Therapeutic skills	41 Valued positive recognition and support from EP (Post, P1)
	35 VIG guider asking supportive questions and being positive (P4, post)
	50 Discussion and support from EP of equal value as looking at video clips (P3 post)
	53 Supportive actions/approach of guider (P4, Post)
	21 Parent valued feeling listened to and heard – understanding from EP (P3, post)
(Relating to Outcomes)	
Relationships	
Parent-Child	9 Being positive improves relationship with child (Post, P4)
(Outcomes)	8 VIG gave insight into how to interact with child (Post, P4)

	16 Parent shifting focus beyond P-C relationship (Post, P4)
	14 Child experiencing more stress and less responsive to parent (Follow up, P4)
	12 Reciprocal effect = child improving on parents well being (Post, follow up P3)
	24 Outcome/Impact – more observant in interactions with child and thinks about implications (P3, Post, follow up) 27 New insights – has good relationship with child (P1, post)
	19 VIG developed more positive relationships (post, P2)
	9 Shift in perspective – sees benefit of improved interactions with child (P3, post)
	14 Improvement in parent-child interaction (post, follow up P4)
	16 Learned to respond differently to child with positive effects (Post, P4)
Parent-Child (negative) (Outcomes)	7 Child behaviour out of control, negative interactions (Pre, P3)
	26 Negative interactions with child (Pre, P1)
	17 Difficult parent-child interaction (Follow up P4)
	10 Not enough time to spend 1:1 with child (Post, follow up P1)
	3 Rare to spend 1:1 time with child (Follow up, P2)
	24 blaming self for negative interactions with child (P1, Post)
	45 difficult to find time together in everyday life (P2, Post)
	34 P-C interaction can be positive, but unpredictable (P2, f/up)

Appendix 12: Summary of findings from EP & Parent SSIs about the process of VIG

	Parent	EP
CASE 1	<p>Video Self-Modelling (VSM) is beneficial – parent links with EP in expert role and showing them what they do well.</p> <p>Perceives process of VIG as artificial and difficult to relate to context of family life.</p> <p>Uncertain about how to respond to video and microanalysis.</p> <p>Perceives activity sessions as helpful to spend time with child.</p>	<p>Need to provide containment first for parent during process of VIG to create ‘space’ to access intervention.</p> <p>Importance of VIG as a flexible tool: start from where parent is at, go with them.</p> <p>Important to move to deepening discussions, naming feelings and analysing.</p> <p>Importance of relationship developing between EP and parent as feedback sessions progress.</p>
CASE 2	<p>VSM is beneficial – parent links with EP in expert role and their acknowledgment of ‘good enough parenting.’</p> <p>Perceives process of VIG as unrealistic and creating artificial behaviours.</p> <p>Perceived video feedback sessions as helpful in that they provided space to reflect and talk to EP. Difficult to do in busy daily life.</p>	<p>VSM and focus on positive as most significant aspect of VIG, parent is able to view attuned interactions with their child.</p> <p>EP using non-directive approach with parent, guided discovery.</p> <p>Importance of parents making links for themselves and deepening discussions: though may depend on where parent is at.</p> <p>Parents trust and acceptability of the method is important.</p>
CASE 3	<p>VSM is beneficial - links with EP as providing positive focus and non-directive approach.</p> <p>Perceived strong working relationship with EP as significant. Use of humour and listening skills.</p> <p>Perceives activity sessions as helpful to spend time with child and reconnect with each other.</p>	<p>VSM as most significant aspect of VIG – ‘How it works’</p> <p>Importance of providing containment when parent is feeling exhausted/overwhelmed.</p> <p>Emphasise process of discovering together and importance of deepening discussion through good working relationship.</p> <p>Significant that parent and child receiving wider package of support – perceives that this provided a window for VIG and parent had ‘space to access’ intervention.</p>
CASE 4	<p>VSM is beneficial - links with non-directive approach and space to reflect in video feedback sessions.</p> <p>Initial uncertainty about what to expect from video feedback – shifted to more positive perspective as sessions progressed.</p>	<p>VSM as most significant aspect of VIG – ‘How it works’</p> <p>VIG as a flexible tool: enables self-directed learning and guiding parent to finding their own way forwards.</p> <p>Opportunity to spend time with child and discover what they do well as a parent</p>

<p>Perceived video feedback sessions over time as helpful to reflect and draw own conclusions, see things from child's perspective. Significant to be able to spend time together.</p>	<p>Parents' level of engagement and trust in the process is significant.</p>
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Appendix 13: Illustrative examples from parent SSIs (relating to the process of VIG)

Data Matrix showing illustrative excerpts from parent SSIs for MAIN THEME: Protocols of VIG

	CASE 1	CASE 2	CASE 3	CASE 4
Initial uncertainty	<p>I don't think I understood it. (EP) would ask me things and I would say 'I am not sure what I should say?' It was odd going into so much detail, I didn't get how it related to other things we had going on. (P1, L 28-32)</p>	<p>I felt quite unsure initially, you know, was (EP) looking for a certain thing, seen something that I was supposed to see, so I asked whether there was something I should be saying for the first few times. (SSI, L84-92)</p>	<p>It did feel a bit strange at first and I didn't really know what to say. I got more sure of myself as we went on, having a few sessions helped. It would have been good to do a few more really. (SSI, L 23-25)</p>	<p>Umm. Quite confusing to start with because I didn't really understand quite what R was pointing out to me with the clips. I could see certain behaviours but umm, her style of approaching it was "So what did you think of that? (SSI, L 54-57)</p>
VSM	<p>To be able to watch it back and see that you hadn't realised you did something and think but 'I must have done because it is there on the video' ...um, yeah that was good for me. (Post SSI, Line 90-92)</p>	<p>The feedback sessions were good to really look closely at the video with (EP) and looking together at what I was doing and pulling out the positives. (Post SSI, Line 246-248)</p>	<p>When you feel so awful all the time, watching yourself getting it right, that really helps a lot because then you start to think that you are doing the right things and I felt like we didn't get on at all. But I saw that we did. (Post SSI, L 494-497)</p>	<p>Watching it on video has reminded me that it is not as bad as I think, that was a bit of a turning point in a way and realising that we do need to find the time to spend more time together as a family. (Line 18-23 Post)</p>

<p>Space to reflect</p> <p>I am quite used to analysing and reflecting on stuff in my job. I surprised myself with how I did understand it..... ...It is so frenetic, so it was nice to be able to sit and reflect even it was only on those three occasions. (Post SSI, Line 170-176)</p> <p>It was helpful to think and if you discover something for yourself it has got to be stronger than somebody else sitting there telling you what to think hasn't it really? I found myself thinking about some it at other times....so sort of how to respond differently, that sort of thing. (Post SSI, Line 123-125)</p>	<p>Creates artificial situations</p> <p>It didn't match what happens here every day...That was a problem for me. We set up quiet situations, the other kids weren't here. I think it might have helped family life on a day to day basis if the video was here when we all were here, you know a bit like that Supernanny programme where you can see what is happening all the time. (Post SSI, L 128-133)</p> <p>It was quite an odd feeling because it is quite intrusive and (EP) is really nice so it wasn't his presence. But having someone behind the camera changes the dynamic because it made (C3) perform for the camera and then we did as well. I think if it was...a camera set up without anyone manning it that would be more reflective of reality. (Post SSI,132-138)</p>
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Appendix 14: Summary of findings from reflection activity

	What do you feel has been most helpful about the feedback session today? (Example comments from parents)	How do you feel, any different than before?	Have you learnt anything NEW in the feedback session today?	Do you feel that (EP) understands the problem that you have?	How confident are you in (EPs) ability to help?	Do you believe that VIG has been useful in helping to achieve your goal?
CASE 1	Lovely to watch video back and see (C1*) was happy to spend time with me. (SR1*) (EP) listening to me and showing me how close we are and that we are really similar. (SR3)	Yes, more positive about myself. (SR1) Feel ok, not really different. (SR3)	(1=not at all 10= learnt a lot) Parent rating: SR1 = 5 SR2 = 4 SR3 = 5	(1 = not at all 10 = very much) SR1 = 7 SR2 = 8 SR3 = 7	(1 = not at all 10 = very much) SR1 = 6 SR2 = 5 SR3 = 5	(C1) behaviour has not changed, so it has not achieved that goal. (SR3)
CASE 2	Just to have time to sit and watch and think about all the things that do go well. (SR1) Good to talk to an expert and get support from them. (SR2) Good to be shown by (EP) that I am doing the right things with (C2) most of the time. (SR3)	Felt good about myself today, don't usually! (SR1)	Parent rating: SR1 = 7 SR2 = 5	Parent rating: SR1 = 7 SR2 = 8	Parent rating: SR1 = 6 SR2 = 5	Dinnertime is still frenetic, but I am trying to be calmer which helps sometimes. Things haven't really changed. (SR3)
CASE 3	(EP) showing me what was good about me and (C3) its been a long time to see that. (SR1) (EP) listening and making me feel like I am not as bad as I think I am. (SR3)	I felt like a good parent... that feels strange. (SR1) I feel different about things now, better. (SR4)	Parent rating: SR2 = 8 SR3 = 8 SR4 = 9	Parent rating: SR2 = 10 SR3 = 10 SR4 = 10	Parent rating: SR2 = 10 SR3 = 9 SR4 = 9	VIG has helped to change things for me, it made me feel good about myself and that rubs off on (C3). (SR3)
CASE 4	Seeing that we have a good relationship and that we can spend time together without arguing. (SR3)	"I can see that we do get on together so that's good." (SR3)	Parent rating: SR3 = 8	Parent rating: SR3 = 8	Parent rating: SR3 = 8	To a certain extent, we still have some way to go though. (SR3)

C1* = Child 1

SR1* = Shared review 1

Appendix 15: Information on Parental Stress Index (Short form) (PSI)

The Parenting Stress Index/Short Form (PSI/SF) is a direct derivative of the Parenting Stress Index full test. The PSI/SF was developed by Abidin, (1995) at the request of clinicians who indicated the need for a valid measure of stress in the parent-child system that could be administered in less than 10 minutes. The PSI/SF focuses on three factors that capture the primary components of the parent-child system by focusing on the parent, the child and their interactions. The three subscales are labelled: Parental Distress, Parent-child Dysfunctional Interaction and Difficult Child. Validity has been indicated by moderate to high correlations with a range of other measures, e.g. Beck Depression Inventory, Eyeberg Child Behaviour Inventory (ECBI) and with clinical diagnoses and research. Based on a normative sample of 800 subjects, internal reliability was good – Cronbach's alpha: 0.91 and retest reliability after 6 months was 0.84 (Abidin, 2001).

Appendix 16: Information on the Strength and Difficulties Questionnaire (SDQ)

Goodman (2001) first developed the SDQ to look at the psychological adjustment of children and adolescents. It has been very popular and translated into 40 languages. The SDQ asks about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales: 4 negative; emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems (these add up to give a total difficulties score) and prosocial behaviour (a prosocial score). A full view of all versions of the SDQ can be seen at www.sdqinfo.com. The SDQ correlates highly with Rutter's 1985 questionnaire on similar psychological characteristics (Goodman, 2001). However, benefits of the SDQ are that it focuses on strengths as well as difficulties, which is why it was chosen for parents to use because of the strengths-based focus of VIG. The SDQ also correlated highly with the Child Behaviour Checklist (Goodman 2001). The SDQ is a validated and reliable instrument which is used nationally in Child and Adolescent Mental Health Services (CAMHS) in Australia and the United Kingdom and also has been validated in several European countries and the United States. Validity has been indicated Mathai, Anderson & Bourne (2004) who demonstrated moderate to high correlations between the SDQ and CAMHS clinician diagnoses. A nationwide sample of 10,438 British 5-15 year olds indicated internal reliability was good - Cronbach's alpha: 0.73 and retest reliability after 4-6 months was 0.62 (Goodman 2001). The reliability and validity of the SDQ make it a useful brief measure of the adjustment of children and adolescents.

**Appendix 17: Main themes and illustrative examples
(Relating to perceived outcomes in VIG (Section 7.1 in
Results & Analysis - Paper 2)**

	Illustrative examples (Self-efficacy & awareness)
	“To a certain extent, now I feel more confident, like I am doing the best that I can and I am not as bad as I think I am sometimes, so being shown that on the video has done that.” (P1, Post Interview, Line 22-24)
	“I am definitely a visual learner so for me to look at a positive interaction between the family and between myself and (C2) it had a really good effect mentally on me to think that ‘Oh that is really good that we can achieve that’, actually I always imagine that we look like the family from hell and feel and then I watched and thought, ‘well if saw that family I would think oh no, aren’t they nice?’ That was quite a shift for me. So that was positive.” (P2, Post Interview, Line 167-172)
	“It was good to do the video to look at that, I think it helped me more than him, to know that what I was doing was ok and that made me feel more confident and I can think more now about what I am doing with him.” (P3, Post Interview, Line 44-46)
	“It has helped me to see that the way in which I respond to him can make a difference and maybe not focus so much on the negative all the time because there are positive aspects and it helps all of us to be positive, I think it definitely helps (C4) and doing the VIG has reminded me that it is not as bad as I think.” (P4, Post Interview, Line 19-22)

	Illustrative examples (Relationships)
	“But now, in my own head I do feel like now, at least I have had highlighted to me that I do have a good relationship with (C1), because it usually feels like I don’t. Sorry...(gets upset).” (P1, Post interview, Line 182-184)
	Doing VIG did help me to feel positive about my relationship with him and that I am doing things pretty well most of the time to help him develop socially.” (P2, Follow up Interview, Line 90-98).
	“Well, it has shown me that there are good things about the connection that (C3) and me have, its not no connection like I thought...I thought that he hated us and I was getting quite resentful towards him as well, er because you know, you are never getting anything positive back ...I was sort of, at the end of my tether and that has changed quite drastically.” (P3, Post-interview, Line 68-73)
	“Yes, I am feeling more positive about it than before. I can see reasons for why he behaves as he does at times and I understand how to help. If not, to entirely stop that poorer behaviour happening, to minimise the effect I have on making it worse.” (P4, Post Interview, Line 129-131)

Appendix 18: Differences between cases: Discussion of perceived outcomes (Section 7.1 in Results & Analysis – Paper 2)

Differences between cases

7.1.4 Behaviour and relationships

In relation to the theme of behaviour, some parents had observed positive changes in their child's behaviour, whilst others felt there had been no change at all. This was also true of any perceived changes in their relationships with their children. There appeared to be different reasons within each case as to why parents perceived this to be the case.

CASE 1

P1 perceived that there were no changes to her child's behaviour despite being very hopeful about this from the outset.

"No different. There is no difference, if there was any hope that it would help change his behaviour then that's not happened at all." (Line 36-38 Post Interview)

P1 was in the process of exploring a diagnosis for her child at the same time as completing VIG. It seemed that she perceived the VIG intervention as helping her to see that she was not causing her child's difficulties,

"So at least it has been highlighted to me, that actually I do, do this *naturally*, that actually its not me causing that if you know what I mean, because (EP) said that I have reacted and responded in the right way." (Line 45-47, Post Interview)

She continued to feel that perhaps there was an underlying reason for his behaviour and that her main focus was to resolve this issue.

"I want....I want to know what (C1) problem is and at the moment, nobody has been able to tell me. And I know there is a problem. We saw the paediatrician last week and he has now, he did an assessment of (C1) on Wednesday. So I am hopeful that will shed some light on it all for us." (Line 121-122, Post Interview)

At a six week follow-up, P1 perceived that in highlighting what she was *already* doing well, the video intervention had not led to new understandings

which she could apply in everyday interactions with her child. She describes her family life as continuing to be stressful and that it can be difficult to manage things on a day-to-day basis.

“I don’t think anything has really changed. It just highlighted to me what we did before. What we have always done. But it hasn’t helped me to deal with all the other stuff on an everyday basis. It has had no long term effect, the only effect that it has had was us being able to be together for that little amount of time, and it being quiet...It is never quiet in here with all the other children.” (Line 392-393, Follow up Interview)

CASE 2

P2 felt that managing and responding to her child’s autism was a day-to-day process and that some days were better than others. She perceived that this made it difficult for her to broaden any benefits of VIG to her day-to-day interactions with her child.

“Well, it is difficult to say really. Because his behaviour can be so unpredictable and his autism seems to determine that, so in that sense I am not really sure that VIG has helped. That is all I can say, it is entirely unpredictable.” (Line 97-100, Post Interview)

P2 perceived that VIG had allowed her to see herself responding calmly to her child and so although the video work had small benefits at the time, it had been difficult to generalise and maintain these effects to the frequent challenges she managed in the broader context of her daily family life.

“If I was giving you my immediate thought, I would say that it hasn’t changed anything. But, if I try to pull out the positives, I can think perhaps that I am calmer in my interactions with him, particularly when he is really frustrating me I do try and think back to that video and think back to where I was able to get him to respond because I was really calm about it, so a small effect, but because I am in a negative dip at the moment, it is difficult to say ‘oh yes it has changed so much, things are really different’, because they aren’t.” (Line 262-269 Post Interview)

At six week follow-up, Parent 2 acknowledged that there were many issues and concerns that they were addressing as family and would need to continue to do this over time. She indicates that other support she has

received after the VIG work has perhaps had more impact on her day-to-day life.

“So there are many more things that we need to focus on and that will be on going really. So VIG didn’t really help with that, it couldn’t really when I think that some of the things we have been working on, like getting dressed or going to the toilet, we have been focusing on that for two years now. Autism is so complex and infiltrates your whole life. I have just finished the Early Bird training and we have had home visits and that has been more helpful in a way. Talking to other parents and trying different strategies, it has helped me to accept that we will probably continue to take steps forward and steps back, and yeah, I feel less stressed out than I have done.” (Line 90-98, Follow up Interview).

CASE 3

P3 perceived that there had been a wider reaching impact and that the experience of participating in the video feedback sessions had a cumulative effect over time on her emotional wellbeing. She describes that this had a ripple effect to relationships with her partner and her children and that she was more ‘present’ in the day to day of family life.

“I mean it is only minimal the change, you don’t necessarily notice it from one week to the next when you are doing the video sessions really...but also it is passed on, that’s the bit, it is passed on that I feel better about things, the children, if I am not feeling quite so bad. Then they notice that because I am not in the bedroom or being quiet and not saying anything, I am more involved in what is going on every day and that makes it better for everyone in the house really.” (Line 35-41, Post Interview)

However, although P3 had noticed positive changes in her child’s behaviour she was unsure whether it was possible to attribute this solely to improvements in their relationship as a result of completing the video intervention.

“Well, yes, he listens more, he smiles more and you can talk to him and he understands I think, a bit better....where you are coming from.....but as I said, which bit is from medication (for ADHD) and which bit is from the filming, I don’t know, because both things happened at the same time, so how can we say?” (Line 89-94 Post Interview)

At six week follow up, P3 reported that she had continued to benefit from support that she had received from various agencies and described a more positive upward spiral in relation to the situation and the future:

“I am relieved that we have had the help at last and I feel like things are improving, we have a long way to go still and it isn’t easy for me, but I feel much better about the future at the moment.” (Line 85-87, Follow up Interview)

P3 noticed that there had been lasting changes to the way in which she responds to her child. She alludes to the fact that it can be difficult to respond calmly to her child but that she has recognised that previous patterns of interaction may have only served to escalate situations between them. It seems that she has worked to maintain a positive focus and tries to notice more about times when interactions are successful and how she can build on that.

Are there things that you have learnt from VIG that you are continuing to use now?

Well, its that ummm.. Talking with him, taking, finding time with him to talk through something other than having a direct approach and him getting angry or me getting angry...Finding a way to talk differently or quietly to him....I try to do that but it isn't always possible.. So like with the situation at school that I have just talked about, talking to him in a different way rather than getting angry at him, I am trying to understand things from his point of view more. Its not always easy to do that, but I try to notice when things are going well and well, to do more of that. (Line 125-134, Follow up Interview)

CASE 4

In Case 4, P4 had noticed a positive change in C4’s behaviour at times which he attributed to the reciprocal effect of having developed different ways of responding to his child. P4 perceived that he had an increased understanding of the possible underlying communication in his child’s difficult behaviour. This had possibly increased P4’s empathy and how his response might prevent arguments from escalating.

“He is calmer, I think he is calmer, I think that’s fair enough. So there are fewer angry outbursts. He still struggles to do what he is told but the way in which the telling is done is probably a great help sometimes. I can see reasons for why he behaves as he does at times and I understand how to help. If not, to entirely stop that poorer behaviour happening, to minimise the effect I have on making it worse.” (Line 56-61 Post Interview)

At six week follow-up, Parent 4 expressed that he felt in spending time together during the video intervention, this had a short term 'positive dose effect' on his relationship with C4, which he felt had lessened over time. This suggests it had been difficult for P4 to maintain positive changes over time and the effects of VIG are possibly concentrated within the 'here and now' rather than having any lasting impact.

Would you say the changes that you noticed six weeks ago have been maintained?

"To some extent, I think.....(pause) It has, and things have gradually, at the moment they have got to a bit of a head where his behaviour has deteriorated back to almost where it was....But it had got to the stage where he was listening more and doing what he was told, and we were having positive time together, doing the games and things when we did the VIG that made it easier for us to get along after that, and that has fallen to the wayside more now. "(Line 66-70, Follow-up)

Literature Review

N.B. The literature review has been marked and examined separately from the examination of this thesis. It is appended here for completeness and to give coherence to the whole thesis.

Introduction

Video Interaction Guidance (VIG) is an intervention that aims to enhance communication within relationships. It is based on a pedagogical model initially developed in the Netherlands for use with troubled families which is known as video home training (VHT). VIG was first used in the UK within Dundee Educational Psychology Service and it has become increasingly well known in the UK and is used in a range of settings with parents, children and professionals to improve communication and develop positive interaction skills. VIG is a method based on video self-modelling that has been refined to give clients the opportunity to actively reflect and receive feedback from a trained practitioner on their interactions by reviewing a microanalysis of video clips of their own successful communication (Kennedy & Sked, 2008). There is a significant body of research that has shown that VIG leads to positive behaviour change when used with parents and their children (Fukkink, 2008).

Kaye, Forsyth & Simpson, (2000) suggest that educational psychology has a responsibility, in an era when government attention is set on early intervention, raising achievement and alternatives to exclusion, to ensure that the fundamental tool of communication is given a central role. The Every Child Matters Agenda (DCSF, 2004) recognises the crucial role of parents, carers and families in improving outcomes for children and young people and the need to provide support for parents, carers and families in order for them

to do so. One aim of the Sure Start initiative has been to provide services in local communities that focus on early intervention through encouraging more vulnerable parents to interact positively with their children. In working to promote and achieve such priorities the Educational Psychology Service where this research is being completed, have responded in a variety of ways and utilise a wide range of interventions. One such intervention, that twenty EPs have received training in and some are using in their work with parents, teachers, children and other professionals is VIG.

In light of the fact that VIG is a relatively new intervention with a small evidence base from studies carried out in the Netherlands and the UK, this literature review will be divided into four sections. The first section will look more broadly at the ways in which video has been used as a vehicle for change, focusing on the notion of observational learning and self-modelling. This will lead to a review of the use of video and video self-modelling techniques in current parenting programmes in the UK and elsewhere. The discussion will then focus specifically on VIG, its theoretical background and the current evidence-base as documented in the literature. The final section will examine the common factors that have been identified in the allied field of counselling and psychotherapy as contributing to positive behavioural change in clients. The purpose of this is to begin to shape a rationale for exploring what leads to positive outcomes in relation to VIG when it is used specifically as an intervention to promote positive interactions between parents and their children.

Observational learning and video modelling

Fukkink, (2008) identifies that the video feedback method has been given various names in the historical literature, including video confrontation (Fuller & Manning, 1973), videotaped recorded playback (Hung & Rosenthal, 1981) and more recently video self-modelling (Merharg & Woltersdorf, 1990). These early studies into video feedback were focused on the autonomous, isolated effect of watching oneself (Berger, 1978; Fuller & Manning 1973; Hung & Rosenthal, 1981). The concept of modelling; or observing oneself was first introduced by Bandura (1977, 1997) in his development of social learning theory. This view of learning emphasised the ability to learn by observing a model and that this was most effective when perceived by individuals to be competent and similar to themselves, e.g. gender, age, physical characteristics. Video self-modelling is a specific application of video that allows individuals to learn from images of one's own future behaviour or success. Dowrick, (1986, pg.201) defines it as "*A procedure in which people see themselves on video tapes showing only adapted behaviour*".

Over the past thirty years, research has documented the benefit of video self-modelling across a wide range of participants, settings and variables in promoting behavioural change and the maintenance and generalisation of these skills over time (Meharg & Woltersdorf, 1990; Dowrick, 1991; Dowrick, 1999 & Hitchcock et al 2003). These qualitative review studies focus on the use of video self-modelling in therapeutic, clinical and educational settings, where children (usually with disabilities) had been referred for treatment of problem behaviours or to learn a verbal, social or functional skill. In one

meta-analysis, Meharg & Woltersdorf, (1990), concluded that there had been strong outcomes across a range of behaviours, including interactions with peers and adults and language development. However, they argued that few if any studies provide sufficient information about the actual details of videotape self-modelling and later reviews (Dowrick, 1991; Dowrick 1999) emphasised an analysis of methodology and identified different categories in the application of video self-modelling.

This led to a number of related terms that should be distinguished and defined here: *feedforward* is an intervention where images of a skill are produced at a level not previously attained through filming and editing images to create an 'exemplary' sample of the individual performing the desired skill. *Positive self-review* is the (less powerful) procedure of revisiting the best examples of past performance (Dowrick, 1991). Furthermore, Hitchcock et al, (2003) make a clear distinction between the philosophy underpinning video self-modelling – building new skills through a positive, errorless approach and that of *feedback*, which involves reviewing past or current performance and may include a focus or discussion of errors and deficits.

Video feedback and parenting programmes

The use of video feedback has emerged as particularly effective in parenting programmes such as The Incredible Years (Webster-Stratton, 1981). In recent years, the Webster-Stratton programme has produced a large body of empirical evidence demonstrating the effectiveness of the use of videotapes

as a self-administered tool (Webster-Stratton, 1990; Webster-Stratton, Hollinsworth, & Kolpacoff, 1989; Webster-Stratton, Kolpacoff & Hollinsworth, 1988) or in combination with a therapist-lead parenting group (Webster-Stratton, 1981, 1994). The sessions involve demonstrating parent-child interaction through video vignettes that show models from different cultural backgrounds demonstrating deliberately 'good' and 'bad' examples of parenting skills. This aims to reflect parental experience and although parents do not view themselves on video, the use of culturally 'matched' models is suggested to increase the possibility for empathy and rapport with those parents who attend the programme (Webster-Stratton, 1994). Other parenting programmes, such as the Mellow Parenting programme (Puckering et al, 1994) have moved closer to the concept of video-self modelling, where the parent is filmed in interaction with their child in a natural setting, for example playing a game, feeding or bath time in the home environment. Viewing themselves in this way has been suggested to increase parental motivation and attention to the behaviour being modelled in the video recording.

However, like the Incredible Years Programme, the use of video feedback in the Mellow Parenting Programme involves both a review of positive aspects and those that may not have gone as the parents would have wanted. Indeed, Webster-Stratton & Herbert (1993, pg. 411), highlight the importance of raising the perceived self-efficacy of parents "*...who are often seeking help for their children's problems at a vulnerable time of low self-confidence and intense feelings of guilt and blame.*" They suggest that this can be done

through the collaborative relationship between parents and therapist leading the programme, yet appear not to acknowledge the possible potential that positive review of parents viewing themselves on video might have in this respect.

Elsewhere, it has been suggested that self-administered videotape training can be a two-edged sword (Foster & Roberts, 2007). In this study, the authors tested the effectiveness of videotape parent training with a sample of clinic-referred children and their parents and identified several shortcomings. Although all parents made gains in terms of knowledge and changes in their observed performance, one third of the sample required therapeutic assistance during the initial compliance training session with their children. They further assert whether there are specific parent and child characteristics that when combined require a higher level of support and professional expertise. This might also indicate that a collaborative relationship may be significant in promoting behavioural change when parents are experiencing multiple problems.

Similarly Scott, (2006), identifies the significance of supporting parents to articulate what they are feeling as well as helping them to develop skills to change relationships and that such an approach may be particularly effective in working with the most disadvantaged families. He asserts that this represents a convergence of two approaches that have previously been seen to be 'philosophically incompatible': on the one side those interventions that take a purely counselling approach based on developing parental insight and

emotional support. On the other side have been programmes that focus on developing behavioural skills but do not explore beliefs or what the parent may be feeling. Scott further identifies that programmes such as the Incredible Years have changed since their early inception in the 1980's, so that the series now emphasises parents' beliefs and feelings much more strongly. Likewise, the Mellow Parenting programme has a major component exploring how parents feel about themselves and a behaviourally based practice session with children (Puckering et al, 1994).

Sharry et al, (2005) assert that in general, structured parenting programmes have focused too narrowly on targeting specific childhood problems and disorders. The Parent Plus Early Years (PPEY) (Sharry et al, 2005) was developed as a broad parent training programme that focuses on empowering parents to achieve specific developmental and behavioural goals, such as helping their child concentrate, learn or communicate more or to be able to play and cooperate more effectively. The PPEY is a video-based parenting intervention for parents that combine individual parent-child sessions using video feedback and parenting group sessions. Central to the programme is a collaborative and strengths-based style of working with parents (Sharry, 2004), empowering them to find their own positive way of communicating to their children and find their own solutions.

Although the sample used in this study was relatively small, the results from the evaluation show that parents reported less parenting stress and reductions in child-behaviour problems as well as positive differences in

parent-child interactions as measured by an independent observer. Parents identified that they valued both the 1:1 sessions with the facilitators and opportunity to share and talk with other parents, for example: *'It was talking to other people, sharing the experience, getting tips from each other and the video and from the facilitators, I came away with that and it stuck with me.'* (Sharry et al, 2005, pg.331). The authors identify that focusing on the quality of interaction between people, rather than their individual behaviour, can mean that the discourse of blame and deficit is ameliorated.

It seems that whereas other parenting programmes have taken a more structured approach to tackling childhood problems per se, the PPEY moves closer to a model that supports parents to develop a responsive interaction style and to find their own positive way of communicating to their children irrespective of the nature and type of difficulty. Parents guide their own individual sessions by setting their own specific goals and the emphasis during the video review is placed on successes and strengths. These are the essential principles that underpin VIG and the next section will describe the process of VIG, moving to an examination of the theoretical frameworks that underpin the intervention. The third section will look in more detail at the small but growing evidence base for VIG, consisting of a number of small scale studies carried out in the Netherlands and the UK that demonstrate its effectiveness in promoting positive behavioural change when used with parents and their children.

What is Video Interaction Guidance?

The VIG approach embraces the concept of change relating to video self-modelling (Dowrick, 1991), it is a strengths-based approach that conveys respect for potential, rather than drawing attention to problems or weaknesses. It moves completely away from the earlier models of watching oneself in isolation and follows a particular protocol in the application of video feedback, where the VIG guider works according to a set of generally formulated principles when filming, editing and in leading the session when watching the video with parents. These are known as the 'contact principles' and focus on the moment-to-moment communication that takes place between individuals. In this way, parents are supported to become more sensitive to their child's verbal and non-verbal communicative attempts and develop a greater awareness of how they can respond in a more attuned way.

The use of video is also of central importance to this process because the images on the video clearly show these social signals that could otherwise be very easily overlooked. Vermeulen, (2006) identifies that a good understanding of such signals is a critical ingredient in developing mutual appreciation of motives and intentions between parents and children, that the moment-to-moment analysis resembles looking at parent-child interactions through a "behaviour microscope". According to the principles of positive self-review, (Dowrick, 1991) the selection of images should highlight instances of positive behaviour that the client should show more often. The use of video allows for neutrality and flexibility with regard to playback and freeze frame to capture a moment or second in time (Simpson, Forsyth &

Kennedy, 1995). As such this can provide opportunities to revisit, reflect and reframe moments that may have otherwise been easily overlooked or forgotten, particularly where a problem-saturated and negative perspective can dominate. In this way, parents may discover discrepancies between the image they had of themselves or their child and the images that are shown on the video (Fukkink, 2008).

The VIG approach takes the view that change can be achieved more effectively in the context of a “coaching” relationship rather than a “teaching” relationship, because this is collaborative rather than prescriptive, empowering rather than deskilling. Before the first session of filming the client is engaged in the process of change by negotiating their own goals. A short film is then taken of the interactions and this is reviewed and edited by the VIG guider, with the explicit aim of finding moments within the interaction when the communication between adult and child is more attuned than usual. During a later feedback session the client and guider look together at the moments of success and particular emphasis is placed on the adults’ response to the child’s action or initiative, either verbally or non-verbally. The client and guider reflect collaboratively together and make further goals for change. Kennedy & Sked, (2008) suggest that these reflections move from the analysis of the behaviour to the exploration of feelings, thoughts, wishes and intentions of the parent and those within the interaction with their child.

In the final feedback stage, positive feedback from the VIG guider is deemed important as it contributes to a cooperative, trusting relationship between the

guider and family (Fukkink, 2008). In focusing on developing successful interactions at two levels: between the parents, their children and themselves the guider is often perceived as someone who is facilitating a positive atmosphere (Vermeulen, 2006). In this way, it is necessary that the VIG guider is trained as a specialist in communication and their ability to improve and restore positive communication patterns seems to be critical to the VIG approach. In the same way, the use of video as an instrument to objectify and clarify what is happening enables the guider to focus on the nature of these interactions. It seems to follow that these basic assumptions will form the primary conditions for attaining good quality VIG.

Theoretical Background

VIG draws on several theoretical frameworks related to developmental, constructivist, social learning and humanistic approaches; these will be discussed in more detail here. Trevarthen (1979, 1984) has provided the central theoretical core for VIG. He defines intersubjectivity as a central concept to interaction and proposes that it is composed of two skills, the ability to display consciousness and intentionality (subjectivity) and the ability to adapt or fit this subjective control to the subjectivity of others (intersubjectivity). Trevarthen further elaborates that primary intersubjectivity is the early mutual involvement of the infant and adult in turn-taking and emotional referencing. Eye contact, facial expression, voice quality, gesture, brief turn-taking and imitation ensure the participants create and share what could be described as a musical performance (Trevarthen, 1993). This attunement between adult and child serves multiple functions, mediating not

only communication and learning but underpins the emotional development of the child. Later, towards the end of the first year of life, secondary intersubjectivity emerges. The infant develops cooperative awareness through a process of “referencing” i.e. they begin to integrate the discrete affective experiences of people and things by looking to the mother to gauge her emotional response to objects, experiences or their own actions.

Murray, Kempton, Woolgar & Hooper, (1983) identified that these responsive and emotionally satisfying interactions with adults are essential to the child for without them development is adversely affected. Furthermore, Fogel (1992) emphasises that an individual’s emotions and expressions are not discrete entities encased within, but are socially constructed out of the fabric of both present and past interactions with those around us. This enables us to share each other’s experiences through constant mutual influence, criss-crossing from one person to another all the time, Beebe, (2002) (cited in Gerhardt, 2004, pg.31) has described this as “*I change you as you unfold and you change me as I unfold*”. The notion of creating a new shared understanding is a core principle of VIG and the theory of intersubjectivity can provide a rich picture of the way our interactions throughout the lifespan affect our self-regulation as well as the reciprocal effect on our behaviour and relationships.

Two fundamental ideas from this theory have influenced VIG. The first is the adult’s ability to be sensitive to the child’s actions and communicative intent by attending and responding encouragingly. The other is the active role

which the adult plays in mediating children's learning experiences, through shared activities, towards culturally shared knowledge. This process of mediation has been described variously in the literature by Bruner (1978) as "scaffolding", by Vygotsky (1978) as "learning in the zone of proximal development" and by Feuerstein and Klein (1985) as "mediated learning experiences".

Vygotsky, (1978) in his socio-cultural view of learning and language development described learning as a transformation that takes place within the zone of proximal development and is facilitated through the guidance of a more skilled person. There is a growing literature on the nature of the adult or more skilled peer's role in the recognition of others' intentions and active adjustment to them (Kaye, Forsyth & Simpson, 2000). This process plays an integral part in the video interaction process, where adults mediate each other's learning by looking to each other to give meaning to their shared experiences in video feedback sessions.

In addition, as previously discussed in relation to earlier models of video self-modelling, the principles of social learning theory (Bandura, 1997) may provide a theoretical explanation for why VIG promotes changes in the behaviour of parents and their children. This view of learning emphasises the ability to learn by observing a model or receiving instructions without experiencing the behaviour firsthand. Bandura (1997, pg.94) has noted that the advantage of seeing oneself perform successfully "*provides clear*

information on how best to perform skills and strengthens beliefs in ones capability.”

Furthermore, VIG can be viewed as optimistic rather than pathological in its approach because it is aimed at developing capacity, adopting a solution rather than problem oriented framework (Forsyth et al, 1995). This has resonance with person-centred, solution-focused principles (Rogers 1980; De Shazer, 1988) which underpin an ethical framework that facilitates empowerment, positive change and collaborative working. The use of video as an integral part of VIG has been highlighted as a very compelling and powerful form of feedback (Kennedy & Sked, 2008) because it emphasises individuals' strengths, skills and resources and how they are actively employing these within the given context. This process appears to share similarities with the technique of finding exceptions within solution focused and narrative approaches, where the aim is to shift from a problem-saturated perspective and draw attention to occasions when the problem does not occur. It could be that this technique has more potency when presented visually and thus space is more easily created to challenge and construct identities and beliefs that the client may hold.

The evidence-base: Using VIG as a vehicle for change.

The evidence base for the effectiveness of VIG has been steadily growing over the last twenty years, through relatively small scale studies in the Netherlands and the UK. The traditional application focuses on the use of VIG with families, but increasingly it is being used in a range of educational

settings and has been found to be a useful intervention with which to develop responses to troubled communication by teachers (Kaye, Forsyth & Simpson, 2000). Examples are: communicating with children who have severe, complex and profound learning difficulties, social and communication difficulties (Forsyth, Kennedy & Simpson, 1996; Kennedy & Sked, 2008) reflective practice (Holmes & Jindal-Snape, 2006), and providing feedback to pupils (Landor et al, 2006). It is not the intention to review this literature in detail here, as the discussion will focus solely on those studies that have focused on the use of video in pedagogical family programmes, whereby parents are filmed taking part in family interactions and then watch the recordings in a video feedback session.

It warrants definition that video feedback family programmes can vary in their design and procedure, although two major approaches can be distinguished in the literature (Fukkink, 2008). Behaviour-orientated interventions such as VIG, focus primarily on the interactive behaviour and the behaviour of the parent and the child and the interaction between them is the focus of the therapy. In this approach, video is a logical aid in making the interaction the focus of attention (McDonough, 2005). The second is the psychotherapeutic approach, where particular attention is often paid to the mothers own past and the mental representations that she holds of herself, her child and their relationship (Zelenko & Benham, 2000).

However, the video images are also used to focus attention on the interaction between mother and child, meaning that the distinction between

the two approaches is not clear cut as some programmes combine them both (Bakermans-Kranenburg, Juffer & Van Ijzendoorn 1998; Beebe, 2003). Fukkink, (2008) identifies that because these two approaches often share a focus on parenting behaviour it does not allow for a strong test of their differential effectiveness and concludes that programmes with a dual focus are not superior.

Elsewhere, Juffer, Bakermans-Kranenburg & Van Ijzendoorn, (2007) have developed an approach known as video-feedback intervention to promote positive parenting (VIPP) and also with a representational focus (VIPP-R). They have produced a summary of research carried out in the Netherlands that demonstrates that interventions that use video feedback are effective in promoting parental sensitivity between parents and infants with attachment and feeding difficulties (Juffer et al, 2007) and that early short-term video feedback intervention significantly protected children from developing clinical behavioural problems at preschool age (Velderman, Bakermans-Kranenburg, Juffer & Ijzendoorn, 2006).

Similarly in the UK, key findings from a review of studies conducted by the Department for children, schools and families (Barlow & Schrader-MacMillan, 2009) cite evidence of the effectiveness of Video Interaction Guidance in preventing emotional maltreatment through improving parental sensitivity and promoting attachment security in young children. It should be noted that whilst encouraging, the results of such studies focus primarily on targeted early intervention with babies and infants and it is not wholly clear whether such positive intervention effects are found in children of older age groups.

Furthermore, Velderman et al (2006) also found that intervention effects were less when the focus was on both parental behaviour and representations (VIPP-R). They conclude that the representational discussions may have led to increased tension or taken so much emotional attention that the targeting on positive parenting behaviour was jeopardized. Such findings may also offer support for strengths-based approaches like VIG that empower parents to recognise and implement behavioural change themselves. This is in contrast to an approach that may trigger preoccupation with past events, which in turn may facilitate and maintain a more problem-orientated perspective.

Simpson, Forsyth & Kennedy (1995), carried out the first evaluation of VIG in the UK and their study measured change in the interaction of five families. They suggest that VIG is a particularly effective form of intervention with adults and children who experience social and emotional difficulties and/or difficulties in their relationships. Parents became more attuned to their children's initiatives and although they still experienced difficulties, parents reported that their strategies for managing their children became more flexible and they felt better about how they dealt with them.

Since this time, Fukkink (2008) has carried out a meta-analysis of 28 studies that examined the use of video feedback in parenting interventions with a total of 1844 families. Studies were included on the basis that they gave quantitative data necessary for the determination of a statistical effect size. The overall findings indicated that interventions with video feedback are effective in families with young children and specifically that on completion of

the programme: *“Parents become more skilled in interacting with their young child and experience fewer problems and gain more pleasure from their role as parent.”* (Fukkink, 2008, pg.912).

In addition, the paper claims that interventions using video feedback are not only influential in increasing parental sensitivity which supports the evidence from Juffer et al (2007), but that this results in behavioural and attitudinal changes towards their children. The specific gains are, reducing parental stress and increasing self-confidence in parenting. The results also showed that when family programmes were short in duration they were more effective in promoting behavioural change in parents and their children (Fukkink, 2008). This supports findings from another recent meta-analysis (Bakermans-Kranenburg et al, 2003) that identified the ‘less is more’ hypothesis: the most effective interventions in promoting parental sensitivity used a moderate number of sessions and a clear cut behavioural focus with families.

Although such findings clearly indicate that the use of video feedback as part of pedagogical parenting interventions is an effective means of promoting behavioural change in relatively short time periods, it is not clear how programmes with different designs and procedures function and what their individual effects might be. Furthermore, as Fukkink (2008) identifies, nor was it possible to ascertain the unique contribution of the video feedback as a separate, distinct intervention component as all the studies involved multimodal interventions which combined video feedback with various other

components. Unsurprisingly, this makes it difficult to identify exactly what leads to successful outcomes and suggests that there is a need for a closer analysis of the process of such interventions in order to better understand what specifically leads to positive behaviour change. This appears especially important for those in high risk groups, as unsurprisingly results were less favourable for these parents and their children (Fukkink, 2008) and it is suggested that future research should make clear whether video feedback interventions should be complimented with other types of support for multi-problem families. Kennedy & Sked, (2008) have also suggested that a better understanding of how the VIG programme functions differently in the Netherlands and the UK would enable practitioners to extend the helpfulness of VIG to a greater range of families.

To further consider the process of VIG and what makes it effective, there is some evidence that highlights the significance of the quality of the relationship between the client and VIG guider. Clairborn and Goodyear, (2005) suggest that the relationship that develops between guider and parent during the feedback stage is important because of the parents' (in most cases the mother's) need for support and their sometimes problematic past as far as relationships with others is concerned.

Furthermore, Sked, (2006) (cited in Kennedy & Sked, 2008) concluded that the effectiveness of VIG is greatly influenced by the quality of the relationship developed in feedback sessions. This was because the engagement of clients in the process of self-reflection and change during these sessions was qualitatively different. Where they were highly emotionally engaged in

the process of change, not surprisingly these clients experienced successful new connections with the child shown on the video. This also appears to suggest that characteristics of the client i.e. how committed they are to change may have an impact on outcomes. In light of such findings, the final section will further elaborate on these ideas by drawing on literature from field of counselling and psychotherapy. There has been a significant amount of research that has identified there are common factors that lead to behavioural change. It is necessary to review this literature here so as to provide a rationale for investigating what it is about VIG that leads to successful outcomes.

Leading to positive outcomes: Common factors in behavioural change

It seems that VIG shares similarities with counselling interventions because of the role that the guider takes in creating a strong working alliance with the parent during filming and feedback sessions. Feedback sessions should firstly identify strengths and then explore how to build these up and reach new skills and mastery of strategies in supporting social, cognitive and emotional development of children. Kaye, Forsyth & Simpson, (2000) also highlight that these sessions allow the client to explore attitudes and beliefs, to problem solve with the guider and to own their power for change. The role of the guider seems to be significant in supporting and encouraging parents in this process and therefore their experience of this key relationship may well impact on their ability to develop new skills and confidence to interact positively with their children.

Research that has examined the process of counselling has documented the significance of the relationship between therapist and client in contributing to positive outcomes (Horvath & Symonds, 1991; Lambert & Bergin, 1994; Maione & Chenail, 1999; Duncan, Miller & Sparks 2002). Furthermore, a number of studies have established that a positive relationship formed in early sessions has a significant impact on final outcomes and that there appears to be a 'window of opportunity' to establish a viable working relationship (Mohl, Martinez, Ticknor, Huang & Cordell, 1991; Tracey 1986; Bedi, Davis & Williams, 2005). From the outset, the core task of the VIG guider is to induce positive communication patterns; as they have received training in monitoring and evaluating communication at two levels – parent-child and parent-guider.

Hubble, Duncan & Miller (1999), assert that there is evidence to suggest that the degree of 'complimentarity' within the therapist-client interactional process itself has been related to a sound working alliance and successful outcomes. This relates directly to the identification that the VIG guider's awareness of the process of moment-to-moment communication is likely to produce a positive effect on the growing relationship between parent and the guider (Vermeulen, 2006). However, just as Hubble et al, (1999) call for a more detailed understanding of the complex reality of the client-therapist interactional process; it seems this may also be a fruitful avenue for further research in the field of VIG.

There is also evidence to suggest that clients' and counsellors' views of counselling often differ in important ways (Caskey, Barker & Elliot, 1984; Gordon, 2000; Gaddis, 2004; Horvath, Marx & Kamann, 1990; Metcalf & Thomas, 1994; Paulson, Truscott & Stuart, 1999). Hubble et al, (1999) assert that therapists tend to emphasise the role of the client's contributions and their active participation in the process, whereas clients tend to value therapist characteristics such as warmth, empathy and emotional involvement (Lambert & Bergin, 1983; Bachelor, 1995). However, the client's perspective is especially valuable due to the modicum of research evidence that "*demonstrates that client perceptions of the relationship are the most consistent predictor of improvement.*" (Manthei, 2007, pg.2)

In a similar vein, research suggests that the client's involvement and collaboration in the process and willingness to further the goals of the therapy is essential to the development and maintenance of a sound working alliance (Orlinsky, Grawe & Parks, 1994). Prior to the intervention, the VIG guider engages the parent in the process of change by negotiating their own goals which they reflect collaboratively on at the end of each feedback session and celebrate success (Kennedy & Sked, 2008). It seems likely that this process, in recognising the importance of focusing on and empowering the client, consequently maximises their involvement in, and commitment to achieving positive outcomes.

So far, the discussion has focused on the significance of the relationship and the importance of the client's perception of, and involvement in the

therapeutic process. Elsewhere, client and relationship factors have been recognised as the common factors in positive behavioural change. Lambert (1992) on the basis of a review of the extant literature over the last forty years identified common therapeutic factors that contribute to effectiveness in psychosocial helping programmes. These can be divided into four broad areas: relationship factors (30%), client factors and extra-therapeutic events (40%), hope and expectancy (placebo effect) (15%) and the model and technique used (15%). Lambert, (1992) suggests that relationship factors and client factors combined can account for up to 70% of positive behaviour change. Vermeulen, (2006) discusses these findings in relation to the positive effects of VIG and identifies that it would be interesting to connect the outcomes from Lambert's study (that looks specifically at adult therapy) to pedagogical family and child support programmes.

Hubble et al, (1999) assert that the client's capacity to change is the most potent common factor and there is a small amount of research that has shown clients to be active, reflective and motivated to resolve their own problems (Bohart & Tallman, 1999; Manthei, 2007). Furthermore, that the trained practitioner functions as a support system and resource provider, which they argue contrasts with a vast amount of the literature where the therapist is portrayed as "hero" with techniques and procedures, who intervenes in clients' lives and fixes the problem. In light of such, Hubble et al, (1999) have further disseminated the model proposed by Lambert, (1992) and suggest that as placebo factors *are* client factors (client self-healing through hope and belief) and that the client contributes at least as much to

the relationship as the therapist, that in fact the figures imply that the client is responsible for 70% or more of the outcome variance.

So, how might this relate to VIG? The research discussed so far suggests that successful outcome occurs largely by creating the space for clients to use their resources and ensuring clients' positive experience of the alliance. Furthermore, Hubble et al, (1999) conclude that interventions informed by an understanding of these common factors, would incorporate and actively use all of the elements that have been found to facilitate change. It is suggested that VIG draws on such elements, firstly by focusing on the quality of communication by moment-to-moment analysis, the so-called *basic communication*. The intention here is to develop positive interactions and reciprocity – ultimately building strong, collaborative relationships. Secondly, using of video as an instrument to objectify social reality and as a means of providing feedback on the quality of interactions. Through this process parents become aware of positive interactions with their children and their initiatives and intentions. Ultimately, the use of video creates space for clients' to develop a new shared understanding and empowers them to find their own way forwards.

Furthermore, from a theoretical perspective, VIG embraces both social constructionist (Simpson et al, 1995) and solution-focused approaches (De Shazer, 1988) in its underpinning philosophy. Both approaches have been acknowledged as privileging the client's "voice" (Conran & Love, 1993) as the source of insight and solution (Hoyt, 1998). It seems that the collaborative and egalitarian stance of such approaches enables the clients'

perceptions and ideas to form an integral part of the process. In this way, VIG does appear to incorporate the ingredients that have been shown elsewhere in the literature to facilitate positive outcomes.

Conclusion

This discussion has considered and drawn upon a range of relevant literature bases to clarify and define the issues under exploration. It has highlighted the use of video-self-modelling in parenting programmes that adopt a more pathological model of child behaviour and parenting. In particular, it was acknowledged that there are potential limitations of self-administered video feedback and the review of negative parenting behaviours may detract from the effects of viewing oneself positively on video. In light of such, it is recognised that there has been a significant shift in perspective in the development of interventions like VIG that follow a specific protocol and employ a strengths-based perspective to empower individuals to find their own solutions.

It has been well documented in the literature that the use of video self modelling leads to positive behavioural change. Research that has investigated the positive effects of VIG when used in family pedagogical programmes also support this finding: that VIG leads to increased sensitivity, positive parent-child interactions and behaviour change. What is less clear from the literature is how this happens, for example; is it the isolated effects of video feedback, the relationship created by the guider during feedback sessions or a combination of both these processes?

Moreover, what do parents think of the process, do they feel empowered to draw on their own resources and instigate change? These questions led to an exploration and discussion of the literature that has drawn out common factors that lead to positive outcomes in therapeutic interventions. It is acknowledged that VIG as a strengths-based approach with a unique emphasis on empowerment and collaboration; may create the necessary conditions for change. Finally, it is suggested that there is a need for further research to better understand the process of VIG and what leads to positive outcomes.

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